**Housing Authority of Billings**

**Pre-Application**

2415 1st Avenue North
Billings, MT  59101

Phone: (406) 245-6391  
Montana Relay: 711

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**Which Housing Program(s) are you applying for?**

- [ ] Section 8 Voucher
- [ ] Public Housing

**Street Address**
City  
State  
Zip

**Mailing Address**
City  
State  
Zip

**Phone:** ( )

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**FAMILY COMPOSITION**

<table>
<thead>
<tr>
<th>NAME</th>
<th>SSN</th>
<th>STUDENT Y/N</th>
<th>RELATION TO HEAD</th>
<th>BIRTH DATE</th>
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**Birth Place**

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<tr>
<th>Birth Place</th>
<th>Gender</th>
<th>Ethnicity (Voluntary)</th>
<th>Race (Voluntary)</th>
<th>Handicap/Disabled</th>
<th>Pregnant</th>
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**RACE CODES (Voluntary)**

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

**ETHNICTY (Voluntary)**

- 1 = HISPANIC
- 2 = NON-HISPANIC
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:

<table>
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<tr>
<th>Family Member #</th>
<th>Source of Income Name of Company or Agency</th>
<th>Income Type (WAGES, TANF, Child Support, Per Capita, Unemployment, SS, SSI, etc.)</th>
<th>Rate/Frequency</th>
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**PROGRAM INTEGRITY**

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

**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.

**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
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.

| 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)

- Emergency
- Unable to contact you
- Termination of rental assistance
- Eviction from unit
- Late payment of rent
- Assist with Recertification Process
- Change in lease terms
- Change in house rules
- Other: ______________________________

**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.

**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.
Homeless Certification
Please mark all that apply

☐ Is the applicant an individual or family who lacks a fixed, regular, and adequate nighttime residence, which includes a primary nighttime residence of:
  ○ Place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport, or camping ground)
  ○ Publicly or privately operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations;

☐ Is the applicant being discharged from an institution where he or she has been a resident for 90 days or less and the person resided in a shelter [but not transitional housing] or place not meant for human habitation immediately prior to entering that institution.

☐ Is the applicant an Individual or family that is being evicted within 14 days from their primary nighttime residence and:
  ○ No subsequent residence has been identified; and
  ○ The household lacks the resources or support networks (i.e. family, friends, faith-based or other social networks) needed to obtain other permanent housing.

☐ Does the Applicant have any of these characteristics:
  ○ Unaccompanied youth (less than 25 years of age) or family with children and youth;
  ○ Defined as homeless under other federal statutes (for example the definition used by the Department of Education) who do not otherwise qualify as homeless under HUD’s definition;
  ○ Has not had a lease, ownership interest, or occupancy agreement in permanent housing in the 60 days prior to applying for assistance;
  ○ Has moved two or more times in the 60 days immediately prior to applying for assistance;
  ○ Has one or more of the following
    ○ chronic disabilities,
    ○ chronic physical or mental health conditions
    ○ substance addiction
    ○ histories of domestic violence or childhood abuse
    ○ child with a disability
    ○ two or more barriers to employment, which include
      ▪ lack of a high school degree or GED
      ▪ illiteracy
      ▪ low English proficiency
      ▪ history of incarceration or detention for criminal activity
      ▪ history of unstable employment

☐ Is the applicant an individual or family who:
  ○ Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence;
  ○ Has no other residence; and
  ○ Lacks the resources or support networks to obtain other permanent housing.

Applicant Head of Household

________________________________________

Date