



**HOUGE ESTATES/AGASSIZ APARTMENTS PRE-APPLICATION**

Date: \_\_\_-\_\_\_-\_\_\_

Please indicate which project you are applying for:

Agassiz Apartments (Ulen, MN) \_\_\_\_\_ Houge Estates (Dilworth, MN) \_\_\_\_\_

**Please print clearly, if we cannot read your application, your application will not be processed!**

**Household Information**

Please include any unborn children. Use additional pages if necessary.

Name First, MI, Last	Relationship to Head of Household	Social Security #	Disabled Yes or No	Date of Birth	Age	Gender
	Head of Household		Y N			Male Female Other
			Y N			Male Female Other
			Y N			Male Female Other
			Y N			Male Female Other

**You must include an address you can receive mail at or your application will not be processed. You may use general delivery. You must update us in writing any time your contact information changes.**

Current Mailing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State, Zip \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Message # \_\_\_\_\_ Email: \_\_\_\_\_

**Head of Household Race** (check all that apply): \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian  
 \_\_\_\_\_ Black/African American \_\_\_\_\_ Hawaiian Native/Pacific Islander \_\_\_\_\_ White

**Ethnicity:** \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Non-Hispanic



Do you require any modifications or accommodations in order to fully utilize the unit or program and its services?	Y	N
Are you a current victim of domestic violence?	Y	N
Have you completed the Tenant Education Program course through the Village Family Service Center?	Y	N
Are you currently homeless?	Y	N
Have you been homeless consistently for the past year or more?	Y	N
Are you currently working with a mental health professional, case manager, ARMHS worker, or social worker or do you claim to have a serious mental illness?	Y	N
Do you own your home?	Y	N

If homeless, how many times have you been homeless in the past three years?

- First time homeless
- Second or third time homeless
- Fourth or more times homeless

Place a check by all sources of income that apply and list the household member that receives the income and the monthly amount received.

Income Sources	X	Who Receives	Monthly Amount
Social Security (All Sources)			
General Assistance			
Temporary Aid to Needy Families (TANF, MFIP, DWP)			
Veterans Benefits			
Employment Income			
Unemployment Benefits			
Child Support			
Minnesota Supplemental Assistance (MSA)			
Any other income received from any source.			
No Financial Resources			

**I certify that the information provided in this application is complete and true to the best of my knowledge and belief. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation.**

**WARNING: Title 18, Section 1001 of the U.S. 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 U.S. or the Department of Housing and Urban Development.**

\_\_\_\_\_  
**Applicant 1 Signature** **Date**

\_\_\_\_\_  
**Applicant 2 Signature** **Date**

(Revised 04/20/16)

