Milbank Housing & Redevelopment Commission **Pre-Application For Housing Assistance**

Printable pre-applications and tenant change forms are available at ram.solutions/milbank

REASONABLE ACCOMMODATIONS WILL BE MADE, IF NEEDED, UPON REQUEST

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

APPLICANT APPLICANT								
NAME								
First ADDRESS	Middle		La	st				
Street, Box No.			City	County	State	Zip		
TELEPHONE Home/Cell								
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 <u>including yourself.</u> RACE CODES: 1 = White 4 = Asian 2 = Black/African American 3 = American Indian Ethnicity: 1 = Hispanic 2 = Non-Hispanic								
	Relationship	n						
I EGAL NAME	to	Sex	D	g g N	Disabled		Ed. 1	
LEGAL NAME	Head*	M/F	Date of Birth	Soc. Sec. No.	(Y/N)	(Y/N) Race	Ethnic	
1.	HEAD							
2.								
3.								
<u>.</u>								
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 incomeput zero):								
\$ (wages) \$ (SSI/Social Security) \$ (child support) \$ (other income)								

Time:

Application #:_

Office use Only:

Date:

NOTE PREFERENCES

	y be given to applicants who are: e situations applies to your family. All preferences will b	e verified.
Are you currently a vi	ictim of Domestic Violence? yes no ication from an approved domestic abuse shelter.	Staff verified
	old or spouse listed on this application 62 years Staff verified	old or older? yesno
	old or spouse listed on this application disabled ward letter, etc. Staff Verified	? yes no
-	mily (20 or more hours per week)? yes not subs Staff Verified	o
**Please provide pay st	ngle person (20 or more hours per week)? yes_ubs	
	icap/wheel chair accessible unit? yes r	
Are you currently Hom	neless: yes no Staff Verified	
	your household a registered sex offender: yesied	no
	to move in or out of the household within the negnancy, (if so, expected due date), etc	
Certification of Appli	cant-Please read this statement carefully. By	signing, you are agreeing to its terms.
-any misrepresentation or f -this is a pre-application for -at the time I reach the top and Milbank Housing & Ro -it is my responsibility to n that my application may be -I may be denied if I owe n -I may be denied if a house	formation I have provided in this pre-application is true are alse information will result in my application being cancer rental assistance through Milbank Housing & Redevelop of the waiting lists, I will be required to provide informate edevelopment Commission program policy; otify Milbank Housing & Redevelopment Commission of cancelled if I fail to do so; money to Milbank Housing & Redevelopment Commission of the hold member has been convicted of certain criminal actival housing programs is subject to my being eligible and in	elled or denied; pment Commission and is not an offer of housing; cion in accordance with federal housing regulations f any change of address in writing and I understand on or another public housing authority; vity and I will be subject to a criminal history check
Signature	Da	te
	Datum to Milhault Hayaina & Dadayal	annant Cammissian



Return to: Milbank Housing & Redevelopment Commission 309 S Main St Ste 1 Milbank, SD 57252 PH: 605-432-7519 Fax: 605-438-1098