

Lakes & Prairies Community Action Partnership, Inc. Housing/Self-Sufficiency Programs
HOUSING APPLICATION

Mailing address: 715 11th St. N Moorhead, MN 56560
218-299-7845 or 1-800-492-3646 ext. 7845
(Offices located on first floor at 715 11th St. N. Moorhead MN)

Section I. PERSONAL INFORMATION

Name of Applicant _____

Date of Birth _____ Social Security No. _____ Ethnicity _____

Marital Status: _____ Married _____ Single

Address _____
(Street) (City) (State) (Zip)

How long have you lived at this address? _____

Are you presently living in public housing? Y N

Are you a first time homebuyer? Y N Do you have a Home Stretch Certificate? Y N

Home Telephone(____) _____ Message/Work Telephone(____) _____

Name of Co-applicant, if any _____

Date of Birth _____ Social Security No. _____ Ethnicity _____

Marital Status: _____ Married _____ Single

Other Household Members	Age	Relationship	Ethnicity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does anyone in your household have a disability? _____ Who is disabled? _____

Please list the disability _____

Section II. INCOME INFORMATION

A. INCOME AND EMPLOYMENT. Information on employment and **ALL SOURCES OF INCOME** for you, your spouse, and other residents of your household age 18 and over must be disclosed. For the purpose of this program, “residents” includes all persons living in a housing unit for at least nine months of the year and who do not pay rent, or who are claimed as dependents for Federal Income Tax purposes. Verification of your income will be requested before your application may be processed.

1. Individuals Receiving Regular Paychecks:

a. _____
Employer's Name

Employer's Business Address

Name of Employee Gross Monthly or Yearly Income

Dates of Employment Business Telephone

b. _____
Employer's Name

Employer's Business Address

Name of Employee Gross Monthly or Yearly Income

Dates of Employment Business Telephone

2. Other Sources of Income: MFIP, Emergency Assistance, Unemployment, Child Support, SSI, SSDI, Retirement, Military Pensions, etc.

Specify Source _____ Monthly Amount _____

Specify Source _____ Monthly Amount _____

Specify Source _____ Monthly Amount _____

Section III. SIGNATURES

I/we certify that the statements contained in this application are true, accurate, and complete to the best of my/our knowledge and belief.

I/we understand that the information contained in this application is necessary for Lakes & Prairies Community Action Partnership, Inc. to make a fair and equitable decision about who may purchase the homes and that by providing the information, I/we understand that the information will be used by the Lakes & Prairies Community Action Partnership, Inc. Board of Directors in the selection of the potential purchasers of the homes.

I/we hereby authorize the release of information regarding my/our income, employment, bank accounts, and outstanding debts including mortgages, to order a consumer credit report and to make other inquiries to support my/our application for the homes from Lakes & Prairies Community Action Partnership, Inc. All information will be handled with respect to confidentiality and data privacy laws. You may make copies of this application to distribute to any party with which I/we have a financial or credit relationship and that party may treat that copy as an original.

Applicant

Date

Co-applicant

Date