

## RENTAL APPLICATION- MAPLE COURT TOWNHOMES

Moorhead Public Housing Agency  
800 2<sup>nd</sup> Avenue North Moorhead, MN 56560  
218-299-5458 (Dial 711 for Relay)

This application is for 2, 3 & 4 bedroom units located at 1506, 1510, 1514, 1622, 1618 101/2 St N and 1080 17<sup>th</sup> Ave N in Moorhead. **This is a rental application ONLY and is NOT an application for section 8 housing assistance.** Include copies of original social security card and picture IDs for ALL household members over age 18 with this application.

Completed applications can be submitted by fax 218-299-5461, hand delivered or through U.S. Mail to: MPHA office 800 2<sup>nd</sup> Ave N Moorhead MN 56560. If hand delivered outside of office hours, they can be put in the rent box in the front entry way of River View Heights located at 800 2<sup>nd</sup> Ave N in Moorhead.

Print neatly in ink. All fields are required. **PLEASE PRINT**

1. What bedroom size are you looking for? (circle any/all that apply)      2 BED                      3 BED                      4 BED
  
2. List the head of household first and then others who will live with the head of household. Include unborn children and live-in aides. Name as it appears on Social Security card.

Last Name	First Name + Middle Initial	Birthdate (mm/dd/yyyy)	Social Security Number

3. **Personal Contact Information** – provide your current mailing address.

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

<p><b>4. Secondary Contact/Emergency Contact</b> (Please list a person we could contact if we are unable to reach you)</p> <p>Name: _____ Relationship: _____</p> <p>Phone: _____ Email: _____</p>
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5. Are you a current or past recipient of MFIP (MN Family Investment Program)?  
 Yes  No

If you are a past recipient, please note the month and year when you last received assistance.  
 (note- this information is applicable to four units under the MARIF program. MARIF stands for MN Families Affordable Rental Investment Fund).

\_\_\_\_\_

6. 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)?

\_\_\_\_\_

7. Have you ever been evicted from any tenancy?  
 Yes  No If yes, when and by whom?

\_\_\_\_\_

8. Do you need an interpreter?  Yes  No

9. What language/dialect do you speak? \_\_\_\_\_

10. 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.

11. Total Monthly Income: \$ \_\_\_\_\_  
 Combine Income from all family members. Including income received by children in the household. You may estimate.

**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: (01/2015 – 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 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        | 9. Drunk & Disorderly                |
| 2. Sex Offense              | 6. Disorderly Conduct      | 10. Child Abuse or Domestic Violence |
| 3. Burglary/Robbery/Larceny | 7. Narcotics Traffic/Usage | 11. Other _____                      |
| 4. Threats or Harassment    | 8. Fraud                   |                                      |

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

**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 having provided any false information may disqualify me from consideration, and may be grounds for eviction or lease termination. I authorize Moorhead Affordable Housing LLC to conduct criminal background checks on all adult members of my household.

\_\_\_\_\_

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

Date \_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_

Moorhead Public Housing Agency does not discriminate on the grounds of race, color, familial status, national origin, religion, creed, gender, age or disability. If you or anyone in your family is a person with disabilities, and

you require a specific **accommodation** in order to fully utilize our programs and services OR if you need an **interpreter** please let us know. Call 218-299-5458 (DIAL 711 FOR RELAY)