

Housing & Redevelopment Commission of the City of Madison, South Dakota
Pre-application for Assisted Housing

Print clearly the names of everyone who will be living with the applicant in rental unit. If you are unable to complete this pre-application because of your disability, please let us know so that we might facilitate any reasonable accommodation necessary to assist you.

Please list household members starting with Head of Household on line 1, then in order of oldest to youngest.

| # | Full Legal Name Last, First, Middle Initial | M/F (Optional) | Relationship to Head of Household | Social Security Number (Required) | Date of Birth Month/Date/Year (Required) | AGE |
|----------|--|-------------------|--------------------------------------|---|--|-----|
| 1 | | | Head | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

What is your current address?

| | | | | |
|---|------------|------------|---------------|--|
| Street address: | | | | |
| | | | | |
| Street | City | State | Zip | |
| Mailing address: | | | | |
| (Put address where you want mail sent) Street or PO Box | | | | |
| | | | | |
| City | State | Zip | | |
| Please list any other states you have lived in: | | | Email: | |
| | | | | |
| Home Phone | Work Phone | Cell Phone | Message Phone | |

Place an "X" by the program(s) you are applying for:

Public Housing

Program (Rent is 30% of adjusted income)

_____ Lake View Tower(Non-smoking)

SECTION 8 VOUCHER PROGRAM (Rent is 30% of adjusted income)

_____ Rent from Private Landlord (families/elderly/disabled/singles)

EFB Townhomes

_____ (No rental assistance, non-smoking)

-3 Bedroom-\$850

-2 Bedroom-\$750

| | |
|-----------------------------|-------------------------|
| FOR OFFICE USE ONLY: | |
| _____ Families | _____ Domestic Violence |
| _____ Elderly/disabled | _____ Disaster |
| _____ Residency | |

| | |
|-----------------------------|------------|
| For Office Use Only: | |
| _____ Date | _____ Time |
| _____ Staff | |



PLEASE COMPLETE FOR EACH FAMILY MEMBER

***NOTE: If you list *6* for race, please enter all race codes that apply.**

| | | | | | |
|-----------------------------|----------------------|-----------------|--------------------------|----------------------|-----------------------|
| Family Member 1: Race _____ | Race Choices: | Ethnicity _____ | Ethnicity Choices | Elderly Status _____ | Elderly Status |
| Family Member 2: Race _____ | 1=White | Ethnicity _____ | 1=Hispanic | Elderly Status _____ | 0=Non-Elderly |
| Family Member 3: Race _____ | 2=Black | Ethnicity _____ | 2=Non-Hispanic | Elderly Status _____ | 1=62 or Older |
| Family Member 4: Race _____ | 3=American Indian/ | Ethnicity _____ | | Elderly Status _____ | 2=Disabled |
| Family Member 5: Race _____ | Native Alaskan | Ethnicity _____ | | Elderly Status _____ | |
| Family Member 6: Race _____ | 4= Asian | Ethnicity _____ | | Elderly Status _____ | |
| Family Member 7: Race _____ | 5=Pacific Islander | Ethnicity _____ | | Elderly Status _____ | |
| Family Member 8: Race _____ | 6=Multi Racial | Ethnicity _____ | | Elderly Status _____ | |

****Note Preference****

****Families will receive a preference over singles****

****If you check "yes" to any preference listed below, proof must be provided with your application, then you will be placed on the waiting list according to date and time.**

****If no preferences are checked and/or no proof provided, then you will be placed on the bottom of the waiting list according to date and time.**

Are you a current resident in our jurisdiction (Lake and Miner Counties) yes _____ no _____

**** Lease showing current address or 2 pieces of mail at your current address: (Section 8 voucher program only)**

Verified _____

Is the head of household or spouse listed on this application 62 years or older? Yes _____ No _____

Do you require a wheelchair accessible unit? Yes _____ No _____ ****Social Security statement Verified: _____**

(Section 8 Voucher and Public Housing Preference only) Verified _____

Are you currently a victim of Domestic Violence? Yes _____ No _____

****You must SHOW PROOF that you are LIVING in a domestic shelter in order to receive this preference****

(Section 8 Voucher and Public Housing Preference only) Verified _____

Are you a victim of involuntary displacement (i.e.: fire, flood, etc) yes ___no _____

**** Letter from local, state or federal authority (Sec 8 voucher and Public Housing Preference only)** Verified _____

What is you/your family's current monthly income (wages, SSI, Social security, child support, etc): \$ _____
(if no income—put zero)

Are you or anyone in your household ever served in the U.S. Military? Yes _____ No _____

Are you or anyone in your household a registered sex offender: Yes _____ No _____ **For office use only: verified _____**

Do you expect anyone to move in or out of the household within the next twelve- (12) months?

Yes _____ No _____ Example: Marriage, pregnancy, (if so, expected due date), etc. _____

Certification of Applicant- Please read this statement carefully. By signing, you are agreeing to its terms

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- any misrepresentation or false information will result in my application being cancelled or denied;
- This is a pre-application for rental assistance through MHRC and is not an offer of housing;
- at the time I reach the top of the waiting lists, I will be required to provide information in accordance with federal housing regulations and MHRC program policy.
- it is my responsibility to notify Madison Housing of any change of address in writing and I understand that my application may be cancelled if I fail to do so;
- I may be denied if I owe money to MHRC or another public housing authority;
- I may be denied if a household member has been convicted of certain criminal activity and I will be subject to a criminal history check;
- my participation in federal housing programs is subject to my being eligible and in compliance with HUD and Madison Housing policies.

Signature of Applicant _____

Date _____

Return To:

**Madison Housing Authority
111 S Washington Ave S
Madison SD, 57042**

Phone:605-256-2112

Fax:605-256-9677

Office Hours: M-F 8-5