Housing Authority of CASS COUNTY

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EQUAL HOUSING OPPORTUNITY

HOUSING ASSISTANCE APPLICATION

Complete each question and sign below. Please print or type. **PROMPTLY REPORT ANY CHANGE IN ADDRESS AND PHONE NUMBER IN WRITING**: we do not take address changes over the phone. If a letter or correspondence is returned to our office because of an incorrect address, your name will be removed from all waiting lists. You may also apply on our website at www.casscountyhousing.org.

We will accommodate persons who cannot utilize the application process by providing alternative methods of taking applications. Please advise us of your needs. **Please provide us a copy of social security cards for all household members, ID's for those over the age of 18 years old, birth certificates for all minors, and immigration information for those born outside the U.S.**

Waiting Lists—Please check the list(s) you would like to be added to:

☐ 1. **Section 8 Housing Choice Voucher:** Enables you to find a unit in the open market and the Housing Authority subsidizes your rent.

☐ 2. **Mainstream Voucher:** Similar to the Section 8 Housing Choice Voucher, except there must be someone in the household 18-61 with a disability. Verification of disability is required to be placed on this waiting list

☐ 3. **Public Housing:** Is a unit that the Housing Authority owns. Rent is based upon your income.

☐ West Fargo Highrise ☐ Casselton, ND ☐ Kindred, ND

☐ 4. **Serenity Apartments:** 55+ building in West Fargo, ND with affordable rents.

☐ 5. **Monterey & Brighton Place Apartments:** 62+ building in West Fargo, ND. Rent is based upon income.

☐ 6. **Sierra Townhomes:** 1, 2, 3, & 4 bedroom townhomes in West Fargo, ND. Rent is based upon income.

Name of Family Member	Relation to Head of Household	Gender M/F	Disabled Y/N	Date of Birth	Social Security Number	Country of Birth
	Head					

Current Mailing Address_____

City_____State_____Zip_____Phone_____

Email_____

Minority Code: (used for statistical purpose only.)

☐ White ☐ Black ☐ Asian or Pacific Islander ☐ Alaskan Native ☐ American Indian

Ethnic Code: (used for statistical purpose only.)

☐ Hispanic ☐ Non-Hispanic

Do you require assistance in language translation? ☐ Yes ☐ No If yes, which language?_____

Does your household require an accessible unit? ☐ Yes ☐ No

What is your currently monthly income? $_____

Preference:

☐ 1. Families of federally declared disasters who are Section 8 Voucher holders or public housing residents in another jurisdiction

☐ 2. Resident of North Dakota. A family who has continuous permanent residency in the State of North Dakota from the time of application to the time of admission. If a family claims a local preference after the initial application date, the preference will be granted as of the date and time the preference is verified. The acceptable forms of verification will be current ND ID, lease, or utility bill.

☐ 3. Resident of Cass County, North Dakota. A family who has continuous permanent residency in the County of Cass, North Dakota, from the time of application to the time of admission. If a family claims a local preference after the initial application date, the preference will be granted as the date and time the preference is verified. The acceptable forms of verification will be current ND ID, lease, or utility bill.

Criminal History:

Is any member of the household listed on this application currently a lifetime registered sex offender in ANY state? Yes ☐ No ☐

Has any member of the household listed on this application been convicted of manufacturing Methamphetamine in a federally subsidized housing? Yes ☐ No ☐

Have you previously lived in subsidized housing? If yes, where and do you owe money to the previous Housing Authority? Yes ☐ No ☐

Signature(s) of ALL adults age 18 or over living in the household. By signing below, each individual certifies to the following: I certify that the information on this application is true, complete and accurate. I understand that if I do not provide all of the information requested my name may not be added to the waiting list. I understand that it is considered fraud to provide false, incomplete or inaccurate information, and that penalties may apply if fraud is committed. I agree that the Housing Authority of Cass County may make inquiries to verify my income, assets, household composition and size, rental history, delinquent debtors, and conduct a criminal background check of adults in my household for the purpose of verifying my eligibility for the Housing Assistance Program.

_____	_____	_____	_____
Signature of Applicant (Head-of Household)	Date	Signature of Other Adult	Date
_____	_____	_____	_____
Signature of Other Adult	Date	Signature of Other Adult	Date