

# Redfield Housing & Redevelopment Commission Pre-Application For Housing Assistance

REASONABLE ACCOMMODATIONS WILL BE MADE, IF NEEDED, UPON REQUEST

**Please complete each question on the form and sign the form on the back page.**

**PLEASE PRINT**

**APPLICANT**

NAME _____					
First	Middle	Last			
ADDRESS _____					
Street, Box No.	City	County	State	Zip	
TELEPHONE _____					
Home/Cell	Other Contact			Work	
Please list other states you have lived in: _____			Email address: _____		

**HOUSEHOLD COMPOSITION:**

List each family member who will live in your household including yourself.

RACE CODES:                      1 = White                                      4 = Asian  
    2 = Black/African American              5 = Native Hawaiian/Pacific Islander  
    3 = American Indian

Ethnicity: 1 = Hispanic    2 = Non-Hispanic

LEGAL NAME	Relationship to Head*	Sex M/F	Date of Birth	Soc. Sec. No.	Disabled (Y/N)	Student (Y/N)	Race	Ethnic
1.	HEAD							
2.								
3.								
4.								
5.								
6.								
7.								

NOTE: A full-time student, who lives out of town, but returns home for at least three consecutive months per year, is allowed bedroom assignment. A part-time student living away from home is not allowed bedroom assignment.

What is you/your family's current **MONTHLY** income (if no income---put zero):

\$ \_\_\_\_\_ (wages)    \$ \_\_\_\_\_ (SSI/Social Security)    \$ \_\_\_\_\_ (child support)    \$ \_\_\_\_\_ (other income)

Office use Only:	Date: _____	Time: _____	Application #: _____
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**\*\*NOTE PREFERENCES\*\***

**Local Preferences may be given to applicants who are:**

(Check yes if one of these situations applies to your family. All preferences must be verified.

Are you currently displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared pursuant to Federal disaster relief laws? yes \_\_\_\_\_ no \_\_\_\_\_

**\*\*Please provide verification.** Staff verified \_\_\_\_\_

Is the head of household or spouse listed on this application 62 years old or older, or disabled?

yes \_\_\_\_\_ no \_\_\_\_\_ **\*\*Please provide verification.** Staff verified \_\_\_\_\_

Are you currently a victim of Domestic Violence? yes \_\_\_\_\_ no \_\_\_\_\_

**\*\*You will need certification by Crisis Center or document verifying proof of legal action.**

Are you currently working or have been notified that you are hired to work in the jurisdiction of RHA, or already living and working in the jurisdiction of RHA? Yes \_\_\_\_\_ no \_\_\_\_\_ **\*\*Please provide paystubs.** Staff verified. \_\_\_\_\_

Are you a working family (20 or more hours per week)? yes \_\_\_\_\_ no \_\_\_\_\_

**\*\* Please provide pay stubs** Staff Verified \_\_\_\_\_

Are you a working single person (20 or more hours per week)? yes \_\_\_\_\_ no \_\_\_\_\_

**\*\*Please provide pay stubs** Staff Verified \_\_\_\_\_

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Do you require a handicap/wheel chair accessible unit? yes \_\_\_\_\_ no \_\_\_\_\_

Are you currently Homeless: yes \_\_\_\_\_ no \_\_\_\_\_ Staff Verified \_\_\_\_\_

Are you or anyone in your household a registered sex offender: yes \_\_\_\_\_ no \_\_\_\_\_

For office use only: verified \_\_\_\_\_

Do you expect anyone to move in or out of the household within the next twelve- (12) months? yes \_\_\_ no \_\_\_

Example: marriage, pregnancy, (if so, expected due date), etc. \_\_\_\_\_

**Certification of Applicant-Please read this statement carefully. By signing, you are agreeing to its terms.**

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:  
-any misrepresentation or false information will result in my application being cancelled or denied;  
-this is a pre-application for rental assistance through Redfield Housing & Redevelopment Commission and is not an offer of housing;  
-at the time I reach the top of the waiting lists, I will be required to provide information in accordance with federal housing regulations and Redfield Housing & Redevelopment Commission program policy;  
-it is my responsibility to notify Redfield Housing & Redevelopment Commission of any change of address in writing and I understand that my application may be cancelled if I fail to do so;  
-I may be denied if I owe money to Redfield Housing & Redevelopment Commission or another public housing authority;  
-I may be denied if a household member has been convicted of certain criminal activity and I will be subject to a criminal history check;  
-my participation in federal housing programs is subject to my being eligible and in compliance with HUD and RHA policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Return to: Redfield Housing & Redevelopment Commission  
1005 1<sup>st</sup> St, Ste 4A PO Box 409  
Redfield, SD 57469-0409