



# NEW GENERATION



P.O. BOX 620 – 9862 46<sup>TH</sup> AVE NE  
BELCOURT, NORTH DAKOTA 58316-0620  
Phone: (701) 477-5654 - Fax: (701) 477-9161

## APPLICATION FOR ADMISSION IN FEDERALLY SUBSIDIZED HOUSING

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OR YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE.

OUR PHONE NUMBER IS (701) 477-5654. CALL BETWEEN THE HOURS OF \_\_\_\_\_. ACCESSIBLE INTERVIEWING WILL BE MADE AVAILABLE.

IF YOU HAVE HEARIG IMPAIRMENT AND NEED ASSISTANCE WITH TIS APPLICATION, THE USER TTD NUMBER FOR NORTH DAKOTA IS 1-800-366-6688 DURING THE SAME HOURS.

APPLILCATION NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BEDROOM SIZE: \_\_\_\_\_

CO-APPLICATION NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

### HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

Member's Full Name	Relationship	Date of Birth	Age	Social Security No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ELDERLY HOUSEHOLD ALLOWANCE**

An elderly household is one in which the head, spouse, or sole-member is 62 or older, disabled or handicapped. Such households qualify for \$400. Deduction in computing the rent. Would you like to apply for this deduction? \_\_\_\_ Yes \_\_\_\_ No If yes is indicated, proof you are eligible for his deduction will be required.

Are you requesting a special handicapped accessible unit? \_\_\_\_ Yes \_\_\_\_ No

**INELIGIBLE OCCUPANCY BECAUSE OF INCOME**

It has been explained to me that my adjusted family income (gross family income if Section 8 subsidized) 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. It has been explained to me that I will normally pay either 30% of my adjusted monthly income of 10% of my monthly income whichever is higher for y month contribution (or the gross basic rent if a subsidy is not available) but in no case would I pay more than the note rate 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:**

Source	Amount	Total Annual Income (AI	\$ _____
_____	\$ _____	Minor in Household x \$480.	\$ _____
_____	\$ _____	If elderly household \$400.	\$ _____
_____	\$ _____	Medical Exceed 3% of AI	\$ _____
_____	\$ _____	Child Care	\$ _____
_____	\$ _____	Adjusted Annual Income	\$ _____
	Adjusted Monthly Income (Adjusted Annual Income / 12)		\$ _____

**ASSETS:**

List all checking and savings accounts (including IRA's, Keogh Accounts, and Certificates of Deposit) of all household embers, including amounts disposed of during the past two years.

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

List value of all stocks, bonds, trusts, pension contributions, or other assets.

Type of Asset	Value of Asset
_____	_____
_____	_____
_____	_____

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

Applicant's Current Address	Landlord's Address	Telephone
_____	_____	_____
_____	_____	_____

Applicant's Current Address	Landlord's Address	Telephone
_____	_____	_____
_____	_____	_____

Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_

**EXPENSES** (Additional information regarding expenses may be attached)

Do you have expenses for child care of a child age 12 and under or a handicapped or disabled family member for which you are not reimbursed? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide the following:

Name, Address and Telephone Number of the Child Provider:	Weekly Cost:
_____	_____
_____	_____

Complete the following only if you meet the "Elderly Household" definition in which the head of household or co-head /spouse if 62 years of age or older, disabled or handicapped:

\* Do you have Medicare: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is the monthly premium \$ \_\_\_\_\_

\* Do you have any other kind of medical insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes provide the following:

Insurance Carrier Name	Name	Policy Number	Monthly Premium
_____	_____	_____	_____
_____	_____	_____	_____

Do you have outstanding medical bills not covered by insurance? If yes, please list them.

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

- What medical Expenses do you expect to occur in the next 12 months? (This could include dental, medial, optical, hearing, prescriptions and prescribed counter drugs)

Type of Expense	Estimated Amount
_____	_____
_____	_____
_____	_____

**UTILITY EXPENSES:**

What is your monthly cost for utilities: \$ \_\_\_\_\_

Are you a current illegal user of a controlled substance or have a previous conviction for the same?

Yes \_\_\_\_\_ No \_\_\_\_\_ Have you been convicted of the illegal manufacture or distribution of a controlled substance: Yes \_\_\_\_\_ No \_\_\_\_\_ If you answered yes to either of these two questions, have you successfully completed a controlled substance abuse recovery program or are presently enrolled in such a program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide evidence.

**APPLICANT CERTIFICATION:** I/We certify that the information provided 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 maintain separate subsidized rental unit in a different location.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head/Spouse

\_\_\_\_\_  
Date

**DISCLOSURE NOTICE:** "The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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, ethnicity 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.

- Race: (Mark on or more)
- ( ) American Indian/Alaska Native
  - ( ) Black or African American
  - ( ) Asian
  - ( ) Native Hawaiian or other Pacific Islander

- ETHNICITY: Is the head of Household
- ( ) Hispanic or Latino
  - ( ) Not Hispanic or Latino
  - ( ) White

- SEX: Is head of Household
- ( ) Male ( ) Female

- Is the co-head of household
- ( ) Male ( ) Female

Race, Ethnicity and Sex information obtained from Applicant ( ) or by Management Observation ( ) In according with federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, patina origin, sex age or disability. (Not all prohibited bases apply to all programs.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202720-5964 (Voice and TCC USDA is an equal opportunity provider and employer.

**THIS INSTITUTION IS AN EQUAL OPPERTUNTY PROVIDER**



**AUTHORIZATION FOR RELEASE OF INFORMATION**



To Whom It May Concern:

I authorize any Federal, State, or Local Agency, Organization, business or individual to release to **TURTLE MOUNTAIN HOUSING AUTHORITY** any information needed to complete and verify my application for participation, and/or to maintain my continued assistance under the HUD Section 8 Program, or the Rural Development Section 515 Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Rural Development (HUD) or the United States Department of Agriculture (USDA) in administering and enforcing program rules and policies. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to eligibility for the continued participation in a housing assistance program I further understand, and agree to the usage of this authorization as an ongoing and perpetual one.

**CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purpose state above as though it were the original. The original for this authorization is on file with the housing project manager. This authorization will stay in effect as long as I am a resident of this project. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

**SIGNATURES**

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Spouse or (Co-Head)	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date

PLEASE NOTE: Applicable section (s) of the attached verification form are indicated for our convenience. If remitting the requested information by a computer printout, please sign and date the printout. A self-addressed stamped envelope is attached

THANK YOU – Project Manager



**TURTLE MOUNTAIN HOUSING AUTHORITY, T.D.H.E.  
A TRIBALLY DESIGNATED HOUSING ENTITY**

**P.O. BOX 620 \* 9818 BIA RD 7 – SUITE 7 \* BELCOURT, NORTH DAKOTA 58316-0620  
TELEPHONE: 701-477-5673 ADMINISTRATION OFFICE FAX: 701-477-0193**

**RESIDENT SCREENING VERIFICATION**

Current or Former Landlord

\_\_\_\_\_  
\_\_\_\_\_

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

RE: (Name): \_\_\_\_\_

Address: \_\_\_\_\_

Dear Sir or Madam:

Our resident selection policy obliges us to verify certain information about all members of families applying for admission to our development. To comply with this requirement, we ask your cooperation in supplying information on the tenant history of the family listed above. This information will be used only in determining whether the family can be accepted for admission.

Your prompt return of this information will be appreciated. A stamped, self-addressed return envelope is enclosed. If you have any questions, please call me at (701) 477-5673.

Sincerely Yours,

\_\_\_\_\_  
I hereby authorize the release of the information

Requested below

Current Landlord: \_\_\_\_\_ Previous Landlord: \_\_\_\_\_ Other: \_\_\_\_\_

Date of Applicant's Tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**1. Rent Payment**

a. Rental Rate \_\_\_\_\_

b. Is (was) applicant current with rent? \_\_\_\_\_

c. Has (had) he or she been late? \_\_\_\_\_ How many days late? \_\_\_\_\_ How often? \_\_\_\_\_

d. Have (had) you ever begun eviction proceedings for non-payment? \_\_\_\_\_

e. Does the applicant still owe you money? \_\_\_\_\_

**2. Caring for Unit**

a. Does (did) the applicant keep the unit clean? \_\_\_\_\_

b. Has (had) the applicant damaged the unit? \_\_\_\_\_

If so, describe \_\_\_\_\_

How expensive: \_\_\_\_\_ How often? \_\_\_\_\_

c. Has (had) the applicant paid for the damages? \_\_\_\_\_

d. Will you (did you) keep any security deposit: \_\_\_\_\_

If so, how much did you keep and how much was returned? \_\_\_\_\_

**3. General**

a. Does (did) the applicant permit people other than those authorized to live in the unit? \_\_\_\_\_

b. Has (had) the applicant or family members damaged or vandalized the common areas? \_\_\_\_\_

c. Does (did) the applicant create any physical hazards to the project or residents? \_\_\_\_\_

Describe: \_\_\_\_\_

d. Does (did) the applicant interfere with the rights and quiet enjoyment of other tenants? \_\_\_\_\_

Describe: \_\_\_\_\_

e. Has (had) the applicant given you any false information:

Describe: \_\_\_\_\_

f. Would you re-admit this applicant \_\_\_\_\_ if not, why \_\_\_\_\_

g. Are you a federally Assisted Housing Program? \_\_\_\_\_

h. Have you ever given this applicant notice to move? \_\_\_\_\_

i. What was the applicants' reason for moving? \_\_\_\_\_

j. Are you related to this applicant? \_\_\_\_\_

k. Did this applicant rent from you, or did they stay with you? \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_



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TELEPHONE: 701-477-5673 ADMINISTRATION OFFICE FAX: 701-477-0193**

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the Turtle Mountain housing Authority and will stay in affect for 2 years and one month from the date signed. I understand I have the right to review my file and any information that I can prove is right.

**SIGNATURES**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Social Security Number



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**NORTH DAKOTA CRIMINAL RECORDS BACKGROUND CHECK  
AND SEX OFFENDER REGISTRY**

**RENTAL HOUSING APPLICATION FORM**

**(TO BE SIGNED AND RETURNED TO TURTLE MOUNTAIN HOUSING AUTHORITY WITH APPLICATION)**

I authorize the Turtle Mountain Housing Authority to complete a North Dakota Criminal Records and Sex Offender Registry

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**ADDITIONAL ADULT MEMBERS OVER 18:**

1. Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

3. Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**RETURN TO: TURTLE MOUNTAIN  
P.O. BOX 620  
BELCOURT, NORTH DAKOTA 58316**

**jmartin@TMHA Housing  
(701) 477-5673 Ext. 265**



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**TURTLE MOUNTAIN TRIBAL COURT  
BACKGROUND CHECK**

**RENTAL HOUSING APPLICATION**

I authorize the Turtle Mountain Tribal Court to complete a background check. This will cost \$10.00 for me and everyone 18 years of age and over.

Please sign and submit this form to Turtle Mountain Tribal Court in Belcourt, North Dakota and return Receipt to the Turtle Mountain Housing Authority with application.

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**ADDITIONAL ADULT MEMBERS OVER 18:**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

1. Name:

\_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

2. Name:

\_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**RETURN TO: TURTLE MOUNTAIN  
P.O. BOX 620  
BELCOURT, NORTH DAKOTA 58316**

**jmartin@TMHA Housing  
(701) 477-5673 Ext. 265**