

# GARRISON INSURANCE



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PROPERTY MANAGEMENT

MIKE MATTESON  
OWNER / AGENT

MCKAILA BEHLES  
CSR



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## APPLICATION FOR ADMISSION IN FEDERALLY SUBSIDIZED HOUSING



APPLICATION RECEIVED - DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

\*\*\*If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive the application or call us to schedule assistance.\*\* Our phone number is (701) 463-2099, Monday-Friday. Accessible interviewing will be made available. If you have a hearing impairment and need assistance with this application, the user TDD number for North Dakota is 1-800-366-6688.

BEDROOM SIZE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

AGE \_\_\_\_\_

CO-APPLICANT NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME OR CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

### HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of the Household and all other members who will be living in the unit. Give the relationship of each member to the Head of Household.

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SOCIAL SECURITY #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### ELDERLY HOUSEHOLD ALLOWANCE

An elderly household is one in which the head, spouse, or sole-member is 62 or older, disabled or handicapped. Such households qualify for a \$400 deduction in computing the rent. Would you like to apply for this deduction? [ ] YES [ ] NO If yes is indicated, proof you are eligible for this deduction will be required.

Are you requesting a special handicapped accessible unit? [ ] YES [ ] NO

### INELIGIBLE OCCUPANCY BECAUSE OF INCOME

It has been explained to me that my adjusted family income (gross family income if Section 8 subsidized) cannot exceed \$\_\_\_\_\_. I understand that should I be ineligible to occupy an apartment because of the income limit, I can request occupancy as an ineligible tenant. The conditions of occupancy as an ineligible tenant have been explained. It has been explained to me that I will normally pay either 30% of my adjusted monthly income or 10% of my monthly income whichever is higher for my month contribution (or the gross basic rent if a subsidy is not available) but in no case would I pay more than the note rate rent established for the rental unit. I understand that should I be offered occupancy by the management and I choose not to accept, I would have to make a new application for occupancy.

**CURRENT ANNUAL INCOME**

SOURCE	AMOUNT	Total Annual Income (AI)	\$ _____
_____	_____	Minors in Household x \$480	\$ _____
_____	_____	If Elderly Household \$400	\$ _____
_____	_____	Medical Exceed 3% of AI	\$ _____
_____	_____	Child Care	\$ _____
_____	_____	Adjusted Annual Income	\$ _____
TOTAL ANNUAL INCOME (AI)	\$ _____	Adjusted <i>Monthly</i> Income	\$ _____

**ASSETS**

List all checking and savings accounts (including IRAs, Keogh Accounts, and Certificates of Deposit) of all household members, including amounts disposed of during the past two years.

FAMILY MEMBER	BANK NAME	ACCOUNT NAME	CURRENT BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List value of all stocks, bonds, trusts, pension, contributions, or other assets.

TYPES OF ASSET	VALUE OF ASSETS
_____	_____
_____	_____
_____	_____

**RENTAL HISTORY**

Please enter the information requested for your current address and the two most recent prior addresses. Include places where you were not listed on the lease and places where you lived under a different name.

APPLICANT'S CURRENT ADDRESS	CURRENT LANDLORD'S ADDRESS	& PHONE
_____	_____	_____
APPLICANT'S PREVIOUS ADDRESS	PREVIOUS LANDLORD'S ADDRESS	& PHONE
_____	_____	_____
Moved In: _____	Moved Out: _____	
APPLICANT'S PREVIOUS ADDRESS	PREVIOUS LANDLORD'S ADDRESS	& PHONE
_____	_____	_____
Moved In: _____	Moved Out: _____	

**EXPENSES** (Additional information regarding expenses may be attached)

Do you have expenses for child care of a child age 12 and under or a handicapped or disabled family member for which you are not reimbursed? [ ] YES [ ] NO If yes, provide the following:

NAME	ADDRESS	TELEPHONE #	OF CARE PROVIDED	WEEKLY COST
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**\*\*Complete the following (in box) ONLY if the "Elderly Household" definition in which the Head of Household or Head/ Spouse is 62 or older, disabled, or handicapped\*\***

• Do you have Medicare? [ ] YES [ ] NO If YES, what is the monthly premium? \$\_\_\_\_\_

• Do you have any other kind of medical insurance? [ ] YES [ ] NO If YES, provide the following:

Insurance Carrier Name	Address	Policy #	Monthly Premium
_____	_____	_____	\$_____
_____	_____	_____	\$_____

• Do you have any outstanding medical bills not covered by insurance? [ ] YES [ ] NO If YES, list:

TO WHOM OWED	AMOUNT OWED	MONTHLY PAYMENT
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____

• What medical expenses do you expect to incur in the next 12 months? (This could include dental, medical, optical, hearing, prescriptions, and counter drugs.)

TYPE OF EXPENSE	ESTIMATED AMOUNT
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____

**UTILITY EXPENSES:** What are your monthly costs for utilities? \$\_\_\_\_\_

**HISTORY**

- Are you, or anyone who will reside at the residence, a current user of a controlled substance or have a previous conviction of the same? [ ] YES [ ] NO
- Have you, or anyone who will reside at the residence, been convicted of the illegal manufacture of distribution of a controlled substance? [ ] YES [ ] NO
- If you have answered YES to either of the previous two questions, have you successfully completed a controlled substance abuse recovery program or are presently enrolled in such a program? [ ] YES [ ] NO If YES, please provide evidence.
- Have you, or anyone who will reside at the residence, been convicted, or pleaded guilty or "no contest" to a felony? [ ] YES [ ] NO
- Have you, or anyone who will reside at the residence, been convicted, or pleaded guilty or "no contest" to any charge involving sexual misconduct? [ ] YES [ ] NO
- Have you ever been evicted? [ ] YES [ ] NO

