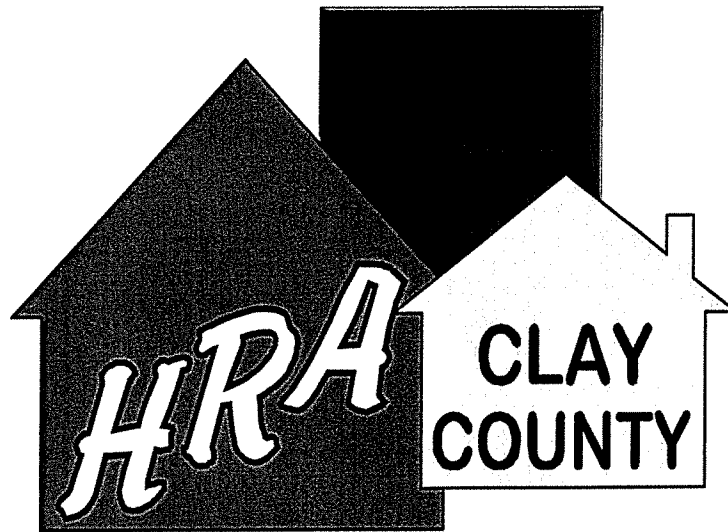


# Clay County Housing & Redevelopment Authority



## Housing Choice Voucher (Section 8) Project-based Pre-Application

**Please return this application to:**

Clay County HRA

116 Center Avenue

P.O. Box 99

Dilworth, MN 56529

Phone: 218-233-8883 or 1-877-460-9491

Fax: 218-233-9491

**Clay County HRA is currently accepting applications for our three - and four bedroom Project- based Housing Choice Voucher units (section 8) located in north Moorhead.**

These units are three- and four-bedroom townhomes which are part of the Easten Townhomes managed by Paramark.

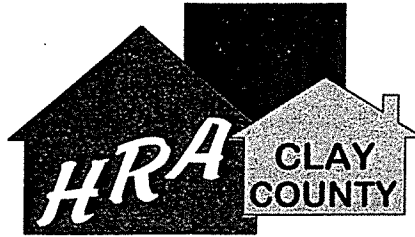
This application is only for the Housing Choice Voucher (Section 8) Project-based units. Please print clearly, fill out the application as complete as possible so we are able to place you on the list. If you need assistance in filling out this application, please contact the Clay County HRA.

**Make sure to contact Clay County HRA in writing if your address changes.** If we are unable to reach you by mail, your application may not be processed, and/or you may be dropped from the waiting list.

**Clay County HRA Housing Choice Voucher Project-based Program eligibility requirements:**

- Be of low income according to HUD criteria;
- Not been evicted from federally assisted housing within the past 5 years for drug-related activity;
- Not currently engaged in the use of any illegal drugs;
- Not a current registered sex offender;
- Not been convicted of the production or manufacture of methamphetamine and;
- Not owe money to another public housing agency.
- Be eligible for a three- or four-bedroom unit based on your family size
- Be eligible based on Paramark's eligibility requirements

Clay County HRA  
 116 Center Avenue East  
 P.O. Box 99  
 Dilworth, Minnesota 56529



Phone: 218-233-8883  
 Toll Free: 1-877-460-5280  
 Fax: 218-233-9491  
 Email: claycohra@claycohra.com

## HOUSING CHOICE VOUCHER (Section 8) PROJECT BASED PRE-APPLICATION

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

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

This application is only for the Project-based Section 8 units located at Easten Townhomes in north Moorhead. They are three- and four-bedroom townhomes.

**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			M F
			Y N			M F
			Y N			M F
			Y N			M F
			Y N			M F
			Y N			M F
			Y N			M F
			Y N			M F
			Y N			M F
			Y N			M F

**Head of Household Racial Categories (please check)**

White    Black/African American    American Indian/Alaskan Native    Asian    Native Hawaiian/Pacific Islander

**Head of Household Ethnic Categories (please check)**

Hispanic or Latino    Non-Hispanic or Latino

**County You Currently Live In (please check)**

Clay County    Cass County



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:

Home Address if Different than Mailing Address:

Street \_\_\_\_\_

Street \_\_\_\_\_

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

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

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

Do you require any modifications or accommodations in order to fully utilize the unit or program and its services?	Y	N
Have you or any family member been a victim of domestic violence within the past twelve months?	Y	N
Have you completed the Tenant Education Program course through the Village Family Service Center?	Y	N
Are you currently homeless, in a transitional housing program, or a permanent supportive housing program?	Y	N

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	√	name of members	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 \_\_\_\_\_