

Information about Application Process for Moorhead Public Housing

After filling out an application with all the information needed, including copies of original Social Security card for ALL household members AND picture IDs for all household members over age 18; you will be sent a letter when your name reaches the top of the list in the housing size needed. If you should move before a letter is sent, let this office know the change of address. Make sure ALL areas of the application are filled out completely with all questions answered and with complete addresses with city, state and zip codes where applicable (especially regarding past landlord history for the LAST 5 YEARS) If you lived with family during the past 5 years list their names and complete address on the application also.

If your letter is sent and returns to our office with a new address or no address known, you will need to fill out a new application. Please remember to keep our office updated of any address changes.

It is necessary, as the letter will state, to call for an appointment when your name has reached the top of the list. You will have to sign verification forms which are then mailed by this Agency. These verifications will take 3 to 4 weeks to be processed. The verifications will help determine your eligibility for Public Housing.

Families consisting of more than eight household members are not eligible for Moorhead Public Housing. The largest unit our agency has is 4 bedrooms in size.

MPHA occupancy standards are as follows:

- Dwellings should be assigned so that, except possibly in the case of infants and very young children, the parent(s) has separate bedroom.
- The age, sex, and relationship of the members of the family will be taken into consideration in assigning unit sizes; persons of different generations, persons of the opposite sex (other than married couples, or couples who have a marital type relationship), and unrelated adults, will be assigned separate bedrooms. In any case, minors of the opposite sex six years or older, will not be required to share the same bedroom.
- Units will be assigned so that the living room is not used for sleeping purposes. In order to prevent underutilization of space and permit efficient and economical use of scarce housing resources, the following standards will determine the number of bedrooms required to accommodate a family of a given size:

Number of Bedrooms	Minimum # of Occupants	Maximum # of Occupants
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

Such standards may be waived when a vacancy problem exists and it is necessary to achieve or maintain full occupancy by **temporarily** assigning a family to a larger size unit or a different unit type, such as a handicapped adapted unit, than is required. Such family shall be advised that they will be transferred to the proper type or size unit as soon as one becomes available. In no event should waiver action be taken to assign smaller units to families than established in the maximums.

We suggest you also apply with rental assistance programs located in Fargo, ND (Fargo HRA 701-293-6262) and Dilworth, MN (Clay County Housing and Redevelopment 218-233-8883).Moorhead Public Housing Agency does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities

2. **Personal Contact Information** – provide your current mailing address. (Note: Returned mail will result in removal from the waiting list.)

Address: _____ Apartment # _____
 Telephone: _____
 City/State/Zip _____
 E-mail Address: _____

3. **Secondary Contact/Emergency Contact** (Please list a person we could contact if we are unable to reach you)

Name: _____ Relationship: _____
 Phone: _____ Email: _____

4. Have you or anyone in your household ever used a name (including maiden name) other than the one you listed above?
 Yes No If yes, what name (s)?

5. Have you or anyone in your household ever used a social security number other than the one you listed above?
 Yes No If yes, what number(s)?

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

- Homeless household (Application must include completed verification of homelessness form signed by referring official)
- Disability (disability must be verified)
- Head of Household is Age 62 or older (Sharp View Elderly designation)
- Require wheelchair accessibility

9. **Assets and Income:** Provide gross (not net) amounts for all questions.

<p>9a. Value of family assets: Assets include bank accounts, Trust Funds, Stocks, Bonds, CD's, IRA's, Retirement Funds, Burial Funds, Life Insurance, and Land or Real Estate. \$ _____</p>	<p>9b. Total Monthly Income: Combine Income from all family members. Including income received by children in the household. You may estimate. \$ _____</p>	<p>9c. Income Source(s) Check all that apply. <input type="checkbox"/> Wages/Employment (TANF/MFIP) <input type="checkbox"/> Welfare <input type="checkbox"/> SSI / Social Security Compensation <input type="checkbox"/> Worker's <input type="checkbox"/> Child Support Support / SNAP <input type="checkbox"/> Food</p>
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		<input type="checkbox"/> Self-Employment Property Income <input type="checkbox"/> Retirement / Pension Benefits <input type="checkbox"/> Interest/Annuity Income <input type="checkbox"/> Other assistance: _____ <input type="checkbox"/> Someone pays my bills/gives me money: \$ _____ (list how much per month)
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<p>10. Have you ever lived in low-income or federally subsidized Housing before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, when and where</p> <p>_____</p> <p>Who was Head of Household?</p> <p>_____</p> <p>Name of Housing Agency?</p> <p>_____</p>	<p>11. Do you owe any money to a low income and/or Federally funded Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, which Agency?</p> <p>_____</p> <p>12. Have you Ever been evicted from an apartment/home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, by whom?</p> <p>_____</p> <p>When?</p> <p>_____</p> <p>Why?</p> <p>_____</p>
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13. Residence History

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 previous addresses for the past 5 year period. Each listing must include your unit address and dates you lived there. **{Do not leave this blank}**.

Landlord name, address & phone number	List your current address first, then list previous addresses for past five years.	Dates you lived at addresses: Example: (01/2007 – Present)
1.		
2.		
3.		
4.		
5.		
6.		

14. Criminal Record / History

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 | 5. Assault/Fighting | 11. Drunk & Disorderly |
| 2. Sex Offense | 6. Disorderly Conduct | 12. Gang Related Activity |
| 3. Burglary/Robbery/Larceny | 7. Narcotics Traffic/Usage | 13. Child Abuse/Domestic Violence |
| 4. Threats or Harassment | 8. Fraud | 14. Other _____ |

Name of Household Member	Social Security Number	Date of Birth	Crime Number	Status / Disposition

15. Police Record Verification

The Moorhead Public Housing Agency (MPHA) is obligated to verify certain information about all adult members of families applying for admission to our Public Housing Programs. Households in which a member has been involved certain criminal activities may not be eligible to receive Federally Funded Housing Assistance.

ALL Household Members, Age 18 or Older, Must Complete this section and sign below.

I hereby certify that the information I have provided in this application is true, accurate and complete. I understand that if I do not provide all of the information requested that my name may not be added to the waiting list. 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 am at the top of a waiting list, I will be required to verify the information I have provided here. I understand that the Moorhead Public Housing Agency will conduct criminal background checks on all adult members of my household.

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 or Agency of the United State

VERIFICATION OF HOMELESSNESS FORM

Page 1 of 2

(To be filled out only if you are homeless)

A REFERRING OFFICIAL FROM A SHELTER OR SOCIAL SERVICE AGENCY MUST COMPLETE THIS FORM. A POLICE DEPARTMENT OFFICIAL MAY ONLY RESPOND TO ITEMS B or C BELOW.

Note: The person completing this form MUST be serving in an official capacity AND must have direct knowledge of the applicant's current living situation based on a professional relationship with the applicant. Failure to complete this form fully and accurately could result in denial of preference request.

Applicant: _____ **Agency/Provider:** _____

Organization: _____ **Phone:** _____

Please check which of the following describes the applicant's current shelter arrangements:

- A. Lacks a fixed, regular and adequate nighttime residence and is residing in a recognized, supervised shelter, transitional housing program, hotel or welfare hotel providing temporary accommodations for homeless people.

Shelter name: _____ Date Entered: _____

- B. Lacks a fixed, regular and adequate nighttime residence and is residing in a car, on the street, in an abandoned building or other place not meant for human habitation.

Please specify:

- C. Lacks a fixed, regular and adequate nighttime residence and is exiting an institution, (including a hospital, a substance abuse or mental health treatment facility, or jail/prison) where the stay was for 90 days or less and was living in a shelter or place not meant for human habitation immediately before entering that institution.

Please specify:

- D. Lacks a permanent place to live, continuously for one year or more. *(Note- exclude any period of institutionalization, including transitional housing or treatment from length of time homeless).*

Please specify:

- E. Lacks a permanent place to live at least 4 times in the past 3 years. *(Note- exclude any period of institutionalization, including transitional housing or treatment, from length of time homeless).*

Please specify:

Homelessness Verification Form (Page 2 of 2)

To be completed by applicant:

I, _____, authorize the release of the above information to the Moorhead Public Housing. I also hereby certify that I have not secured standard, permanent housing to resolve the housing need which I have claimed as a preference for my application. I agree that if my circumstance should change at any time, I will immediately notify the public housing agency ***in writing***. I understand the falsification, misrepresentation or concealment of information will be considered grounds for denying admission to MPHA housing programs.

Signature _____ Date: _____

Name (Please Print): _____

To be completed by referring official:

I, _____, am serving in an official capacity AND have direct knowledge of the applicant's current living situation based on a professional relationship with the applicant.

Signature _____ Date: _____

Name (Please Print): _____

(This form is available translated or in an alternative format upon request.)