



GUIDELINES FOR COMPLETING APPLICATION

Welcome to Fargo Housing & Redevelopment Authority!

We want to process your application as quickly as possible. Before submitting your application, please make sure all needed documents are attached and no sections of the application are left blank. **Incomplete applications may result in delay in processing.**

1. Make sure all required documents that apply to your household listed below are attached.
2. DO NOT leave any sections of the application blank.

Help us by checking the following:

1. Required documentations for all adult household members 18 years or older, listed the application:

- 1. Driver's License or State issued Photo ID (green card/passport Photos do not apply)
- 2. Proof of Social Security Number

Letters from Social Security or DMV offices do not apply. Need actual copy of cards and photo IDs

2 Required documentations for all children under 18 years of age listed on the application:

- 1. Proof of Social Security Number
- 2. Birth Certificates

3. Immigration Documentation Required:

- I-94 Card, or Resident Alien Card, or Green Card, or another INS documentation.

Once your complete application has been received, we will contact you through the mail when there is a change in the status of your application.

FOR LEGIBILITY - DO NOT FAX

If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please contact the Housing Authority.

Ways to return your application:

Mail: Fargo Housing Authority, 325 Broadway N., Fargo, ND 58102

Email: Apply@fargohousing.org

Drop Off Box located on the North side of Fargo Housing Authority.



PRE-APPLICATION GUIDE

Please fully complete the pre-application and attach the required documents, each question is equally important in determining your eligibility and placement on the waiting list for housing assistance. Use this Application Guide for help in choosing the property or program that would best serve your needs.

Please assure we have a valid mailing address.

All address changes must be submitted IN WRITING; Undeliverable mail will result in removal from the waiting list.

Housing Choice Voucher (Section 8) and Public Housing tenant's pay approximately 30% of household's gross adjusted monthly income towards rent.

Section 8 Housing Choice Voucher: CLOSED

Rental Assistance applicants are responsible for finding their own qualified unit. The property owner and/or landlord will establish the lease, enforce its provisions, and collect the clients' agreed-upon share of the rent. The FHRA pays the landlord a subsidy for the difference between the market rent price and the amount of rent paid by the tenant using a Payment Standard.

Project Based Voucher Unit: CLOSED

These are designated units with-in the following properties that come with a Housing Choice Voucher attached. These allow you to pay approximately 30% of your income for rent.

(For 55+ years old): Crossroads Senior Living, North Sky Senior Living, Sunrise Senior Living

Semi - Accessible Housing

New Horizons Manor: 2525 N. Broadway.

FHRA's fully accessible community with roll-in showers, specialized appliances, therapy room, and enhanced security system. Offering on-site laundry, meal program and 24 hour assisted living services.

Pioneer Manor: 201 11th Street North.

This secured 46-unit building offers on-site computer lab, community room and laundry.

Elliott Place: 4462 30th Ave. S. *Anticipated Opening Autumn of 2022*

55+, 76 1-bedroom units, 8 2-bedroom units offer on-site meals, hair and nail salon, optional assisted living services, underground parking, on-site management, washer/dryer in unit, individual storage closets, wheelchair accessible.

Affordable Homes:

Scattered Site Homes:

(Madison and Jefferson School Areas)

This community consists of 27 two-bedroom two-story duplexes; 38 three-bedroom ground floor single family homes and 23 four-bedroom two-story single-family homes. Each unit features unfinished basement, Laundry hookups and large back yard with shed.

(18th Street and 25th Avenue South)

A cluster of Duplex style property consisting of 14 two-bedroom duplexes and 14 three-bedroom duplexes. All units are split level with laundry hookups, storage shed and large community back yard.

(30th and 31st Avenues South and 22nd Street South)

This site consists of 18 two-bedroom split level duplexes; 2 units are ground floor duplex wheelchair-accessible; 6 three-bedroom split level duplexes. These units are scattered throughout the neighborhood featuring laundry hookups, private yards and large backyard sheds for each unit.

(34th Avenue South)

Spacious cluster of 28 two-bedroom split level or two-story duplex units; 2 two-bedroom ground floor wheelchair-accessible and 12 three-bedroom two-story or split-level duplex units. This neighborhood features large community yards, back yard sheds for each unit and 2 playground areas.

Church Townhome: 16 ½ St. S.

2 to 3-bedroom townhomes with garages

Affordable Apartments:

220 Broadway (downtown): 220 Broadway

1 Bedroom Apartments

Herald Square (downtown): 303 Roberts St.

1 Bedroom Apartments

Lashkowitz High Rise: 101 2nd Street S.

This secured 22 stories High Rise offers community room, elevators, meal service, and bus line.



325 N Broadway
 Fargo, ND 58102
 (701) 293-6262 (voice)
 (800) 627-3529 (TTY)

www.fargohousing.org

For office use, only

Bdrm Size: _____

App ID#: _____

DATE STAMP
 TIME RECEIVED



Housing programs available - See the Application Guide for more information.

Select appropriate program or building.

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| <p><u>HOUSING CHOICE</u> <u>VOUCHER AND</u> <u>PROJECT BASED</u> <u>VOUCHERS:</u></p> <p style="font-size: 24pt; font-weight: bold;">CLOSED</p> | <p><u>ACCESSIBLE HOUSING:</u></p> <p><input type="checkbox"/> Pioneer Manor (1 Bedroom) <input type="checkbox"/> New Horizons (1 & 2 Bedroom) <input type="checkbox"/> Scattered Site Homes (2 Bedroom)</p> <p><u>SENIOR HOUSING:</u></p> <p><input type="checkbox"/> Elliott Place (55+, Anticipated opening Autumn of. 2022)</p> | <p><u>AFFORDABLE HOMES:</u></p> <p><input type="checkbox"/> Scattered Site Homes (2, 3, 4 Bedrooms) <input type="checkbox"/> Church Townhome (2 & 3 Bedrooms)</p> <p><u>AFFORDABLE APARTMENTS:</u></p> <p><input type="checkbox"/> Herald Square (1 bedroom) <input type="checkbox"/> 220 Broadway (1 bedroom) <input type="checkbox"/> Lashkowitz High Rise (1 bedroom)</p> |
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This form must be filled out in English. **Print** neatly in ink. All fields are required.

1. List yourself first and others who will live with you: **Name as it appears on social security** card. Include unborn children and live-in aides.

| Last name | First name + middle initial | Relation | Age | Sex (M/F) | Birthdate (mm / dd / yy) | Social Security Number | Place of Birth |
|-----------|-----------------------------|-------------|-----|-----------|--------------------------|------------------------|----------------|
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If you have more than eight household members, please check here and list them on a separate piece of paper.

2. Contact Information – provide current mailing address (**note: returned mail will result in removal from the waiting list**)

Address: _____ Apt #: _____ Telephone #: _____

City/State/Zip: _____ E-mail address: _____

3. 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) _____

4. Have you or anyone in your household ever used a social security number other than the one you listed above? Yes No
 If yes, what number(s)? _____

5a. Do you need an interpreter? Yes No

5b. What language/dialect do you speak?

6. Ethnicity

Hispanic Non-Hispanic

7. Race

White American Indian or Alaska Native
 Asian Black or African American
 Native Hawaiian or Other Pacific Islander
 Other: _____

8. Preferences - the FHRA gives the following preferences. Not all preferences apply to all programs.

Preferences: (check all that apply) **Must have verification at the time of eligibility.**

- Elderly (62 years or older. Head or Co-Head only.)
- Household member eligible for Veteran status.
- Working family (Scattered Site Homes)
- Require wheelchair accessibility
- Household member is disabled
- Minors
- Local Residency at time of application

DO NOT FAX. Email: Apply@fargohousing.org

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

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| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.