



FORT BERTHOLD HOUSING AUTHORITY
BROOKS HEIGHTS
P.O. BOX 310
NEW TOWN, ND 58763
Telephone# (701) 627-4461 Fax# (701) 627-4468

APPLICATION INSTRUCTIONS

FEDERAL ELIGIBILITY STANDARDS WILL APPLY TO THE 5-29 PROJECT.

PROJECT 5-29 IS A SMOKE-FREE AND DRUG/ALCOHOL FREE COMPLEX.

I understand that, in the event I am chosen for tenancy, the Smoke Free and Drug/Alcohol Free Policy is applicable to me and my family and to any and all guests, I understand that violation of this policy is cause for immediate termination.

DATE: _____ **NAME:** _____

ALL HOUSEHOLD MEMBERS 18 AND OVER: You must also, read, sign, and date the following:

AUTHORIZATION FOR THE RELEASE OF INFORMATION, FORM HUD-9886 AND FEDERAL PRIVACY ACT NOTICE.

THE FOLLOWING VERIFICATIONS MUST BE ATTACHED TO THE APPLICATION:

- 1) A copy of Social Security Cards for each household member
- 2) A copy of Certificate of Degree of Indian Blood (if you claim a tribal membership).
- 3) Proof of Child Custody in the case of a Divorce or Legal Custody.

The applicant must sign and date the application or it will not be accepted. Upon review and acceptance as an eligible applicant, the application will be kept active for one (1) year. You must reapply at the end of one year or your application will become ineligible for consideration. If you become ineligible because you have failed to renew, you will lose your priority date (the date your application was received by the Housing Authority). This date is critical in determining your position on the waiting list.

NAME AND ADDRESS: It is the applicant's responsibility to keep the Fort Berthold Housing Authority updated with a current mailing address. Should any correspondence be returned because the mailing address is incorrect, no attempt will be made to contact you.



2001 Coyote Woman Ave., Four Bears Community
Telephone 701-627-4461 Fax 701-627-4468 Toll Free 1-800-535-5621



FORT BERTHOLD HOUSING AUTHORITY

**APPLICATION FOR ADMISSION IN
FEDERALLY SUBSIDIZED HOUSING**



Date Received: _____

Time: _____

THIS APPLICATION MUST BE FILLED OUT COMPLETELY TO BE ACCEPTED FOR PROCESSING. INCOMPLETE APPLICATIONS WILL BE RETURNED AS UNACCEPTED.

THIS PROJECT DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAPPED STATUS IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS FEDERALLY ASSISTED PROGRAMS AND ACTIVITIES.

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THIS APPLICATION OR CALL TO SCHEDULE ASSISTANCE. OUR PHONE NUMBER _____. ACCESSIBLE INTERVIEWING WILL BE MADE AVAILABLE. IF YOU HAVE A HEARING IMPAIRMENT AND NEED ASSISTANCE WITH THIS APPLICATION THE STATEWIDE TDD LINK CAN BE USED. THE TDD LINK NUMBER IS 1-800-366-6888

APPLICANT NAME: _____ **HOME PHONE:** _____

CO-APPLICANT NAME: _____ **WORK PHONE:** _____

CURRENT ADDRESS: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

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

Member's Full Name	Relationship	Birthdate	Age	Social Security No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ELDERLY HOUSEHOLD ALLOWANCE:

An elderly household is one in which the head, spouse, or sole member is 62 years of age or older or a person with disabilities. Such households qualify for a \$400 deduction in computing rent. (IF Yes is indicated, proof you are eligible for the deduction will be required.)

YES NO Would you like to apply for this deduction?

YES NO Are you requesting a special handicapped accessible unit?



- YES NO Are you currently living in subsidized housing?
- YES NO Have you ever resided in a project financed and/or subsidized by the Government?
- YES NO Have you ever been evicted from a housing project?

If "YES" to any of above, please explain:

EXPENSES:

- YES NO Do you have expenses for child care of a child aged 12 or under, or for a disabled family member? If yes, indicate the amount you must pay out of your pocket for which you are not reimbursed.

Name, address & phone number provider	Weekly Cost:
_____	_____
_____	_____
_____	_____

If you qualify as an "elderly" household complete the following:

- YES NO 1. Do you have Medicare?
If yes, amount of premium? \$ _____ per month
- YES NO 2. Do you have Medicaid?
If yes, amount of recipient liability, if any \$ _____ per month
- YES NO 3. Do you have other medical insurance?
If yes, list name and address of insurance company, policy number and premium amount? (Attach additional sheet if necessary).

- YES NO 4. Do you have any outstanding medical bills not covered by insurance?
If yes, please list them? (Attached additional sheets if necessary).

To Whom Owed	Total Amount	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 5. What Medical expenses do you expect to incur in the next 12months?
To Whom? Amount

_____	_____
_____	_____
_____	_____

APPLICANT CERTIFICATION:

- YES NO Are you current illegal user of a controlled substance or have a previous conviction of the same?
- YES NO Have you been convicted of illegal manufacture or distribution of a controlled substance?
- YES NO Not Applicable If yes to either of the above, have you successfully completed a controlled substance abuse recovery program, or are you presently enrolled in such a program?
If yes, please provide evidence.

How did you find out about housing? _____



ELIGIBILITY:

It has been explained to me that my adjusted family income 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. I will normally pay either 30% of my adjusted monthly income or 10% of my monthly gross income, whichever is higher for my monthly contribution (or the gross basic rent if a subsidy is not available) but in no case would I pay more than the market 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:

Annual income includes, but is not limited to, wages, salaries, child support, alimony, unemployment compensation, worker's compensation, social services support, social security and other pensions, rental income, interest and dividends. Please list all sources of annual income below. If additional space is necessary, attach additional sheets.

Source	Amount	Source	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Income	\$ _____		

CASH ASSETS:

List all checking and savings accounts (including IRA's, Keogh Accounts, and Certificates of Deposit) of all household members, including amounts disposed of during the past two years for less than market value. If additional space is needed, attach an additional sheet.

Family Member	Bank Name	Account No.	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ASSETS:

List all other assets including, but not limited to, stocks, bonds, trust, pension contributions, land, houses, business interests, cattle and machinery. If additional space is required, please attach an additional sheet.

RENTAL HISTORY:

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

<u>Current Address:</u>	<u>Landlord's Name & Address:</u>	<u>Telephone:</u>
_____	_____	_____
_____	_____	_____
<u>Previous Address:</u>	<u>Landlord's Name & Address:</u>	<u>Telephone:</u>
_____	_____	_____
_____	_____	_____



I/We certify that the information provided about is true and correct to the best of my/our knowledge and belief. Inquiries may be made to verify this information. I/We certify that the unit applied for will be my/our household's permanent residence and I/We do not/will not maintain a separate subsidized rental unit in a different location.

(Signature of Head of Household)

(Date)

(Signature of Co-Head or Spouse)

(Date)

DISCLOSURE NOTICE:

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development that Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

This information is being requested for statistical purposes and to comply with equal opportunity and fair housing legislation.

Is the head of household: (Check the one that applies)

- White, Non-Hispanic Black, Non-Hispanic Asian, Pacific Islander
 American Indian/ Alaskan Native Hispanic

Is the head of household: Male Female **Is the co-head of household:** Male Female

We do business in accordance with the Federal Fair Housing Law. It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

TO BE COMPLETED BY MANAGER:	
TOTAL ANNUAL INCOME	\$ _____
DEDUCTIONS:	
No. of Minors * \$480:	\$ _____
Elderly Household - \$400:	\$ _____
Medical exceeding 3%	
Of Annual Income:	\$ _____
Child Care:	\$ _____
Total Deductions:	\$ _____
Adjusted Annual Income (Total Income less Deductions)	\$ _____
Adjusted Monthly Income (Adjusted Annual Income Divided by 12)	\$ _____
Estimated Monthly Rent (Adjusted Monthly Income x 30%)	\$ _____
Applicant Income Level:	
<input type="checkbox"/> Very Low <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Ineligible	
No. of Bedrooms Requested:	_____
Manager's Signature:	_____ Date: _____



FORT BERTHOLD HOUSING AUTHORITY
PROGRAM FRAUD NOTICE

The new Housing and Urban Development (HUD) regulations establish administrative procedures for imposing civil penalties and assessments against persons who file false claims or statements while applying for housing benefits. These regulations, which implement the Program Fraud Civil Remedies Act of 1986, apply to all applicants for Indian housing programs, as well as tenants and homebuyers.

The Program Fraud Remedies regulations apply to any person or persons who misrepresent or omit information from applications for housing, income verification, re-examination of information, family composition, age of family members, etc. The HUD Inspector General may investigate and they may be subject to the following penalties:

1. Up to \$5,000 for filing such claims; or
2. Up to \$5,000 plus up to twice the amount of benefits which were fraudulently received; and
3. In any case, whether or not benefits were actually received by the individual family, and other remedy, which may be prescribed by law, will still apply. (This means that that fines do not preclude criminal charges for legal actions against the person(s) committing the fraud.)

Some of the areas where such fraud may occur:

- Families reporting less than all sources of income, (e.g., only reporting husband's income when both spouses are working; or not reporting all or part of part-time income or other seasonal income.)
- Families listing more dependents that are eligible or who live in the household.
- Families misrepresenting age to either get benefits for elderly or claim children as dependents after they reach the age of 18.
- Families not reporting all assets, such as bank accounts, real estate/homes owned (not including trust lands).

The attachment of this Rider shall be made part of the application, Dwelling Lease, Mutual Self-Help Agreement (MHOA) or recertification.

I have read the above and understand the possible penalties I may be subject to for providing fraudulent information. **All Household Members Age 18 and Over** must read, sign and date:

Signature

Date

Signature

Date

Signature

Date

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the **Fort Berthold Housing Authority** (the Authority) at application or re-examination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, birth date, Social Security Number (SSN), income (by source), assets, certain deductible expenses and rental payment.

The Privacy Act of 1974 as amended requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal, or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give the Authority the SSN(s) of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U. S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

I have read the Federal Privacy Act Statement.

Signature, Printed Name of Head of Household and Date _____ X	Signature, Printed Name of Spouse Other Adult Member of the Household and Date _____ X
Signature, Printed Name of Other Adult Member of the Household and Date _____ X	Signature, Printed Name of Other Adult Member of the Household and Date _____ X

X
Original is retained in the requesting organization

Authorization for the Release of Information Housing Agencies

U.S. Department of Housing & Urban Development
Office of Public and Indian Housing

PHA/IHA requesting release of information
(name, address, telephone, & date):

FORT BERTHOLD HOUSING AUTHORITY
Box 310
New Town, ND 58763

701/627-4731

**This form cannot be used to request a copy of a tax return.
Instead, use IRS form 4506, Request for a Copy of Tax Form.**

Sensitive Information: The consent granted by this form may be used as a basis to collect sensitive information, which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD except to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

Purpose:

This form enables the U.S. Department of Housing and Urban Development (HUD) and the above named Public Housing Agency or Indian Housing Authority (HA's) to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining employee income information from current and previous employers and wage and claim information from the State Wage Information Collection Agency (SWICA).

Computer Matching Notice & Consent:

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family.

Employment Information:

I also authorize the above-named HA and HUD to obtain information about me and my family that is pertinent to employment income information from current and previous employers.

Conditions:

I agree that photocopies of this authorization may be used for the purposes stated above. If I or any adult member of my family fail to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or tenancy, or both.

State Wage Agencies:

I authorize only HUD, a Public Housing Agency, or an Indian Housing Authority to obtain information on wages or unemployment compensation from state agencies charged with the State unemployment law.

Signature, Printed Name of Head of Household and Date

Signature, Printed Name of Spouse Other Adult Member of the Household and Date

X

X

Signature, Printed Name of Other Adult Member of the Household and Date

Signature, Printed Name of Other Adult Member of the Household and Date

X

X

Original is retained in the requesting organization

INSTRUCTIONS

The Form HUD-9886 must be signed by the head of household and spouse regardless of age and by each adult member in the household at the initial eligibility determination or during an interim reexamination or regularly scheduled income reexamination.

Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Applicants are required to sign the Form HUD-9886 at the time their eligibility is determined.

Failure of any applicant or participant to sign the consent form constitutes grounds for denial of eligibility or termination of assistance or tenancy.

Once an applicant or participant has signed and submitted a consent form, subsequent consent forms may be required under the following conditions:

- Original consent form has been lost or destroyed
- HUD or HA has determined that the original consent form is too old for use in obtaining information

Form HUD-0996 incorporates the requirement of the McKinney Amendments and gives notice that computer matching may be done to check information provided by the applicant or participant. Where the HA is to conduct the computer matching with a State Wage Information Collection Agency (SWICA), the HA shall certify to the SWICA that the applicants and participants have signed consent forms and a Privacy Act Statement.

HAs must maintain a signed copy of the consent form, as well as a signed Privacy Act Statement in each tenant's file.

Before completion of any eviction proceedings for those individuals who have refused to sign the Form HUD-9886 dated 4/91, HAs must give the individual an opportunity to sign the revised Form HUD-9886.

Additional signature lines may be added as necessary.

REQUEST FOR VERIFICATION OF INCOME

INSTRUCTIONS: *Housing Authority – Complete items 1 through 4. Have applicant sign Item 5. Forward the completed form directly to the name and address in Item 1. Upon return, file in tenant folder.*
Employer or Program Representative – Complete items 6 through 8 as they apply to applicant named in Item 4, and return form directly to the Housing Authority named in Item 2.

REQUEST

<p>1. TO: (Name and Address of Employer and Program)</p>	<p>2. FROM: (Name and Address of Housing Authority) FORT BERTHOLD HOUSING AUTHORITY PO Box 117 New Town ND 58763</p>
<p>3. SIGNATURE OF HOUSING AUTHORITY REPRESENTATIVE I certify this verification has been sent directly to the Employer or Program Director and has not passed through the hands of the applicant or other interested party.</p> <p style="text-align: center;">_____ Signature</p> <p><u>Lease Compliance Specialist</u> Title</p> <p style="text-align: right;">_____ Date</p>	<p>4. NAME, DATE OF BIRTH (DOB), ADDRESS, S.S. # OF APPLICANT NAME: _____ DOB: _____ ADDRESS: _____ CITY, ST, ZIP: _____ SOC. SEC. #: _____</p> <p>5. I have applied for housing and stated that I receive compensation from you. My signature below authorizes verification of this information.</p> <p style="text-align: center;">_____ Signature of Applicant</p> <p style="text-align: right;">_____ Date</p>

VERIFICATION

<p>6. Employer Verification</p> <p>6A. IS APPLICANT NOW EMPLOYED BY YOU? RECEIVING</p> <p style="text-align: center;">// YES // NO</p> <p>6B. PRESENT BASE PAY IS \$ _____</p> <p>This amount is paid:</p> <p>// Annually // Monthly // Weekly // Hourly</p> <p>// Other (specify) _____</p> <p>6C. EARNINGS LAST 12 MONTHS</p> <p>Amount \$ _____</p> <p>Hourly</p> <p>Normal Hours Worked Per Week _____</p> <p>Overtime Hours DESIGNATED _____</p> <p style="text-align: center;">// Regular // Temporary</p> <p>Other Income \$ _____</p> <p style="text-align: center;">// Regular // Temporary</p>	<p>7. Military Personnel Only</p> <p>7A. IS APPLICANT PRESENTLY SERVING?</p> <p style="text-align: center;">// YES // NO</p> <p>7B. PRESENT BASE PAY IS \$ _____</p> <p>This amount is paid:</p> <p>// Annually // Monthly // Weekly // Hourly</p> <p>// Other (specify) _____</p> <p>7C. EARNINGS LAST 12 MONTHS</p> <p>Amount \$ _____</p> <p>Base Pay _____</p> <p>Rations _____</p> <p>Flight or Hazard _____</p> <p>Clothing _____</p> <p>Quarters _____</p> <p>Prepay _____</p> <p>Overseas/Combat _____</p>	<p>8. Other Assistance</p> <p>8A. IS APPLICANT CURRENTLY ASSISTANCE?</p> <p style="text-align: center;">// YES // NO</p> <p>(If yes, answer the following):</p> <p>8B. TYPE OF ASSISTANCE _____</p> <p>8C. PRESENT AMOUNT OF ASSISTANCE</p> <p style="text-align: center;">\$ _____</p> <p>This amount is paid:</p> <p>// Annually // Monthly // Weekly //</p> <p>// Other (specify) _____</p> <p>8D. AMOUNT OF ASSISTANCE FOR HOUSING AND UTILITIES</p> <p style="text-align: center;">\$ _____</p> <p style="text-align: center;">If applicant is admitted</p> <p>8E. DATE ASSISTANCE MAY TERMINATE (IF APPLICABLE)</p> <p style="text-align: center;">_____ Date</p>
--	--	---

REMARKS:

SIGNATURE OF EMPLOYER OR PROGRAM REPRESENTATIVE	DATE
---	------

REQUEST FOR VERIFICATION OF INCOME

INSTRUCTIONS: *Housing Authority – Complete items 1 through 4. Have applicant sign Item 5. Forward the completed form directly to the name and address in Item 1. Upon return, file in tenant folder.*
Employer or Program Representative – Complete items 6 through 8 as they apply to applicant named in Item 4, and return form directly to the Housing Authority named in Item 2.

REQUEST

<p>1. TO: (Name and Address of Employer and Program)</p>	<p>2. FROM: (Name and Address of Housing Authority) FORT BERTHOLD HOUSING AUTHORITY PO Box 310 New Town ND 58763</p>
<p>3. SIGNATURE OF HOUSING AUTHORITY REPRESENTATIVE I certify this verification has been sent directly to the Employer or Program Director and has not passed through the hands of the applicant or other interested party.</p> <p style="text-align: right;">_____ Signature</p> <p>Lease Compliance Specialist _____ Title</p> <p style="text-align: right;">_____ Date</p>	<p>4. NAME, DATE OF BIRTH (DOB), ADDRESS, S.S. # OF APPLICANT</p> <p>NAME: _____ DOB: _____</p> <p>ADDRESS: _____</p> <p>CITY, ST, ZIP: _____</p> <p>SOC. SEC. #: _____</p>
<p>5. I have applied for housing and stated that I receive compensation from you. My signature below authorizes verification of this information.</p> <p style="text-align: right;">_____ Signature of Applicant</p> <p style="text-align: right;">_____ Date</p>	

VERIFICATION

<p>6. Employer Verification</p> <p>6A. IS APPLICANT NOW EMPLOYED BY YOU? RECEIVING</p> <p style="text-align: center;">// YES // NO</p> <p>6B. PRESENT BASE PAY IS \$ _____</p> <p>This amount is paid:</p> <p>// Annually // Monthly // Weekly // Hourly</p> <p>// Other (specify) _____</p>	<p>7. Military Personnel Only</p> <p>7A. IS APPLICANT PRESENTLY SERVING?</p> <p style="text-align: center;">// YES // NO</p> <p>7B. PRESENT BASE PAY IS \$ _____</p> <p>This amount is paid:</p> <p>// Annually // Monthly // Weekly // Hourly</p> <p>// Other (specify) _____</p>	<p>8. Other Assistance</p> <p>8A. IS APPLICANT CURRENTLY RECEIVING ASSISTANCE?</p> <p style="text-align: center;">// YES // NO</p> <p>(If yes, answer the following):</p> <p>8B. TYPE OF ASSISTANCE</p> <p>_____</p> <p>8C. PRESENT AMOUNT OF ASSISTANCE</p> <p>\$ _____</p> <p>This amount is paid:</p> <p>// Annually // Monthly // Weekly // Hourly</p> <p>// Other (specify) _____</p>
<p>6C. EARNINGS LAST 12 MONTHS</p> <p>Amount \$ _____</p> <p>Hourly</p> <p>Normal Hours Worked Per Week _____</p> <p>Overtime Hours DESIGNATED _____</p> <p style="text-align: center;">// Regular // Temporary</p> <p>Other Income \$ _____</p> <p style="text-align: center;">// Regular // Temporary</p>	<p>7C. EARNINGS LAST 12 MONTHS</p> <p>Amount \$ _____</p> <p>Base Pay _____</p> <p>Rations _____</p> <p>Flight or Hazard _____</p> <p>Clothing _____</p> <p>Quarters _____</p> <p>Prepay _____</p> <p>Overseas/Combat _____</p>	<p>8D. AMOUNT OF ASSISTANCE FOR HOUSING AND UTILITIES</p> <p>\$ _____</p> <p style="text-align: center;">If applicant is admitted</p> <p>8E. DATE ASSISTANCE MAY TERMINATE (IF APPLICABLE)</p> <p style="text-align: right;">_____ Date</p>

REMARKS:

SIGNATURE OF EMPLOYER OR PROGRAM REPRESENTATIVE	DATE
---	------

FORT BERTHOLD HOUSING AUTHORITY
 Lease Compliance Office
 PO BOX 310
 NEW TOWN ND 58763
 (701) 627-4731
 Fax: (701) 627-3802

NOTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

Notification

The Fort Berthold Housing Authority requires me to consent to a criminal background check as a condition of housing. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the tribal, county, state and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize FBHA to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist FBHA in collecting this information.

Print Name	Middle Name	Last Name (Birth Name)		Primary Contact Ph#
Current Address	City	State	Zip Code	Secondary Contact Ph #
Social Security Number	Date of Birth	Driver's License #		State of Driver's License & number
Name of Tribe Enrolled (if applicable)		Other Tribal Affiliation(s) of Employment		

Have you ever been convicted of a Felony crime or pled guilty or no contest to any crime? *(Conviction will not necessarily disqualify applicant from housing.)* **YES** _____ (provide details on bottom of this page.) **NO** _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for housing. By signing below, I hereby provide my authorization to FBHA to conduct a criminal background check. In addition to those rights, I understand that I have a right to appeal an adverse decision made by FBHA based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven (7) working days from FBHA's receipt of such appeal. By signing this form, I hereby agree that I will not file any claim or lawsuit against Fort Berthold Housing Authority relating to the use of any criminal records regarding me for screening purposes.

This Authorization shall remain in effect for one year from the date of my signature.

Signature of Household Member

Date

FORT BERTHOLD HOUSING AUTHORITY
 Lease Compliance Office
 PO BOX 310
 NEW TOWN ND 58763
 (701) 627-4731
 Fax: (701) 627-3802

NOTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

Notification

The Fort Berthold Housing Authority requires me to consent to a criminal background check as a condition of housing. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the tribal, county, state and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize FBHA to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist FBHA in collecting this information.

Print Name	Middle Name	Last Name (Birth Name)		Primary Contact Ph#
Current Address	City	State	Zip Code	Secondary Contact Ph #
Social Security Number	Date of Birth	Driver's License #		State of Driver's License & number
Name of Tribe Enrolled (if applicable)		Other Tribal Affiliation(s) of Employment		

Have you ever been convicted of a Felony crime or pled guilty or no contest to any crime? *(Conviction will not necessarily disqualify applicant from housing.)* **YES** _____ (provide details on bottom of this page.) **NO** _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for housing. By signing below, I hereby provide my authorization to FBHA to conduct a criminal background check. In addition to those rights, I understand that I have a right to appeal an adverse decision made by FBHA based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven (7) working days from FBHA's receipt of such appeal. By signing this form, I hereby agree that I will not file any claim or lawsuit against Fort Berthold Housing Authority relating to the use of any criminal records regarding me for screening purposes.

This Authorization shall remain in effect for one year from the date of my signature.

Signature of Household Member

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

for

Fort Berthold Housing Authority

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish Fort Berthold Housing Authority

and **MAXIMUM REPORTS, INC.**, and/or its representative's permission and authority to conduct a background check. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references, and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of

Fort Berthold Housing Authority
and **MAXIMUM REPORTS, INC.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism, or financial loss that may result from use of information obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

By signing this form, I agree to have read and understand the contents of this Release of Information Form. The information received is for employment purposes only.

Applicant Full Name (Please Print)

Tribal Affiliation (If Applicable)

Maiden Name or Also Known As (If applicable)

Last 4 of Social Security Number

Driver's License Number (If applicable)

Date of Birth

Address

City

State

Zip

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

for

Fort Berthold Housing Authority

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish Fort Berthold Housing Authority and **MAXIMUM REPORTS, INC.**, and/or its representative's permission and authority to conduct a background check. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references, and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of Fort Berthold Housing Authority and **MAXIMUM REPORTS, INC.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism, or financial loss that may result from use of information obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

By signing this form, I agree to have read and understand the contents of this Release of Information Form. The information received is for employment purposes only.

Applicant Full Name (Please Print)

Tribal Affiliation (If Applicable)

Maiden Name or Also Known As (If applicable)

Last 4 of Social Security Number

Driver's License Number (If applicable)

Date of Birth

Address

City

State

Zip

Signature

Date