

<p style="text-align: center;"><b>APPLICATION FOR MONTEREY &amp; BRIGHTON PLACE APARTMENTS</b></p> <p style="text-align: center;"><b>Housing Authority of Cass County</b>                  230 8<sup>th</sup> Ave. West   West Fargo, ND 58078                  Phone: (701) 282-3443   Fax: (701) 282-4331                  www.casscountyhousing.org   info@casscountyhousing.org</p>	<p><b>FOR OFFICE USE ONLY</b></p> <p>Bedroom Size _____</p> <p>Annual Income \$ _____</p>	<p><b>DATE STAMP</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>
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**Complete each question. Please print neatly in ink or type. Contact us in writing with any change of address.**

1. Please select the Building and Bedroom Size that you are applying for:

Monterey & Brighton Place Apartments

205 8<sup>th</sup> Avenue West  
West Fargo, ND 58078

For Residents 62+

Current Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

2. List yourself and anyone including (but not limited to): minors and live-in aides 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.

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

1	2	3	4	5	Name (Last, First, Middle Initial)	Relationship to Head of Household	Gender (M/F) Optional	Age	Date of Birth	Social Security Number	STUDENT STATUS			
											Full-Time	Part-Time	N/A	
						HEAD								

**(List additional household members on a separate sheet of paper and attach to this pre-application.)**

3. Is **ANY** member of the household employed?  Yes  No

Please list below the monthly household income, source, and household member that receives income, including minors and those temporarily absent from the home. (Ex. wages, overtime, commissions, tips, bonuses, social security benefit payments, unemployment, retirement fund benefits, TANF, MFIP, TEEM, alimony, child support, interest or dividends from household assets, gambling winnings, etc.)

Monthly Dollar Amount	Source (ex. Place of Employment, Social Security, etc.)	Anticipated Changes within next 12 Months			Household Member Who Receives \$
		YES	NO	IF YES, EXPLAIN	
\$					
\$					
\$					
\$					

**(List additional household income on a separate sheet of paper and attach to this pre-application.)**

4. Do you require an accessible unit:  Yes  No

5. Are you currently on a Public Housing Authority (PHA) waiting list?  Yes  No If yes, please indicate the name of the PHA?  
 PHA Name: \_\_\_\_\_ Waiting List: \_\_\_\_\_

6. What language do you prefer to use to communicate with our staff?  
 Orally in English  Sign Language  Interpreter (if so, what language?) \_\_\_\_\_

7. How did you hear about us?:  Social Media  Website  Construction Sign  Other (please indicate) \_\_\_\_\_

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

\_\_\_\_\_  
Head of Household Date

\_\_\_\_\_  
Additional Adult Date