



HAB Development

Pre-Application

2415 1st Avenue North
Billings, MT 59101



EQUAL HOUSING
OPPORTUNITY

Phone: (406) 237-1903

Montana Relay: 711

FAX: (406) 237-1943

Which Housing Program (s) are you applying for? Old Town Square Spring Gardens Westchester Square

How did you hear about this housing opportunity? Newspaper Word of Mouth Site Advertising
 Other Community Agency HAB Website Staff Presentation HAB Office Other

Street Address City State Zip

Mailing Address City State Zip

FAMILY COMPOSITION

Phone: ()

	NAME	SSN	STUDENT Y/N	RELATION TO HEAD	BIRTH DATE
Head					
2					
3					
4					
5					
6					

	Birth Place	Gender		Ethnicity		Race					Handicap/ Disabled		Pregnant	
		M	F	1	2	1	2	3	4	5	Y	N	Y	N
Head														
2														
3														
4														
5														
6														

RACE CODES **ETHNICITY** 1 = HISPANIC 2 = NON-HISPANIC

1 = White 2 = Black/African American 3 = American Indian/Alaska Native 4 = Asian 5 = Other

Do you require any modifications in order to fully utilize the unit or the program and its services? (i.e. Handicap Accessible Unit? Policy Change?) Service Animal? Y N Wheelchair? Y N Hearing Impaired? Y N Vision Impaired? Y N Other? Y N If Yes to any of the above, please explain so we can better serve you:

Last: First MI

ASSETS

Family Member #	Source of Asset Name of Company or Agency	Asset Type/Acct # (Checking, Savings, Certificate of Deposit, Annuity, Real Estate, ETC.)	Cash Value

INCOME

Family Member #	Source of Income Name of Company or Agency	Income Type (WAGES, TANF, Child Support, Per Capita, Unemployment, SS, SSI, etc.)	Rate/Frequency

PROGRAM INTEGRITY

Adult Member Name	Please list all States you have lived in as an adult:	Registered Sex Offender? Y/N	Ever been charged or convicted of manufacturing or producing methamphetamine on the premises of an assisted housing project? Y/N

Do you expect anyone to move in or out of your household within the next 12 months? Yes No
 Are you a Foster Care Provider? Yes No If yes to either above, please explain: _____

Have you ever lived in assisted housing before? Yes No If yes, when and where? _____

Have you ever used a name other than the one you are using now? Yes No
 If yes, what name: _____

Have you ever used a social security number other than the one you listed above? Yes No
 If Yes, what number have you used? _____

Has anyone in your household been arrested or convicted of any criminal activity? Yes No If yes:
 Who? _____ When? _____ What? _____

Do you owe any money to any assisted housing agency? Yes No If yes, Explain: _____

Have you ever been evicted by any landlord? Yes No If yes, Explain: _____

Do you have any pets? Yes No If yes, Explain: _____

Landlord References (Required)

Your present landlord and the previous two landlords for rental references

Address of Unit you Rented	Landlord's Name and Address (include city and state)	Lived in unit: From/To Month/ Year	Landlord's Phone Number

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 of Agency of the U.S. or the Department of Housing and Urban Development.

A CURRENT PHOTO ID IS REQUIRED FOR ALL ADULT HOUSEHOLD MEMBERS

Authorizations, Representations and Certifications

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 and may be grounds for eviction or termination of assistance.

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I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE AND OUR SIGNATURES BELOW AUTHORIZE THE HOUSING AUTHORITY OF BILLINGS TO VERIFY ANY INFORMATION

_____	_____	_____	_____
Head of Household	Date	Other Adult	Date
_____	_____	_____	_____
Other Adult	Date	Other Adult	Date

The Housing Authority of Billings Complies with the Fair Housing Act and Provides Reasonable Accommodations/Modifications to persons with disabilities. Request forms are available at the Housing Authority of Billings office located at 2415 First Ave N Billings, MT 59101

Housing Authority of Billings Release of Information /Criminal Record Verification

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The Housing Authority of Billings is obliged to verify certain information about all adult members of families applying for admission to our Assisted Housing Programs. **Anyone 18 years of age or older must sign.**

Head of Household	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date

By providing the requested information and signatures above, the adult members of the household consent to a complete criminal background check.

Full Name First, MI, Last Please Print	Male Or Female	Date Of Birth	SS #	Current Street Address	Do you use any other name/s? If yes, list all	Maiden Name (Females Only)

POLICE DEPARTMENT ONLY

- () Based on the identifiers submitted, there is possible the existence of a criminal history record in the national database. Please submit fingerprints to Montana DOJ Criminal Records and Identification Section, PO Box 201403, Helena, MT 59620-1403.
- () Based on the identifiers submitted, there does not appear to exist a criminal history record in the national database.

Signature of Police Department Personnel	Date