

Northwest Minnesota Multi-County  
Housing & Redevelopment Authority  
PO Box 128, 205 Garfield Ave Mentor, MN 56736  
Tel: 218-637-2431 Fax: 218-637-2433 [www.nwmnhra.org](http://www.nwmnhra.org)

**HRA DEVELOPMENT APPLICATION**

RIVER ROAD APARTMENTS  
1708 RIVER ROAD DRIVE NW  
EAST GRAND FORKS, MN 56721

One Bedroom  Two Bedroom

**PLEASE PRINT CLEARLY**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address where currently living: \_\_\_\_\_  
Street/PO Box City State Zip

Address where you receive mail: \_\_\_\_\_  
Street/PO Box City State Zip

Phone: \_\_\_\_\_ ~ \_\_\_\_\_ ~ \_\_\_\_\_ Email \_\_\_\_\_  
Home Telephone Number Cell Telephone Number Contact Person Name and Telephone

**Family Composition:** List all household members who will be living in the unit, including yourself as the head of household.  
Please submit a copy of Social Security Card, Birth Certificate and Recent Photo ID or Driver's License for each adult below.

Names of Household Members			M/F	Birthdate	Disabled Y/N	Social Security Number/Alien Reg. Number***
First	M.I.	Last				
1	Head					
2						
3						
4						

\*\*\*Application will not be processed if any Social Security number is left blank

Do you expect changes in the number of persons in your household? No Yes Please explain \_\_\_\_\_

Does anyone in the household require a reasonable accommodation? No Yes Please explain \_\_\_\_\_

**Income for ALL household members:** All wages, unemployment, Social Security, SSI, MSA, GA, MFIP, VA, Child Support, Pensions, Self Employment and any other monies received.

Family Member No.	Source of Income	Gross Income Amount (before deductions and taxes)	Circle One			
			Per: Week	2-weeks	Month	Year
		\$	Per: Week	2-weeks	Month	Year
		\$	Per: Week	2-weeks	Month	Year
		\$	Per: Week	2-weeks	Month	Year

Please fill out the back side and have all household members 18 and older sign and date the bottom of this form.

**Background Information:** This section must be completed or your application will be returned to you.

Has any household member been convicted of <u>any</u> illegal activity in the last 5 years?	Yes/No	If yes, explain:
Have you ever been given a move-out notice by a landlord?	Yes/No	If yes, explain:

**Applicant(s)/Tenant(s) Statement:**

1. This application is taken and subject to the approval of the owner.
2. Before approval to occupy the unit, I authorize the owners to:
  - a. Complete a credit check on the applicant and any adult household members
  - b. Complete a criminal background check on the applicant and any adult household members
  - c. Complete reference checks on the applicant and any adult household members
3. I/We certify that the information given to the NW MN Multi-County HRA in this application is accurate and complete to the best of my/our knowledge and belief.
4. I/We understand the Lease is made on the strength of this application and may be terminated at any time at the owners option if any information herein is false.

\_\_\_\_\_  
*Signature of Head of Household*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Spouse/Co-Head /Other Adult*

\_\_\_\_\_  
*Date*

**Note:** You are responsible to notify our office of any change in address or phone number. If there are any changes you need to make to your application or if you have any questions, please contact our office:

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REVISED 12/22/17