



AFFORDABLE HOUSING RENTAL APPLICATION

Beyond Shelter, Inc.

<p>APPLICATION FOR HOUSING BEYOND SHELTER, INC. PO Box 310 Fargo, ND 58107-0310 Ph: (701) 551-0481 Fax: (701) 551-0499 TTY: 800-366-6888</p>	<p>FOR OFFICE USE ONLY</p> <p>Bdrm Size: _____</p> <p>App ID#: _____</p>		<p>DATE STAMP TIME RECEIVED</p>	
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PROPERTY NAME: _____ BEDROOM SIZE: 0 1 2 3 4 ACCESSIBLE:

CAREFULLY COMPLETE EACH QUESTION IN THE APPLICATION OR IT WILL BE DEEMED INCOMPLETE. Please print neatly in ink or type.

COPIES OF A PICTURE ID AND SOCIAL SECURITY CARD FOR ALL ADULTS MUST BE ATTACHED.
COPIES OF SOCIAL SECURITY CARDS AND BIRTH CERTIFICATES FOR ALL CHILDREN MUST BE ATTACHED.
COPIES OF IMMIGRATION STATUS FOR EACH FAMILY MEMBER BORN OUTSIDE OF U.S. MUST BE ATTACHED.

PERSONAL INFORMATION

Current Mailing Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____
 Home Phone Number: _____ Cell Phone Number: _____
 Email #1: _____ Email #2: _____

List yourself and anyone 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, live-in aides, and unborn children.

	Name (Last, First, Middle Initial)	Relationship to Head of Household	Gender (M/F) Optional	Age	Date of Birth	Social Security Number	RECEIVING ANY INCOME	
							YES	NO
1		HEAD					<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>
6							<input type="checkbox"/>	<input type="checkbox"/>
7							<input type="checkbox"/>	<input type="checkbox"/>
8							<input type="checkbox"/>	<input type="checkbox"/>

Do you anticipate any changes in the size of your household **within the next 12 months**? YES NO
 If yes, please explain: _____

Will anyone under age 18 listed above live in the unit **less than** 50% of the next 12 months? YES NO
 If yes, please explain: _____

Does any member in your household have a disability and require:
 Live-In Care Attendant: YES NO Accessible Unit: YES NO

Is any adult member of your household separated, but not divorced? YES NO

Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? YES NO

PERSONAL INFORMATION

Number of vehicles (including company cars): 0 1 2 3

Vehicle #1

Make/Model: _____ Year: _____ Color: _____

License Plate No.: _____ State: _____ Owner: _____

Vehicle #2

Make/Model: _____ Year: _____ Color: _____

License Plate No.: _____ State: _____ Owner: _____

Vehicle #3

Make/Model: _____ Year: _____ Color: _____

License Plate No.: _____ State: _____ Owner: _____

Are you currently under eviction or have you ever been evicted? YES NO
 If yes, why: _____

Have you ever filed for bankruptcy: YES NO
 If yes, when: _____

As property manager, I am making you aware that no one else can join the household without prior management approval. Do you understand this clearly? YES NO

Do you understand that if we discover during the verification process that others will be living in your household not listed on the application that is grounds to cancel your application? YES NO

ADDITIONAL CONTACT INFORMATION

If we are unable to reach you, whom may we contact locally?

Name(s): _____

Current Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email #1: _____ Email #2: _____

Do you authorize this person to inquire about your housing? Yes No

RESIDENCE HISTORY

You must provide a **5-year residence history**. 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. **Failure to provide complete and accurate information may delay the processing of your application.**

(Do Not Leave This Area Blank)

Landlord Name, Address & Phone Number	List your current address first then list previous addresses for past 5 years.	Dates you lived at addresses Example (01/2008 – Present)
1.		
2.		
3.		
4.		

CRIMINAL RECORD

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

POLICE RECORD VERIFICATION

Beyond Shelter, Inc. (BSI) is obliged to verify certain information about all adult members of families applying for admission to our Affordable Housing Programs. Households in which a member has been involved in Narcotic, Gang Related or Violent Criminal Activity may not be eligible. This is in compliance with Fargo's Safe Housing and Landlord Program.

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 and accurate. I understand that if I do not provide all of the information requested, or if I make inappropriate property selections, 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. I understand that the Beyond Shelter, Inc. will conduct criminal background checks on all adult members of my household.

_____ Head of Household	_____ Date	_____ Additional Adult	_____ Date
_____ Additional Adult	_____ Date	_____ Additional Adult	_____ Date

STUDENT INFORMATION

Is any member of your household a **Part-Time** or **Full-Time** student? YES NO
 (Ex: Preschool, Elementary, High School, College/University, Trade School, Etc.)
 If yes, which member(s)? _____

Does anyone in your household anticipate becoming a student in the next 12 months? YES NO
 If yes, which member(s)? _____

Will any member of your household be Full-Time students during **any 5 months:**
 This Year: YES NO If yes, which member(s)? _____
 Next Year: YES NO If yes, which member(s)? _____

Is at least one (1) student receiving assistance under Title IV of the Social Security Act (AFDC/TANF)? YES NO

Is at least one (1) student enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program? YES NO

Are the students married and filing a joint tax return? YES NO
 If yes, which member(s)? _____

Was at least one (1) student previously under the care and placement responsibility of the state agency responsible for administering foster care? YES NO

Is the student a single parent living with his/her minor child who is not a dependent on another's tax return? YES NO
 If yes, which member(s)? _____

EMPLOYMENT INFORMATION

EMPLOYER #1: HEAD OF HOUSEHOLD APPLICANT WHO IS EMPLOYED: _____

Employer: _____

Occupation: _____

Contact Person: _____

Telephone: _____

Current Salary: \$ _____ PER _____

Length of Employment: _____

EMPLOYER #2: HOUSEHOLD MEMBER WHO IS EMPLOYED: _____

Employer: _____

Occupation: _____

Contact Person: _____

Telephone: _____

Current Salary: \$ _____ PER _____

Length of Employment: _____

BANK INFORMATION

Bank Name #1: _____

Telephone: _____

Address: _____

Name on Account: _____

Checking Account No.: _____

Savings Account No.: _____

Bank Name #2: _____

Telephone: _____

Address: _____

Name on Account: _____

Checking Account No.: _____

Savings Account No.: _____

ALIMONY/CHILD SUPPORT INFORMATION

Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if **NO** Child Support or Alimony is being received? Case ID# _____ YES NO

If yes, name of person with court order? _____ Amount \$ _____ per _____

If yes, name of person(s) paying Child Support/Alimony? _____

Are the **FULL** court-ordered amount(s) being received? YES NO

If **"NO"**, are you making efforts to collect the amounts due? YES NO

If **"YES"**, please explain the efforts you're making:

Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**? (This includes help from children's father or mother for clothes, groceries, etc.) YES NO

If yes, please list: Amount \$ _____ per _____

Name of person(s) paying Child Support/Alimony:

Phone: _____ Child: _____

Phone: _____ Child: _____

ADDITIONAL HOUSEHOLD INCOME/ASSET INFORMATION

PLEASE ANSWER YES OR NO TO EACH QUESTION AND BE PREPARED TO VERIFY ITEMS CHECKED "YES"

***Attach a Separate Sheet of Paper for Additional Income/Asset Information**

	YES	NO		INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any members of the household self-employed? Who is self-employed? _____ What type of work does this person do? _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive cash contributions or gifts to help pay expenses that a household would normally pay, including rent, utility payments or groceries on an ongoing basis from persons not living with you? Name of person that pays you? _____ What is their address? _____ What is their phone number? _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive periodic payments from Workers' Compensation/Unemployment Benefits? Who is receiving Workers' Compensation/Unemployment Benefits? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive pay from the military? Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Veteran's Administration (VA) benefits? Who receives VA benefits? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive GI Bill benefits? Who receives GI Bill benefits? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive payments from the Social Security Administration? <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> DDAI <input type="checkbox"/> Other _____ Who receives payments from the Social Security Office? _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Public Assistance payments such as AFDC/TANF/TEEM, General Assistance? Who is receiving Public Assistance? _____ Caseworker: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive periodic payments from a pension, annuity or retirement benefit account? <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement _____ Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive periodic payments from insurance policies? Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your household receive long-term medical care insurance payments, <i>in excess of \$180 per day</i> , for a family member residing in a long-term care facility? Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____

ADDITIONAL HOUSEHOLD INCOME/ASSET INFORMATION

PLEASE ANSWER YES OR NO TO EACH QUESTION AND BE PREPARED TO VERIFY ITEMS CHECKED "YES"

***Attach a Separate Sheet of Paper for Additional Income/Asset Information**

			INCOME AMOUNT
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does any household member receive periodic payments from lottery winnings? Who receives these payments? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive income from mineral, surface, oil or gas rights? Who receives these payments? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Income from rental of real estate or personal property? Who receives these payments? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive income from Indian Trust Land or any other Tribal affiliated benefits? <i>(Ex: mineral interest, land, gaming, etc.)</i> Who receives these payments? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive child care assistance? Who receives this assistance? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have a family member age 17 or under who has unearned income? <i>(Ex: Social Security, SSI, etc.)</i> Which household member? _____ List Unearned Income Type: _____	\$ _____ PER _____
			ESTIMATED VALUE
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member currently own real estate or a mobile home? Property Owner? _____ Mortgage Company: _____ Phone Number: _____ If Real Estate or Mobile Home is owned, is it for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have personal property held for investment purposes? <i>(Ex: gems, jewelry, coins, stamp collections, etc.)</i> Household member who holds personal property? _____ Property Type: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have a CD or Money Market account? <input type="checkbox"/> CD <input type="checkbox"/> Money Market Name(s) on Account? _____ Bank Name: _____ Phone Number: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> Keogh <input type="checkbox"/> 401K <input type="checkbox"/> Other: _____ Name(s) on Account? _____ Institution Name: _____ Phone Number: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or Whole Life Insurance? <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Whole Life Insurance <input type="checkbox"/> Other _____ Name(s) on Account? _____ Institution Name: _____ Phone Number: _____	\$ _____

RELEASE OF INFORMATION

Beyond Shelter, Inc.
3320 Westrac Dr. S., STE. G, PO Box 310
Fargo, ND 58107-0310
PH: 701-551-0480
FAX: 701-551-0499
TTY: 800-366-6888



I understand that I need to notify Beyond Shelter, Inc. in writing if my address changes. (If BSI correspondence is returned or we are unable to contact you because of an incorrect address, your name will be removed from the waiting list(s).)

I certify that the information on this application is complete and true to the best of my knowledge. I understand that false statements of information are punishable under federal law. I understand that false statements of information are grounds for denial of my application and/or termination of housing assistance and tenancy.

I understand that if any member of my household owes money to any Federally Funded Housing Agency, has engaged in illegal narcotic activity, gang related activity, violent criminal activity, has been evicted/terminated from a Federally Funded Housing Program for these activities (including Material Misrepresentation/Program Violations) my/our name(s) will be placed on a Do Not Select listing which will be forwarded to other housing agencies.

All prospective tenants applying for any service through Beyond Shelter, Inc. are asked to give authorization for the release of all information, including private/nonpublic information, from utility companies, previous landlords, management companies and governmental agencies (including law enforcement agencies) concerning the applicant's rental history and any and all information maintained by law enforcement agencies, including but not limited to criminal history.

I/We hereby authorize Beyond Shelter, Inc. to obtain either credit reports or consumer reports, any and all information pertaining to my rental history from utility companies, former management companies or landlords whose properties I have resided in during the last five (5) years and any and all information, including private/nonpublic information, maintained by law enforcement agencies, including but not limited to my criminal history, for the purpose of reviewing my rental application.

ALL HOUSEHOLD MEMBERS, AGE 18 OR OLDER, MUST SIGN BELOW; AUTHORIZATION TO VERIFY ALL INFORMATION.

Applicant's Signature Date

Applicant's Signature Date

Print Applicant's Name

Print Applicant's Name

Date of Birth (Mandatory) _____
Driver's License/ID Number & State

Date of Birth (Mandatory) _____
Driver's License/ID Number & State

Applicant's Signature Date

Applicant's Signature Date

Print Applicant's Name

Print Applicant's Name

Date of Birth (Mandatory) _____
Driver's License/ID Number & State

Date of Birth (Mandatory) _____
Driver's License/ID Number & State