



BURLEIGH COUNTY HOUSING AUTHORITY

DWIGHT BARDEN
Executive Director



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TDD: 1-800-545-1833 EXT. 439 • WEBSITE: www.burleighcountyhousing.com

REQUEST FOR APPLICANT TO BE REMOVED FROM AN APPLICATION FOR: PUBLIC HOUSING/HOUSING ASSISTANCE (HAP)/WASHINGTON COURT

I, _____ wish to be removed from

Public Housing / Housing Assistance (HAP) / Washington Court / application effective
(Circle one)

_____, 20_____.

I understand that I will no longer be a member of this household and will need to reapply for the above named housing programs should I need it in the future.

I understand that if I wish to rejoin this assisted household, I can only do so after receiving approval from the Burleigh County Housing Authority Staff.

Signature of Applicant
requesting to be removed from application

Date

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____.

SEAL

Notary Public
My commission expires: