



**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 IS _____. 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 COMPOSTION 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 12 months?

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:

Current Address:	Landlord's Name & Address:	Telephone:
_____	_____	_____
_____	_____	_____
_____	_____	_____
Previous Address:	Landlord's Name & Address:	Telephone:
_____	_____	_____
_____	_____	_____
_____	_____	_____



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:

- Very Low Low Moderate Ineligible

No. of Bedrooms Requested: _____

Manager's Signature: _____ Date: _____





FORT BERTHOLD HOUSING AUTHORITY

Brooks Height Apartments
Sarah Bruce, Project Manager
P.O. Box 310
New Town, ND 58763

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 convictions records of file regarding me 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: _____

Present 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





FORT BERTHOLD HOUSING AUTHORITY

Brooks Height Apartments
Sarah Bruce, Project Manager
P.O. Box 310
New Town, ND 58763

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