

<p><b>PRE-APPLICATION FOR HOUSING</b></p> <p><b>HRA of Detroit Lakes</b>                  1111 Washington Ave                  Detroit Lakes MN 56501                  Ph: (218) 847-7859</p>	<p style="text-align: center;"><b>FOR OFFICE USE ONLY</b></p> <p>Bdrm Size _____</p> <p>Annual Income \$ _____</p>	<p style="text-align: center;"><b>DATE STAMP</b></p> <div style="text-align: center;">   </div>
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**Complete each question. Please print neatly in ink or type. Contact us in writing with any change of address.**

**1. Select Property –IF YOU DO NOT SELECT your application will be deemed incomplete.**

<input type="checkbox"/> <b>Pleasant View:</b> One Bedroom Apartments	<input type="checkbox"/> <b>Public Housing Scattered Site</b> Three and Four Bedroom Homes/Townhomes in Detroit Lakes	<input type="checkbox"/> <b>Section 8 Housing Choice Voucher</b> Assistance for apartments in Detroit Lakes
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Name \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

**2. Are you a Becker County Resident?**  Yes  No **Are you relocating here for a job or school (enclose documentation)**  Yes  No  
 List yourself and anyone including (but not limited to): minors and live-in aides who will live with you **within the next 12 months**. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

**Long Term Homeless Status**  Yes  No \*Status will be verified by Service Provider

**Please list household members starting with Head of Household on line 1, then in order of oldest to youngest.**

Name (Last, First, Middle Initial)	Relationship to Head of Household	Gender (M/F) <small>Optional</small>	Age	Date of Birth	Social Security Number	STUDENT STATUS		
						Full-Time	Part-Time	N/A
1	<b>HEAD</b>							
2								
3								
4								
5								

(List additional household members on a separate sheet of paper and attach to this pre-application.)

**3. Is any member of your household disabled?**  Yes  No **Is any member of your household a veteran?**  Yes  No

Please list below the monthly household income, source, and household member that receives income, including minors and those temporarily absent from the home. (Ex. wages, overtime, commissions, tips, bonuses, social security benefit payments, unemployment, retirement fund benefits, TANF, MFIP, TEEM, alimony, child support, interest or dividends from household assets, gambling winnings, etc.)

Monthly Dollar Amount	Source (ex. Place of Employment, Social Security, etc.)	Anticipated Changes within next 12 Months			Household Member Who Receives \$
		YES	NO	IF YES, EXPLAIN	
\$					
\$					
\$					
\$					

(List additional household income on a separate sheet of paper and attach to this pre-application.)

4. Do you require an accessible unit:  Yes  No
5. How do you want us to communicate with you?  
 Orally  Sign Language  Interpreter, What Language? \_\_\_\_\_

<b>6. Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>7. Race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<b>8a. Do you need an interpreter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>8b. What language/dialect do you speak?</b>
		<input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	

**RESIDENCE HISTORY**

9. You must provide a **5-year residence history**. Failure to provide complete and accurate information may delay the processing of your application. Include landlord's name, address and phone number starting with your most recent address. Each listing must include your address and the dates you lived there. Do not leave this area blank. If you do not have a history you must provide **three personal references** that are not related to you.

Landlord name, address & phone number	List your current address first then list previous addresses for past 5 years.	Dates you lived at addresses Example (01/2004 – Present)
1.		
2.		
3.		
4.		

**CRIMINAL RECORD**

10. Have you or any member of your household been convicted of a felony within the last five years?  Yes  No

11. Using the numbers below, please indicate whether you or any family members listed on this application have been involved in, arrested for, or convicted of any crimes relating to the following: (Answer none, if this does not pertain to any household members.)

- |                               |                                     |                             |                               |
|-------------------------------|-------------------------------------|-----------------------------|-------------------------------|
| 1. Homicide/Murder            | 2. Sex Offense                      | 3. Burglary/Robbery/Larceny | 4. Threats or Harassment      |
| 5. Destruct of Prop/Vandalism | 6. Assault /Fighting                | 7. Disorderly Conduct       | 8. Narcotics Traffic/Use/Poss |
| 9. Child Abuse/Dom. Violence  | 10. Receiving Stolen Goods          | 11. Fraud                   | 12. Prostitution              |
| 13. Gang Related Activity     | 14. Public Intox/Drunk & Disorderly | 15. Other                   |                               |

Name of Household member	Social Security number	Date of birth	Crime number	Status/Disposition

12. Are you or any member of the household subject to a State Lifetime Sex Offender Registration Program?  Yes  No

13. Have you ever lived in a low-income Federally Subsidized Housing before or received Subsidy Assistance?  Yes  No  
 If yes, when? \_\_\_\_\_ Who was the Head of Household? \_\_\_\_\_ Name of Housing Authority \_\_\_\_\_

14. Do you owe any money to a low income and/or Federally funded agency?  Yes  No If yes, which agency? \_\_\_\_\_

15. Have you ever been evicted from an apartment/home?  Yes  No If yes, by whom? \_\_\_\_\_  
 When \_\_\_\_\_ Why \_\_\_\_\_

**NOTICE:** This is a pre-application to submit your name on the wait list. A complete application will be required once your name reaches the top of our waiting list. ALL pre applicants will be contacted by mail. At that time, if a full application is not filed, your name will be removed from the wait list.

**ALL HOUSEHOLD MEMBERS, AGE 18 OR OLDER, MUST COMPLETE THIS SECTION AND SIGN BELOW.**

I hereby certify that the information I have provided in the pre-application is true and accurate. I understand that having provided any false information will result in my application being cancelled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of a waiting list; I will be required to verify the information I have provided here. I understand that the HRA of Detroit Lakes will conduct criminal background checks on all adult members of my household. I also agree that they may contact any personal references I have included due to lack of rental history.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES