APP#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing & Redevelopment Commission of the City of Aberdeen, South Dakota

 Pre-APPLICATION FOR ASSISTED HOUSING

Print clearly the names of everyone who will be living with the applicant in the rental unit. If you are unable to complete this pre-application because of your disability, please let us know so that we might facilitate any reasonable accommodation necessary to assist you.

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # | Full Legal Name*Last, First, Middle Initial* | M/F(Optional) | Relationship to Head of Household | Social SecurityNumber(Full Number Required) | Date of Birth*Month/Date/Year*(Required) | AGE | Full-time studentYes/No |
| 1 |  |  | HEAD |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |

What is your current address?

|  |
| --- |
| Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State ZipMailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Put address where you want mail sent) Street or PO Box City State ZipPlease list any other states you have lived in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Message Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLACE AN "X" BY THE PROGRAM(S) YOU ARE APPLYING FOR:**

 **PUBLIC HOUSING PROGRAM** (Rent is 30% of adjusted income) **TAX CREDIT PROPERTIES**

 \_\_\_\_\_ Homestead Apartments (elderly/disabled) (Rent is **NOT** according to income)

(Non-smoking)  **\_**\_\_\_Sunshine Park Townhomes (Smoking)

 \_\_\_\_\_ Family Homes (families)  2BR Rent $490-$578

 (Smoking) 3BR Rent $746

 **MULTI FAMILY PROPERTIES** (Rent is 30% of adjusted income) 4BR Rent $891

 \_\_\_\_\_ Sherman Apartments (elderly/disabled) \_\_\_\_ Meadow Wood Townhomes (Smoking)

 (Non-smoking) 2BR Rent $507-$627

 3BR Rent $725

 \_\_\_\_\_Dakota Square Apartments (singles/families) 4BR Rent $852

 (Smoking) \_\_\_\_ Jackson Heights Apartments (Non-Smoking)

 1BR Rent $371-$599

 \_\_\_\_\_ Lawson View Townhomes (families) 2BR Rent $446-$731

 (Smoking) 3BR Rent $688-$848

 \_\_\_\_Central Villas Apartments (55 and older)

 **SECTION 8 VOUCHER PROGRAM** (Rent is 30% of adjusted income) (Non-Smoking)

 \_\_\_\_\_\_Rent from Private Landlord (families/elderly/disabled/singles) 1BR Rent $375-$605

 2BR Rent $670-$745

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Families \_\_\_\_ Domestic Violence

\_\_\_\_\_ Elderly/disabled \_\_\_\_ Disaster

\_\_\_\_\_ Residency

**FOR OFFICE USE ONLY:**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_

Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*PLEASE COMPLETE FOR EACH FAMILY MEMBER\*

 **\*NOTE: If you list \*6\* for race, please enter all race codes that apply.**

Family Member 1: Race\_\_\_\_\_\_ **Race Choices:**  Ethnicity\_\_\_\_\_\_ **Ethnicity Choices:** Elderly Status\_\_\_\_ **Elderly Choices:**

Family Member 2: Race\_\_\_\_\_\_ **1=White** Ethnicity\_\_\_\_\_\_ **1=Hispanic** Elderly Status\_\_\_\_ **0=Non-Elderly**

Family Member 3: Race\_\_\_\_\_\_ **2=Black** Ethnicity\_\_\_\_\_\_ **2=Non-Hispanic** Elderly Status\_\_\_\_ **1=62 or Older**

Family Member 4: Race\_\_\_\_\_\_ **3=American Indian/** Ethnicity\_\_\_\_\_\_ Elderly Status\_\_\_\_ **2=Disabled**

Family Member 5: Race\_\_\_\_\_\_ **Native Alaskan** Ethnicity\_\_\_\_\_\_ Elderly Status\_\_\_\_

Family Member 6: Race\_\_\_\_\_\_ **4=Asian** Ethnicity\_\_\_\_\_\_ Elderly Status\_\_\_\_

Family Member 7: Race\_\_\_\_\_\_ **5=Pacific Islander** Ethnicity\_\_\_\_\_\_ Elderly Status\_\_\_\_

Family Member 8: Race\_\_\_\_\_\_ **6=Multi Racial** Ethnicity\_\_\_\_\_\_ Elderly Status\_\_\_\_

**\*\*NOTE** **PREFERENCES\*\***

**\*\*Families will receive a preference over singles\*\* \*\*No preference given for Tax Credit Properties\*\***

**\*\* If you check “yes” to any preference listed below, proof must be provided with your application, then you will be placed on**

 **the waiting list according to date and time.**

**\*\* If no preferences are checked and/or no proof provided, then you will be placed on the bottom of the waiting list according to date and time.**

**----------------------------------------------------------------------------------------------------------------------------------------**

Are you a current resident in our jurisdiction: (Brown, Day, Marshall, McPherson, Roberts counties) yes\_\_\_\_\_ no\_\_\_\_\_

  **\*\*** Lease showing current address or 2 pieces of mail at your current address: **(Section 8 Voucher preference only)**

 Staff verified \_\_\_\_\_\_\_\_\_\_

Is the head of household or spouse listed on this application 62 years old or older? yes\_\_\_\_ no\_\_\_\_\_

 **\*\***Proof of age Staff verified \_\_\_\_\_\_\_\_\_

Is the head of household or spouse listed on this application disabled? yes\_\_\_\_\_ no\_\_\_\_\_

Do you require a wheelchair accessible unit? yes\_\_\_\_\_\_ no\_\_\_\_\_\_ **\*\***Social security statement Staff verified \_\_\_\_\_\_\_

Are you currently a victim of Domestic Violence? yes\_\_\_\_\_ no\_\_\_\_\_

 **\*\***You must **SHOW PROOF** that you are **LIVING** in a domestic shelter in order to receive this preference**\*\***

 **(Section 8 Voucher, Multi Family and Public Housing Preference only)** Staff verified \_\_\_\_\_\_\_\_\_

Are you a victim of involuntary displacement (ie: fire, flood, etc) yes\_\_\_\_ no \_\_\_\_\_

  **\*\***Letter from local, state or federal authority **(Sec 8 Voucher, Multi Family and Public Housing Preference only)** Staff verified \_\_\_\_\_\_\_\_

What is you/your family’s current monthly income **(if no income---put zero)**:

$\_\_\_\_\_\_\_\_\_\_ **(wages)** $\_\_\_\_\_\_\_\_\_\_\_\_ **(SSI/Social Security)** $\_\_\_\_\_\_\_\_\_ **(child support)** $\_\_\_\_\_\_\_\_\_ **(other income)**

Are you or anyone in your household ever served in the U.S. Military? yes\_\_\_\_\_ no\_\_\_\_\_\_

Are you or anyone in your household a registered sex offender: yes\_\_\_\_\_ no\_\_\_\_ **For office use only:** verified\_\_\_\_\_\_\_\_

 Do you expect anyone to move in or out of the household within the next twelve- (12) months?

 yes\_\_\_\_\_ no\_\_\_\_\_ Example: marriage, pregnancy, (if so, expected due date), etc.\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Applicant-Please read this statement carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

-any misrepresentation or false information will result in my application being cancelled or denied;

-this is a pre-application for rental assistance through Aberdeen Housing Authority and is not an offer of housing;

-at the time I reach the top of the waiting lists, I will be required to provide information in accordance with federal housing regulations and Aberdeen Housing Authority program policy;

-it is my responsibility to notify Aberdeen Housing Authority of any change of address in writing and I understand that my application may be cancelled if I fail to do so;

-I may be denied if I owe money to AHA or another public housing authority;

-I may be denied if a household member has been convicted of certain criminal activity and I will be subject to a criminal history check;

-my participation in federal housing programs is subject to my being eligible and in compliance with HUD and Aberdeen Housing Authority policies.



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**RETURN TO:**

**ABERDEEN HOUSING AUTHORITY**

**310 S ROOSEVELT**

**ABERDEEN, SOUTH DAKOTA 57401 Phone: 605-226-2321 Fax: 605-225-8220 Office Hours; M-TH 10-5; Fri 10-2:30**

S:application/pre-application 4/17