

FORT BERTHOLD HOUSING AUTHORITY
TITLE VI
RENTAL APPLICATION

A. *Name and address: It is the applicant's responsibility to keep TAT Housing and FBHA updated, as to a current mailing address. Should any correspondence mailed be returned because the address is incorrect or you have moved, we will make no further attempt to contact you. List your telephone number, social; security number of yourself and your spouse, total dependants claiming and marital status.*

B. *HOUSEHOLD COMPOSITION:*

- 1. List all persons that will reside in your household starting with Applicant and spouse (if any).*
 - 2. For each name listed, include Social Security Number.*
 - 3. For each name listed, include Date of Birth.*
 - 4. Sex is M for Male and F for Female.*
 - 5. The Relation to Applicant could be spouse, child, grandchild, nephew, niece, etc.*
 - 6. Enter tribal enrollment number for household member who is claiming tribal preference.*
 - 7. If any household member is disabled, write "yes" in space provided, if not, write "no". Please provide verification of disability.*
 - 8. Age of all members of the household.*
- C.** *Marital Status: Check appropriate box.*
- D.** *Family Income: Self-explanatory*
- E.** *Present Living Conditions: Self-explanatory*
- F.** *Landlord Reference: Self-explanatory*

All Household Members Age 18 and Over must read, complete, sign, and date a **REQUEST FOR VERIFICATION OF INCOME, AUTHORIZATION FOR RELEASE OF INFORMATION (HUD-9886), FEDERAL PRIVACY ACT STATEMENT and AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK.**

"The applicant will be required to supply the following information requested on the application".

- 1. A copy of social security cards for all household members.*
- 2. A copy of Degree of Indian Blood for household members who is claiming tribal membership.*
- 3. A copy of marriage license, divorce decree, or legal separation papers as dependent on marital status.*
- 4. Proof of child custody in the case of divorce or legal custody determination.*
- 5. Signed Verification of Income Form for each source of income and provided copies of check stub, benefit letter, etc.*
- 6. Drivers License of applicant and spouse.*
- 7. Federal Income tax returns for the past two years (most current and prior year), If self-employed, please provide a copy of your latest federal income tax return.*

As Applicant, you must sign and date your application or it will not be accepted. Upon review and acceptance as an eligible applicant, **your application will be kept active for one (1) year.** You must update your application at the end of one (1) year or your application will become ineligible for consideration. If you become ineligible because you have failed to update, 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. The older applications will receive first consideration.**

Remember, updating your application annually is your responsibility.

Application Date: (OAD)

Fort Berthold Housing Authority
Title VI Project
Fort Berthold Housing Authority
Telephone: 701-627-4731
P.O. Box 310, New Town, ND 58763

Application Completion Date and Time

APPLICATION FOR TITLE VI PROJECT

Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____

Spouse: _____
Social Security: _____
Spouse Social Security: _____
Total Dependents: _____

HOUSEHOLD COMPOSITION

(All members of the household must submit the information listed on the application instruction sheet)

Last Name, First, MI	Soc Sec No.	Birth date	Sex	Relat.	Tribal ID#	Handicap?

(Please add additional family members on a separate sheet of paper.)

MARITAL STATUS of Head of Household: Single Married Separated Divorced Widowed

FAMILY INCOME: You must list all income from all sources for all family members age 18 years and older.

Household Member	Amount	Per: (circle one)	Income Source or Employer
	\$	Hr. Wk. 2Wks. Mo. Yr.	
	\$	Hr. Wk. 2Wks. Mo. Yr.	
	\$	Hr. Wk. 2Wks. Mo. Yr.	

PRESENT LIVING CONDITIONS: Describe your present living conditions.

- If you are homeless or about to be homeless, explain why _____
 - If you now reside in a home, what is the condition of the home? Good Fair Poor
 - If the home is in Poor condition, please describe _____
 - Please check if your home *does not* have: Electricity Running water Indoor bathroom facilities
 - If you have ever resided in public or Indian Housing, state where _____
- (If you wish to comment further about your housing situation, please attach separate sheet)

LANDLORD REFERENCE: Name and address of your last landlord. (Do not list Fort Berthold Housing).

Name: _____
Address: _____
Phone: (____) _____

I, the undersigned, state that the information provided above is true and complete to the best of my knowledge. I understand that it is my sole responsibility to update this application annually and keep all information current so that I receive proper consideration.

Applicant 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) <hr/>	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. <hr/> <p style="text-align: center;">Signature</p> <p><u>Tenant Relations Field Officer</u></p> <p style="text-align: center;">Title</p>	4. NAME, DATE OF BIRTH (DOB), ADDRESS, S.S. # of APPLICANT NAME: _____ DOB: _____ ADDRESS: _____ CITY, ST, ZIP: _____ SOC. SEC. #: _____
<hr/> <p style="text-align: center;">Date</p>	5. I have applied for housing and stated that I receive compensation from you. My signature below authorizes verification of this information. <hr/> <p style="text-align: center;">Signature of Applicant</p>

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) _____	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) _____	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 // Hourly // Other (specify) _____
6C. EARNINGS LAST 12 MONTHS Amount \$ _____ Hourly Normal Hours Worked Per Week _____ Overtime Hours DESIGNATED _____ // Regular // Temporary Other Income \$ _____ // Regular // Temporary	7C. EARNINGS LAST 12 MONTHS Amount \$ _____ Base Pay _____ Rations _____ Flight or Hazard _____ Clothing _____ Quarters _____ Prepay _____ Overseas/Combat _____	8D. AMOUNT OF ASSISTANCE FOR HOUSING AND UTILITIES \$ _____ If applicant is admitted 8E. DATE ASSISTANCE MAY TERMINATE (IF APPLICABLE) _____ <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.
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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>_____ Signature</p> <p>Tenant Relations Field Officer _____ Title</p> <p>_____ 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>_____ Signature of Applicant</p> <p>_____ Date</p>

VERIFICATION

<p>6. Employer Verification</p> <p>6A. IS APPLICANT NOW EMPLOYED BY YOU? RECEIVING</p> <p> // 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>// Regular // Temporary</p> <p>Other Income \$ _____</p> <p>// Regular // Temporary</p>	<p>7. Military Personnel Only</p> <p>7A. IS APPLICANT PRESENTLY SERVING?</p> <p> // 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> // YES // NO (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 //</p> <p>// Other (specify) _____</p> <p>8D. AMOUNT OF ASSISTANCE FOR HOUSING AND UTILITIES</p> <p>\$ _____</p> <p> If applicant is admitted</p> <p>8E. DATE ASSISTANCE MAY TERMINATE (IF APPLICABLE)</p> <p>_____</p> <p> Date</p>
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REMARKS:

**THREE AFFILIATED TRIBES TRIBAL HOUSING
NORTHERN LIGHTS SUB-DIVISION**

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.

Signature

Date

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the **THREE AFFILIATED TRIBES TRIBAL HOUSING** (Under the Fort Berthold Housing Authority) at application or re-examination. 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

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
Original is retained in the requesting organization

X

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):

THREE AFFILIATED TRIBE
NORTHERN LIGHTS SUB-DIVISION
FORT BERTHOLD HOUSING AUTHORITY
Box 310
New Town, ND 58763

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.

701/627-4731

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

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

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

THREE AFFILIATED TRIBES
NORTHERN LIGHTS SUB-DIVISION
FORT BERTHOLS HOUSING AUTHORITY
PO BOX 310
NEW TOWN ND 58763
(701) 627-4731

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

(To be completed by all household members age 18 and over listed on rental application)

“I hereby authorize the release of only criminal conviction records on file regarding me to the Fort Berthold Housing Authority. This includes, but is not limited to, local, Tribal, State and Federal agencies.”

Name: _____

Other names used (i.e., maiden, first or last names, nicknames, etc.):

Social Security Number: _____ **Birth Date:** _____

Present Address: _____

Period of residence: From _____ To: _____

Previous Address: _____

Period of residence: From _____ To: _____

Previous Address: _____

Period of residence: From _____ To: _____

The records identified above will be used for screening purposes in the applicant process for rental units with the Fort Berthold Housing Authority. I understand that Fort Berthold Housing Authority may deny a rental application for housing based on the type and/or severity of a criminal conviction for any adult member in a household.

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 record 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

THREE AFFILIATED TRIBES
NORTHERN LIOGHTS SUB-DIVISION
FORT BERTHOLD HOUSING AUTHORITY
PO BOX 310
NEW TOWN ND 58763
(701) 627-4731

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(To be completed by all household members age 18 and over listed on rental application)

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Signature of Household Member

Date