

# Fort Berthold Housing Authority

P.O. Box 310

New Town, ND 58763

Office Physical Address: Highway 1804 North, Dakota Drive  
New Town, ND 58763

Telephone: (701) 627-4731 • Fax: (701) 627-3802

## HOMEBUYERS ASSISTANCE PROGRAM APPLICATION INSTRUCTIONS

### PLEASE READ CAREFULLY!

The purpose of this program is to service very low income individuals with a grant for homeownership. The grant program will assist on a down payment to purchase a new home. Please complete this form entirely, if any questions do not pertain to you then mark N/A. **NOTE:** Funds will be granted only with an approval from an approved lender. All documents **MUST** be submitted prior to the review committee. **(All applicants will have 90 days upon which time your application will be closed).**

#### I. APPLICANTS INFORMATION:

##### APPLICANT # 1

1. Name of applicant, maiden if any
2. Date of birth and age
3. Current mailing address ( House No. street, box, state, zip code)
4. Telephone Number, list best number to contact you.
5. Driver's License, submit copy of all household members 18 years old or older.
6. Tribal Enrollment number, submit copy of card for all household members.
7. Number of dependents, submit copies of SS#'s and Birth certificates.
8. Social Security Numbers, submit a copy for all household members.
9. Check yes or no if you're a Veteran, if yes a copy of your DD214
10. Marital Status, check one. (If "other", please explain and if divorced please submit copies of your divorce decree and custody papers.

##### APPLICANT #2

11. Name of applicant, maiden if any
12. Date of birth and age
13. Current mailing address, House # Street, Box # State, Zip code).
14. Telephone number, list the best number to contact you.
15. Driver's License, submit copy of all household members 18 years old and older.
16. Tribal Enrollment number, submit copy of card or letter from enrollment office.
17. Number of dependents, submit copies of SS#'s and Birth certificates.
18. Social Security Number, copy of card.
19. Marital Status, check one (If "Other" Please explain and if divorced, please submit copies of your divorce decree and custody papers.
20. Check yes or no if Veteran, if yes submit a copy of your DD214

## II. FAMILY INFORMATION:

### Family/Household Members

1. List all household members. Provide Name, Date of Birth, Relationship to Applicant, and Enrollment Number. Dependents, MUST submit copies of enrollment (card or letter from enrollment), S.S. No. (card) or Birth Certificate, and custody if any. 18 years old or older MUST submit copies of enrollment, and S.S. No. (card). If you need more space please use a blank sheet of paper.
2. Check yes or no if Veteran, if yes submit a copy of your DD214

## III. INCOME INFORMATION:

1. **Earned Income:** Provide, Name of Applicant #1 under I. 1, Applicant #2 (if any) under I. 10, and any household member under II.1 who have earned income, Name and Address of Employer, and Annual Income. All MUST submit copies of SF-1040 (Income Tax Return), and W-2 Form, and Wage Stubs or Verification of Income Form (employer completes), attached.
2. **Unearned Income:** Provide, Name of Applicant under I.1, Spouse (if any) under I.10, and any household member under III.1, Source of Income, and Annual Income. Examples of Unearned income: Social Security, Retirement, Disability and Unemployment Benefits, Child Support and Alimony, Royalties, Per Capita Payments, Interest, and Etc. All MUST submit copies of Check Stubs, Statements, and Etc.

## IV. HOUSING INFORMATION:

1. Legal Description of Subject Property, include Plat Map and Survey request from the BIA if individual allotted or lease and if tribal lease request from Three Affiliated Tribes Reality Department
2. The Segment in which you reside, list segment (Mandaree, New Town, Twin Buttes, Parshall, or Four Bears)
3. Purpose of Grant check Purchase, Construction, or Renovation.
4. Property check Primary Residence, residence you will reside in a majority of the time or Secondary Residence, residence you will reside in less of the time.
5. Manner in which Title is held, list the name of the individual who is or will be on the title of the home.
6. Estate will be held in, please check Fee Simple (pay taxes), Leasehold (BIA, Tribal, or Individual) or Trust/Allotted (Individual).
7. Approved Homesite Lease/Lease Document, See Part B. #4.
8. Attach copy of Title Status Report (TSR), request from Bureau of Indian Affairs

## V. Acknowledgement and Agreement

The undersigned specifically acknowledges and agrees to.

### SIGNATURES:

Applicants #1 & #2 signs and dates this HAP application.

### APPLICANTS RESPONSIBILITY:

Please read carefully, this part states your responsibility as the applicant/applicants.

The phone number if you have any questions please call.

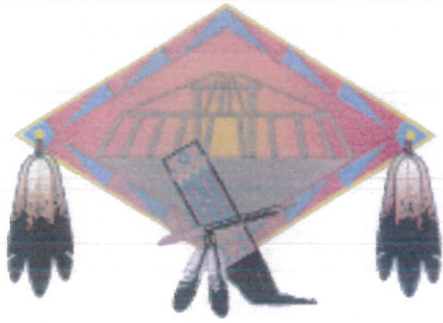
To mail your application or any information regarding your application the address is provided.

## IMPORTANT!!! OTHER ATTACHMENTS:

- Letter of Intent Submitted by the Applicants and Acknowledgement of Rights, Applicants #1 & #2 sign and date.
- Homebuyers Assistance Program, Acknowledgement of Receipt and /or Review of the Homebuyers Assistance Program Policy & Procedures, Applicant #1 & #2 , and Alternative Housing Program Staff signs and dates.
- Federal Privacy Statement, each member of the household who are 18 years and older must sign, print name and date.
- Program Fraud Notice, the individual completing the application must sign.
- Authorization of Release of Information form HUD-9886, each member of the household who are 18 years and older must sign, print name and date.
- Fort Berthold Housing Authority, Homebuyer Assistance Program Policy and Procedures

YOU HAVE COMPLETED THE HOMEBUYERS ASSISTANCE PROGRAM APPLICATION,  
THANK YOU!

**REMINDER:** All necessary documents MUST be submitted prior to the review by the Review Committee. Your application will be submitted to the Review Committee within 30 days from the date of this application for the first review. If your file is determined to be incomplete you will be notified by mail on required information. You will be given 30 days from the date of the mailed letter to submit your information for a second review. During the second review the Review Committee will make a final determination on your file. If your application is found incomplete your application will be automatically **closed without further notice.** Once your application is determined complete, your file will be submitted to the Board of Commissioners for the final approval or disapproval, and a written notice will be issued.



FORT BERTHOLD HOUSING AUTHORITY  
Affordable Housing/Dev. Program

P.O. Box 310  
New Town, ND 58763

Office Physical Address: 602 4<sup>th</sup> St. N.

Telephone No. 701.627.4731 Fax No. 701.627.3010 or 627-3802

Date: \_\_\_\_\_

Dear Homebuyers Assistance Program Applicant:

Enclosed is the application for the Homebuyers Assistant Program. Your completed application will be processed immediately upon receipt of the following information.

1. \_\_\_\_\_ Enrollment for all individuals residing in the household
2. \_\_\_\_\_ Income Verification (all Income)
3. \_\_\_\_\_ Social Security Numbers, all individuals residing in the household
4. \_\_\_\_\_ Drivers License, copy for all household members 18 yrs old and older.
5. \_\_\_\_\_ Dependents, Social Security #'s or Birth Certificates includes proof of custody (divorce decree)
6. \_\_\_\_\_ Lender approval notice from Lender (financial paper work)
7. \_\_\_\_\_ W-2 and Income Tax Returns for the past **Two Years**
8. \_\_\_\_\_ Proof of ownership and legal land description
9. \_\_\_\_\_ Supporting documents for water/sewer service.
10. \_\_\_\_\_ Supporting documents for home site lease obtained from Tribe or etc.
11. \_\_\_\_\_ Supporting documents for right of way
12. \_\_\_\_\_ Supporting documents for electrical service obtained
13. \_\_\_\_\_ Certified Title Status Report, request from the Bureau of Indian Affairs
14. \_\_\_\_\_ All estimates needed for the project
15. \_\_\_\_\_ Floor Plans and Specifications (New Construction)
16. \_\_\_\_\_ Purchase Agreement (Existing Home)
17. \_\_\_\_\_ Appraisal (Home you will be purchasing)
18. \_\_\_\_\_ Letter of Intent Submitted by the Applicants and Acknowledgement of Rights
19. \_\_\_\_\_ Acknowledgement, received a copy of the Homebuyers Assistance Program Policy & Procedures
20. \_\_\_\_\_ Federal Privacy Act Statement, all household members 18 yrs or older must sign
21. \_\_\_\_\_ Program Fraud Notice, Applicant # 1 signs and dates
22. \_\_\_\_\_ Authorization for the Release of Information, all household member 18 yrs or older must sign

Your application will be submitted to the Review Committee within 30 days from the date of this application for the first review. If your file is determined to be incomplete you will be notified by mail on required information. You will be given 30 days from the date of the mailed letter to submit your information for a second review. During the second review the Review Committee will make a final determination on your file. If your application is found incomplete your application will be automatically **closed without further notice**. Once your application is determined complete, your file will be submitted to the Board of Commissioners for the final approval or disapproval, and a written notice will be issued.

If you have any questions please call our office at (701) 627- 4731.

Sincerely,

Ardella Fox, MHP Programs Coordinator

**Fort Berthold Housing Authority  
Affordable Housing Program  
Homebuyers Assistance Program**

The purpose of this program is to service very low to low income individuals with a grant for homeownership. The grant program will assist in the purchase of a home, renovation of an existing home and/or new construction. Please complete this form in entirety, if questions do not pertain to you mark N/A. NOTE: Funds will be granted only with an approval from an approved lender. All documents MUST be submitted prior to the review Committee. (All applicants will have 90 days upon which time your application will be closed).

**I. Applicants Information**

**Applicant #1**

- |  |                      |                        |
|--|----------------------|------------------------|
| 1. Name of Applicant #1 (Print)  | Maiden, if any       | 2. Date of Birth       |
| _____  | _____                | _____                  |
| 3. Current Mailing Address (House No., Street, Box, State, Zip Code)   |                      | 4. Telephone Number    |
| _____  |                      | _____                  |
| 5. Tribal Enrollment No.   | 6. No. of Dependents | 7. Social Security No. |
| _____  | _____                | _____                  |
| 8. Marital Status: ( ) Married ( ) Single ( ) Widowed ( ) Other<br>(If "Other," Please Explain) & (If divorced, submit copies of your divorce decree and custody papers) |                      |                        |
| 9. Is Applicant a Veteran? ( ) Yes ( ) No<br>(Proof of Veteran, DD214)   |                      |                        |

**Applicant #2**

- |   |                       |                         |
|---|-----------------------|-------------------------|
| 10. Name of Applicant #2 (Print)  | Maiden, if any        | 11. Date of Birth       |
| _____   | _____                 | _____                   |
| 12. Current Mailing Address (House No., Street, Box, State, Zip Code)   |                       | 13. Telephone Number    |
| _____   |                       | _____                   |
| 14. Tribal Enrollment No.   | 15. No. of Dependents | 16. Social Security No. |
| _____   | _____                 | _____                   |
| 17. Marital Status: ( ) Married ( ) Single ( ) Widowed ( ) Other<br>(If "Other," Please Explain) & (If divorced, submit copies of your divorce decree and custody papers) |                       |                         |
| 18. Is Applicant #2 a Veteran? ( ) Yes ( ) No<br>(Proof of Veteran, DD214)  |                       |                         |

## II. Family Information

1. List all household members. Provide Name, Date of Birth, Relationship to Applicant, and Enrollment Number. Dependents, MUST submit enrollment, S.S. No. or Birth Certificate, and custody if any. If 18 years old or older and only if they are fully dependent on you the applicants MUST submit enrollment, and S.S. No. If you need more space please use a blank sheet of paper.

Name (Print)	Date of Birth	Relationship to Applicant	Tribal Enrollment Number

2. Is anyone in your family listed under II.1 Veteran/  
 Veteran Homeless? (Proof of Veteran, DD214) ( ) Yes ( ) No

## III. Income Information

If employed in current position for over two years complete the following. If have a second job must complete III. 2.

2. Earned Income: Applicant #1 under I.1, and Applicant #2 (if any) under I.10, Name and Address of Employer, Date From To (starting date to ending), Monthly Income, Position Held, and Phone No. All MUST submit SF-1040 (Income Tax Return), and Wage Stubs or Verification of Income Form, attached.

### Applicant #1

Name & Address of Employer	Date From To	Name & Address of Employer	Date From To
	Monthly Income		Monthly Income
Position Held	Phone No.	Position Held	Phone No.

### Applicant #2

Name & Address of Employer	Date From To	Name & Address of Employer	Date From To
	Monthly Income		Monthly Income
Position Held	Phone No.	Position Held	Phone No.

**Household Member (II. 1)**

Name & Address of Employer		Date From To	Name & Address of Employer		Date From To
		Monthly Income			Monthly Income
Position Held	Phone No.		Position Held	Phone No.	

If employed in current position for less than two years or if currently employed in more than one position, complete the following.

3. Unearned Income: Applicant #1 under I.1, Applicant #2 (if any) under I.10, and any household member under II.1 who have unearned income such as Social Security, Retirement, Disability and Unemployment Benefits, Child Support and Alimony, Royalties, Per Capita Payments, Interest, and Etc. All MUST submit Check Stubs and Statements for verification.

	Source of Income	Annual Income
Applicant #1 (I. 1)		
Applicant #2 (I. 10)		
Household Member (II. 1)		
Total Annual Income Earned:		\$ _____
Total Combined Annual Household Income (Earned + Unearned)		\$ _____

**IV. Housing Information**

1. Legal Description of Subject Property: \_\_\_\_\_
2. The Segment in which you reside: \_\_\_\_\_
3. Purpose of Grant: ( ) Purchase ( ) Construction ( ) Renovation
4. Property will be: ( ) Primary Residence ( ) Secondary Residence  
(Proof of Living Arrangements)
5. Manner in which title will be held: \_\_\_\_\_
6. Estate will be held in: ( ) Fee Simple ( ) Leasehold ( ) Trust/Allotted
7. Approved Homesite Lease/Lease Document attached? ( ) Yes ( ) No  
(Submit Document Verifying)
8. Title Status Report submitted and/or request? ( ) Yes ( ) No  
(Submit BIA Letter)

**V. Acknowledgment and Agreement**

**The undersigned specifically acknowledges and agree that:** (1) the grant requested by the applicant will be secured by a mortgage or deed of trust in the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining a loan indicated herein; (4) occupation of the property will be indicated in Section IV Property information and Purpose of Grant; (5) verification or re-verification of any information contained in the application may be made at any time by the grantor, its agents, successors, either directly or through a credit reporting agency, from any sources named in the application, and the original copy of this application will be retained by the grantor, even if the grant is not approved; (6) the grantor, its agents, successors and assigns will rely on the information contained in the application and I have a continuing obligation to amend and/or supplement the information provided in this application if

any of the material facts which I have represented herein should change prior to closing, (7) in the event payments on the original loan becomes delinquent within the 5 year grace period, I have the responsibility to notify the grantor prior to foreclosure and I will be subject to Title 34 of the Three Affiliated Tribes Tribal Foreclosure Ordinances and in addition to all their rights and remedies, grant my notify the Bureau of Indian Affairs Records and County Auditors office for full payment of the grant. **Certification:** I certify that the information provided in this application is true and correct as the date set forth opposite my signature on this application and acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and /or criminal penalties including, but not limited to, fine or both under the provisions of Title 34, of the Three Affiliated Tribes Tribal Code and Foreclosure Ordinances with payment in full to the grantor.

\_\_\_\_\_  
Applicant # 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant # 2 Signature

\_\_\_\_\_  
Date

#### **VI. Applicants Responsibility:**

From the date of this application the applicant will be given 30 days in which to submit all the necessary documentation. After the 30 day time period the application will be presented to the Review Committee for the first review. If the application is found incomplete the applicant will be notified. The application will be given an additional 30 days. Than the application will be submitted for a second review by the Review Committee, if at this point the file is still incomplete the file will be pulled and closed without notification. The applicant will be given 90 days total with two preliminary reviews by the Review Committee. **PLEASE NOTE:** If all documents are submitted prior to the first review, applications can be presented to the Board of Commissioners for Final Approval. All original legal documents will not be held by the MHP Department. Applicant will be responsible to submit individual documents to the lender of their choice. MHP will NO LONGER SUBMIT DOCUMENTS ON BEHALF OF THE APPLICANT.

**Please return this form to:  
Phone (701) 627-4731  
Fax (701) 627-3010 or 3802**

**Fort Berthold Housing Authority  
Ardella Fox, MHP Programs Coordinator  
P.O. Box 310 New Town, N.D. 58763**



## Letter of Intent Submitted by the Applicants and Acknowledgement of Rights

**I understand and Acknowledge the following:**

1. Do you have outstanding collections or judgments against you? Please check, ( ) YES ( ) NO, If Yes give details, Applicant #1: \_\_\_\_\_  
give details, Applicant #2: \_\_\_\_\_
2. Estate will be held in, please check, ( ) Fee Simple ( ) Tribal Trust ( ) Individual Trust (Allotted)
3. I understand that it is my full responsibility to submit all legal documents in copy form only to the AHP Office. I understand that the AHP staff will no longer submit copies on my behalf to the lender of my choice, therefore I agree to submit all the necessary documents.
4. I understand that if I have any questions, concerns or complaints regarding my application for grant funds ONLY, that I agree to personally submit in a letter to the attention of the Review Committee with copies to the Alternative Housing Program. If my concerns are not address by the AHP Department within 10 working days, that I have the right to be heard before the Review Committee. I also understand that the only time I can be heard before the FBHA Board of Commissioners is when in the second review of the Review Committee determines that my file is in non-compliance and the file is determine closed. I will submit supporting documents on my behalf. I also understand that the appeal process will be no longer than 45 days from the time of the first written letter to the AHP Program.
5. I am aware that an Environmental MUST be completed prior to release of any grant funds. I also understand that if problems do EXIST on the ENVIRONMENTAL I may not be eligible for the funds.  
Please check, ( ) YES ( ) NO
6. I have researched outside sources on my own prior to the request of the assistants of the AHP Program staff.  
Please check, ( ) YES ( ) NO
7. I have participated in the HOMEBUYER EDUCATION WORKSHOP offered by the Alternative Housing Program. Please check, ( ) YES ( ) NO
8. I am willing to participate in a HOMEBUYER EDUCATION WORKSHOP prior to receiving grant funds.  
Please check, ( ) YES ( ) NO
9. If I am approved for the grant funds I am willing to participate in a FORECLOSURE WORSHOP. Please check, ( ) YES ( ) NO
9. How did you find out about the Alternative Housing Program?  
\_\_\_\_\_
10. Has the Alternative Housing Program provided you with the necessary services? If, not what changes would you suggest? How would you describe the services of the staff?  
\_\_\_\_\_  
\_\_\_\_\_

**I, the undersigned understand my full obligations and rights as set forth in the application process.**

\_\_\_\_\_  
Applicant #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2 Signature

\_\_\_\_\_  
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

1. TO: (Name and Address of Employer and Program)

2. FROM: (Name and Address of Housing Authority)

**FORT BERTHOLD HOUSING AUTHORITY**  
**PO Box 310**  
**New Town ND 58763**

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.

4. NAME, DATE OF BIRTH (DOB), ADDRESS, S.S.# OF APPLICANT  
**NAME:                    DOB:**  
**ADDRESS:**  
**CITY, ST, ZIP:**  
**SOC. SEC. #:**

5. I have applied for housing and stated that I receive compensation from you. My signature below authorizes verification of this information

Signature

Tenant Relations Field Officer

Title

Date

Signature of Applicant

Date

## VERIFICATION

**6. Employer Verification**

6A. IS APPLICANT NOW EMPLOYED BY YOU? RECEIVING

// YES      // NO

6B. PRESENT BASE PAY IS \$ \_\_\_\_\_

This amount is paid.

// Annually // Monthly // Weekly // Hourly

// Other (specify) \_\_\_\_\_

**6C. EARNINGS LAST 12 MONTHS**

Amount . . . . . \$ \_\_\_\_\_  
 Hourly

Normal Hours Worked  
 Per Week \_\_\_\_\_

Overtime Hours  
 DESIGNATED \_\_\_\_\_

// Regular      // Temporary

Other Income      \$ \_\_\_\_\_

// Regular      // Temporary

**7. Military Personnel Only**

7A. IS APPLICANT PRESENTLY SERVING?

// YES      // NO

7B. PRESENT BASE PAY IS \$ \_\_\_\_\_

This amount is paid

// Annually // Monthly // Weekly // Hourly

// Other (specify) \_\_\_\_\_

**7C. EARNINGS LAST 12 MONTHS**

Amount . . . . . \$ \_\_\_\_\_

Base Pay . . . . . \_\_\_\_\_

Rations . . . . . \_\_\_\_\_

Flight or Hazard \_\_\_\_\_

Clothing . . . . . \_\_\_\_\_

Quarters . . . . . \_\_\_\_\_

Prepay . . . . . \_\_\_\_\_

Overseas/Combat \_\_\_\_\_

**8. Other Assistance**

8A. IS APPLICANT CURRENTLY

ASSISTANCE?

// YES      // NO  
 (If yes, answer the following)

8B. TYPE OF ASSISTANCE

\_\_\_\_\_

8C. PRESENT AMOUNT OF ASSISTANCE

\$ \_\_\_\_\_

This amount is paid.

// Annually // Monthly // Weekly //

// Other (specify) \_\_\_\_\_

8D. AMOUNT OF ASSISTANCE

FOR HOUSING AND UTILITIES

\$ \_\_\_\_\_

If applicant is admitted

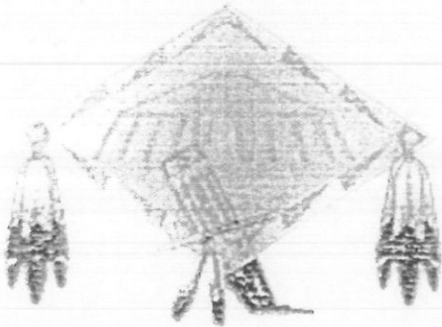
8E. DATE ASSISTANCE MAY TERMINATE  
 (IF APPLICABLE)

Date

REMARKS

SIGNATURE OF EMPLOYER OR PROGRAM REPRESENTATIVE

DATE



FORT BERTHOLD HOUSING AUTHORITY  
P.O. BOX 310  
NEW TOWN, ND 58763

Office Physical Address: Highway 1804 North, Dakota Drive  
Telephone No. 701.627.4731 Fax No. 701.627.3802

NO INCOME STATEMENT

THIS FORM MUST BE NOTARIZED!

- I certify that I am not receiving income from any source.
- I am not employed through any public or private employer.
- I am not receiving any type of unemployment compensation benefits.
- I am not receiving any type of benefits, such as TANF, General Assistance, Social Security, etc.
- I am not receiving any type of pension, retirement, or annuity benefits.
- I am not receiving any income from odd jobs, such as babysitting, etc.
- I understand that I must report any changes in my income.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FBHA Employee and Title

\_\_\_\_\_  
Date

OR

Subscribe and sworn before me a Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

My Commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

.....  
**SELF-EMPLOYMENT STATEMENT**

I certify that I am self employed as \_\_\_\_\_ and I receive \$ \_\_\_\_\_ Per month/year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribe and sworn before me a Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

My Commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

## 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

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

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

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

Original is retained in the requesting organization

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 \_\_\_\_\_

**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  
  
701/627-3481

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.

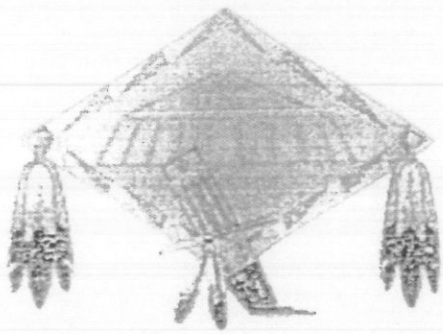
**Conditions:**

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.

<p>Signature, Printed Name of Head of Household and Date</p>	<p>Signature, Printed Name of Spouse Other Adult Member of the Household and Date</p>
<p><input checked="" type="checkbox"/> Signature, Printed Name of Other Adult Member of the Household and Date</p>	<p><input checked="" type="checkbox"/> Signature, Printed Name of Other Adult Member of the Household and Date</p>
<p><input checked="" type="checkbox"/> Original is retained in the requesting organization</p>	<p><input checked="" type="checkbox"/></p>



FORT BERTHOLD HOUSING AUTHORITY  
P.O. BOX 310  
NEW TOWN, ND 58763

Office Physical Address: Highway 1804 North, Dakota Drive

Telephone No. 701.627.4731 Fax No. 701.627.3802

NO TAX STATEMENT

**THIS FORM MUST NOTARIZED!**

I am applying for housing assistance from the Ft. Berthold Housing Authority, Home and Repair Program. I have not filed taxes for years \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribe and sworn before me a Notary Public on this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

My Commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public