



**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

**RENTAL APPLICATION CHECK OFF LIST**

In order for the Turtle Mountain Housing Authority to process your application you will need the following:

- \_\_\_\_ 1. Complete Application. (Attached)
- \_\_\_\_ 2. If anyone in Household is disabled, please provide documentation of SSI.
- \_\_\_\_ 3. Signed Authorization for Release of Information signed by everyone over the age of 18 (attached)
- \_\_\_\_ 4. Signed Resident Screening Verification (Attached)
- \_\_\_\_ 5. **Income Verification** – Must provide at time unit is offered. Must have income to be eligible for unit.
- \_\_\_\_ 6. Proof of Custody of Minor Child/Children.
- \_\_\_\_ 7. Social Security Cards (Copy must be attached to application)
- \_\_\_\_ 8. Proof of Tribal Enrollment. (ID card, Certificate of Indian Blood)
- \_\_\_\_ 9. For Veterans – Attach copy of DD214, if applicable
- \_\_\_\_ 10. North Dakota Criminal Background and Sex Offender registry. Return forms to Turtle Mountain Housing Authority.
- \_\_\_\_ 11. Background Check from the Turtle Mountain Tribal Court.  
This will cost you \$10.00 per person over 18. Receipt to TMHA.
- \_\_\_\_ 12 Updates will be required every six (6) months to remain on Waiting List.

Your application will not be accepted until we receive all the completed information above.





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**AUTORIZATION AND CONFIDENTIALITY** – The Turtle Mountain Housing is authorized to collect this information by the Native American Housing and Self Determination Act (NAHASDA), 25 U.S.C. 401 et. Seq. art 4138, and implementing regulations at 24 C.F.R. Parts 1000.152, 1000.154. This information is collected by the Housing Authority to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay towards rent and utilities. The Housing Authority uses this information to assist in managing certain Housing Authority properties, to protect the Housing Authority's financial interest and to verify the accuracy of the information to provide. This information must be released to appropriate Federal, State and Local Agencies, when relevant and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of Housing Authority except as permitted as required by law. You must provide all of the information requested including all social security numbers (SSN's) you, and all other household members age (6) years and older, have and used. Giving the SSN's of all household members 6 years of age and older is mandatory, and not providing the SSN's will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**FALSE CLAIMS STATEMENTS** – Warning: U.S. Code, Title 31, Section 3729, false claims, provides a civil penalty of not less than \$5000.00 and not more than \$10,000.00 plus 3 times the amount of damages for any person who knowingly presents, or cause to be presented, a false or fraudulent claim: or who knowingly makes, uses, or causes to be used, a false record or statement or conspires to defraud the government by getting a false or fraudulent claim allowed or paid.

**AUTHORIZATION** for release of information

### CONSENT

I authorized and direct any Federal, State, or Local agency, organization, business, or individual to release to the Turtle Mountain Housing Authority any information or materials needed to complete and verify any application for participation, and/or maintain my continued assistance under the Rental Rehabilitation, Low-income and Indian housing, and/or housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Turtle Mountain Housing Authority to release information from my files about my rental history to HUD, Credit Bureaus, Collection Agencies, or Future Landlords. This includes records on my payment history, and any violations or my lease or the Turtle Mountain Housing Authority Policies.

### INFORMATION COVERED

I understand that depending on program policies and requirements, previous and current information regarding me or my household may be needed. Verification and inquires that may be requested, include but not limited to: Identity and Martial Status, Employment, Income and Assets, Residences and Rental Activity, Medial or Child Care allowances, Credit and Criminal Activity.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

### GROUP OR INDIVIDUALS THAT MY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

Previous Landlords	Past and Present Employees	Veterans Administration
Public and Indian Housing Authority Agencies	Welfare Agencies	Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Bank and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit Providers and Credit Bureau
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Child Support and Alimony Providers		

### COMPUTER MATCHING AND CONSENT

I understand and agree that the Turtle Mountain Housing Authority may conduct computer-matching programs to verify the information supplies for my application or recertification. If a computer match is done, I understand that I have the right to notification if any adverse information found and a chance to disprove incorrect information. HUD or the Turtle Mountain Housing Authority may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment, Security Agencies, Department of Defense; Office of Personnel Management; other U.S. Postal Services; the Social Security Agency; and the State Welfare and Food Stamp Agencies.



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### 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



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### 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 question please call me at (701) 477-5673.

Sincerely Yours,

Sincerely Yours,

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

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

Current Landlord: \_\_\_\_\_ Previous Landlord: \_\_\_\_\_ Other: \_\_\_\_\_  
Date of Applicant's Tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

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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**NORTH DAKOTA CRIMINAL RECORD/SEX OFFENDER REGISTRY**  
**HOUSING BACKGROUND CHECK**

*I Authorize the Turtle Mountain Housing Authority to complete a background check.*

Please **sign and submit** this form to **Turtle Mountain Housing Authority with Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

**Additional Adult Members over 18 years old:**

**PRINT/SIGNATURE**

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

SS#: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

SS#: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

SS#: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

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



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**TURTLE MOUNTAIN TRIBAL COURT**  
**HOUSING BACKGROUND CHECK**

*I Authorize the Turtle Mountain Housing Authority to complete a background check.*

Please **sign and submit** this form to **Turtle Mountain Housing Authority with Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

**Additional Adult Members over 18 years old:**

**PRINT/SIGNATURE**

4. Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Birthday: \_\_\_\_\_

5. Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Birthday: \_\_\_\_\_

6. Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Birthday: \_\_\_\_\_

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