



The Grand Forks Housing Authority

An Equal Housing Opportunity Provider

APPLICATION FOR HOUSING ASSISTANCE

10.14.2022



FOR OFFICE USE ONLY: Date/Time Received _____ # In Household _____ Bedroom# _____ Residency Preference: _____ FUP: _____ VASH: _____ Mobility Accessible Unit: _____ Near Elderly _____ Elderly: _____	DATE STAMP
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Please be sure to answer **ALL** questions with complete and accurate information or indicate if it does not apply. Failure to answer **ALL** questions will significantly delay the processing of your application or deem you ineligible.
PLEASE USE BLACK OR BLUE INK OR TYPE.

Select Property and Program you wish to apply for. If unsure, please ask our Intake Specialist.

<u>Rural Grand Forks Properties</u> <input type="checkbox"/> Thompson Manor (1 Bedroom)	<u>MULTI-FAMILY Properties</u> <input type="checkbox"/> Continental Homes (1,2,& 3 Bedrooms) <input type="checkbox"/> LaGrave Place (1,2, 3, 4 Bedrooms and Townhomes) <input type="checkbox"/> Winterland (2 and 3 Bedrooms) <i>How did you hear about housing opportunities Winterland Apartments?</i> _____	<u>62+ or disabled</u> <input type="checkbox"/> Cherry Heights <input type="checkbox"/> Homestead Place <input type="checkbox"/> Oak Manor
<input type="checkbox"/> Housing Choice Voucher (Section 8)	<input type="checkbox"/> Project Based Voucher (To be used in The Cottages & Suites, Riverside Manor and Winterland) PLEASE REQUEST ADDITIONAL APPLICATION	<u>62+ Only</u> <input type="checkbox"/> Cherrywood Village

APPLICANT PREFERRED METHODS OF CONTACT

GFHA will attempt to reach applicants at all contact information listed below. If you are providing a contact other than yourself, **you must also complete HUD Form 92006** at the end of this application in order for GFHA to discuss your application with your desired contact.

Head of Household Name (Required): _____

Do you currently have a physical address at which you can receive mail? ☐ Yes ☐ No

If yes, please provide your address below:

Current Mailing Address: Street or PO Box #: _____
Apartment/Unit #: _____
City, State, Zip Code: _____

Is this your personal mailing address: ☐ Yes ☐ No

If No, to what name should the letter be addressed? _____

Reminder, if listing a name other than your own, you must complete Form 92006 at the end of this application.

E-mail Address: _____

Applicant Telephone #: (____) _____

May we text you at this number? ☐ Yes ☐ No

GFHA provides translation/interpretation services upon request. Do you require any type of translation or interpretive services? If so, please describe: _____

Please list any other methods of contact we should attempt: _____

How did you hear about GFHA's programs and services? _____

APPLICANT & HOUSEHOLD MEMBERS

If Household includes more than 5 members, please provide the information below for all members on an additional sheet. Prepared forms are available upon request.

In accordance with HUD guidelines, GFHA is required to collect the following race & ethnic data in the following categories. You are not required to provide this information. Please check "Prefer not to Report" if you are choosing not to provide race & ethnic data for any household members.

Name (First, Middle, Last)	Relationship to Head	Date of Birth	Gender	Social Security #	Employment Status/School
1. (Applicant)	Head				
Member #1 Race & Ethnicity (Optional): <input type="checkbox"/> Prefer not to Report If Reporting, Circle all that Apply: Ethnicity: Hispanic Non-Hispanic Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other					
2.					
Member #2 Race & Ethnicity (Optional): <input type="checkbox"/> Prefer not to Report If Reporting, Circle all that Apply: Ethnicity: Hispanic Non-Hispanic Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other					
3.					
Member #3 Race & Ethnicity (Optional): <input type="checkbox"/> Prefer not to Report If Reporting, Circle all that Apply: Ethnicity: Hispanic Non-Hispanic Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other					
4.					
Member #4 Race & Ethnicity (Optional): <input type="checkbox"/> Prefer not to Report If Reporting, Circle all that Apply: Ethnicity: Hispanic Non-Hispanic Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other					
5.					
Member #5 Race & Ethnicity (Optional): <input type="checkbox"/> Prefer not to Report If Reporting, Circle all that Apply: Ethnicity: Hispanic Non-Hispanic Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other					

HOUSEHOLD DETAILS

Optional Questions regarding those with Disabilities: Households with members with disabilities may qualify for program deductions and/or allowances, and may request reasonable accommodations or modifications to the unit in which they plan to reside, or to program requirements.

1. Does your household include any members with disabilities (Optional)? ☐ Yes ☐ No

2. IF YES, do you anticipate requesting a reasonable accommodation to program policies, or a reasonable modification to your unit? If so, please describe anticipated request: _____

3. Do you expect any changes in family members or income within the next 12 months? ☐ Yes ☐ No

If yes, Please explain: _____

4. Is the Head of Household: ☐ Married ☐ Unmarried ☐ Widowed ☐ Divorced ☐ Separated

5. Was anyone in your household ever known under a different name or Social Security Number (such as a maiden name)? ☐ Yes ☐ No If yes, Who: _____

6. If you have children living in your household, do they have parents NOT living in the same household?

☐ Yes ☐ No ☐ Not Applicable If yes, Please list name and address of absent parent(s) _____

7. Does the Head of Household or other adult member have physical custody of minors included in the household 50% or more of the year? ☐ Yes ☐ No, if No, who is custody shared with and what percentage of the year do the children live in your household? _____

8. Are all members of the household U.S. Citizens or Nationals? ☐ Yes ☐ No

In accordance with HUD 4350.3, GFHA will require applicants to submit evidence of citizenship or eligible immigration status in order to determine eligibility.

9. Is any member of the household currently enrolled in an institution of higher education? ☐ Yes ☐ No

If yes, who and Institution name: _____

10. Were any adult members of the household claimed as a dependent by their parent or guardian in the most recent calendar year's tax return? ☐ Yes ☐ No If yes, who was claimed: _____

Background Screening

While GFHA requests information related to rental history and criminal background, negative information will not automatically result in the applicant family's denial from housing. GFHA will consider the accuracy, nature, relevance, and recency of negative information, and any mitigating or extenuating circumstances both before issuing a denial and during any subsequent appeal. Records demonstrating that the applicant prevailed against any allegations, or matters were settled without either party admitting fault, will not be used to deny the applicant.

11. Has anyone in your household EVER received any type of housing assistance? (Ex: Section 8 Housing Choice Voucher or Project-Based Housing, Public Housing, etc.) ☐ Yes ☐ No If yes, list the name, address & phone number of the Housing Authority/Agency administering the program, the address where you lived, and the dates of residency: _____

12. If you had housing assistance in the past, did you end your participation and/or move out in compliance with your lease and family responsibilities? ☐ Yes ☐ No ☐ Not Applicable, If no, list when it occurred, explain the circumstance, and give the name and address of the Housing Authority or owner: _____

13. Has anyone in the household EVER been evicted? ☐ Yes ☐ No If yes, please give date and address of eviction, landlord's name and address, and reason(s) for eviction: _____

14. Does anyone in your household currently owe money to a Housing Authority or landlord? ☐ Yes ☐ No If yes, give the name and address of the Housing Authority or landlord: _____

15. Other than the residences listed above, has anyone in your household EVER lived in any other state? ☐ Yes ☐ No If yes, list who and their state(s) of residence: _____

16. Is any member of the household currently registered as a sex offender or subject to registration in any state?

☐ Yes ☐ No If yes: Who? _____ State of registration? _____

INCOME & EXPENSES (Changes in income may affect selection date & eligibility)

Report ALL current income received by ALL household members. When listing wages from employment include HOURLY rate and HOURS worked per week (EX: wage \$8.00 X 40 hours per week). Please list GROSS INCOME (before deductions)

Household Member	Source of Income (Wages, SS, TANF)	List wages or Amount Received
Name:	Source/Employer:	\$_____X_____hours per week Frequency:
Name:	Source/Employer:	\$_____X_____hours per week Frequency:
Name:	Source/Employer:	\$_____X_____hours per week Frequency:

List the dollar amount of your CURRENT monthly expenses (Please indicate if the category does not apply):

Rent: \$_____	Phone: \$_____	Cell Phone: \$_____	Medical: \$_____	Credit Card(s): \$_____
Loan Payments (including student loans): \$_____ Utilities: \$_____ Car & Expenses: \$_____				
Insurance: \$_____ Childcare/Daycare: _____ RX/Medication: _____ Other: _____				

1. Does anyone outside of your household pay any of your bills or give you money? ☐ Yes ☐ No

If yes, who and how much: _____

RESIDENCY HISTORY (DO NOT LEAVE THIS SECTION BLANK OR INCOMPLETE)

Please provide where you have lived for the last 5 years including your CURRENT place of residence. IF you have not had a fixed, regular, or adequate residence you must provide information regarding where you have stayed in the last 5 years even if it includes only family and friends residences. If where you lived was with someone temporarily, list that person's information under LANDLORD. If you have not lived in the United States for the last 5 years please identify the Country of residence.

Dates of Residency	Applicant's Address	Landlord/ Friend /Family Information
Start:		Name
End: CURRENT		Address
		Telephone
Start:		Name
End:		Address
		Telephone
Start:		Name
End:		Address
		Telephone
Start:		Name
End:		Address
		Telephone

ASSET INFORMATION

Answer Yes or No and identify ALL assets of every household member. Use additional paper if needed.

Type of Asset	Yes	No	Account Holder	Name & Address of Financial Institution	Balance/Value
Checking Account				Name Address	\$
Savings Account				Name Address	\$
Other (IRA, CD, etc.)				Name Address	\$

1. ☐ Yes ☐ No Does anyone in the household own any Real Estate (house, land, mobile home, etc.) If yes, provide Address & type of Real Estate: _____ Market Value \$ _____ Annual Tax \$ _____ Current Mortgage Balance \$ _____ Annual Income earned \$ _____

2. ☐ Yes ☐ No Does anyone in the household own or hold any other property/asset as an investment? This does not include necessary items of personal property, interest in Indian Trust Lands, and assets that are part of an active business operation. If yes, please describe and give value: _____

3. ☐ Yes ☐ No Has anyone in the household disposed of any property or asset in the past two years for less than fair market value? If yes, please list type of asset, when it was sold, and the value: _____

4. ☐ Yes ☐ No Does anyone in the household own a car? If yes, Please list the following for each vehicle:
Model & Year _____ License Plate # _____ Model & Year _____ License Plate # _____

PRIVACY ACT NOTICE: The Grand Forks Housing Authority is authorized to collect this information by the Department of Housing and Urban Development (HUD) and the U. S. Housing Act of 1937, as amended, (42 U.S.C., 1437 et seq.): The Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may 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 HUD, except as permitted or required by law. You must provide all of the information requested including all Social Security numbers (SSNs) you and all other household members have and use. Giving the SSNs of all household members is mandatory, and not providing the SSNs will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

HOUSING AUTHORITY CERTIFICATION: By signing this Form, you are indicating that you have read the above Privacy Act Notice and are agreeing with the applicable certification. Signing this form also indicates that you are aware of your obligation to provide proof of citizenship or acceptable INS documentation to prove you are a noncitizen with eligible immigration status. A list of acceptable INS documents is available at the Grand Forks Housing Authority.

FALSE CLAIMS STATEMENTS: Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, uses, or causes to be used, a false record to statement; or conspires to defraud the government by getting a false or fraudulent claim allowed or paid.

All household members who are 18 years of age or older, head-of-household, spouse or co-head must sign this application. The completion of this application does not guarantee the applicant household's eligibility for the Voucher Program or approve tenancy in a Section 8 assisted property. By signing below, each individual certifies to the following: I understand that this is not a contract and does not obligate the Housing Authority or me. I certify that the information on this application is true, complete and accurate to the best of my knowledge. I understand that it is considered fraud to provide the Grand Forks Housing Authority with false, incomplete or inaccurate information, and that penalties may apply if fraud is committed. I agree that the Grand Forks Housing Authority may make inquiries to verify my income, assets, household composition and size, rental and credit history, and conduct a criminal background check of adults in my household for the purpose of verifying my eligibility for the Housing Assistance Program.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

Interviewed by Date

What happens next?

- If your application has been completed in full the name of the head-of-household will be added to our waiting list as of the date and time it is received in our office.
- Once we have had an opportunity to review your file, you will be contacted regarding an eligibility interview. If you do not respond to a notice or a request for information prior to the date given in the notice, you will be removed from the waiting list. **In order to attend the eligibility interview, you MUST have the following:**
 - **Social Security cards for all members of the household**
 - **Photo IDs for all adults**
 - **Birth certificates for all members verify**
 - **Proof of income from the last 3 months**
(including but not limited to: pay stubs, Social Security statements, verification of child support, etc.)

If you are unable to produce this information your eligibility interview will be canceled until you have all of the items listed above.

Upon completion of the eligibility interview, eligible applicants will be started on the appropriate track for either our project-based apartments, or a Housing Choice Voucher.

AUTHORIZATION**For Release and Exchange of Information****PHA requesting release of information:**

Grand Forks Housing Authority (701) 746-2545
1405 1st Avenue North TDD 711
Grand Forks, ND 58203

CONSENT

I authorize and direct the persons, agencies or organizations listed on this Authorization to release and exchange information with Grand Forks Housing Authority as needed, for the purpose of determining my eligibility, level of benefits and/or continued participation in the Section 8 Housing Assistance 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 Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the Grand Forks Housing Authority to release information from my file about my rental history to HUD, credit bureaus, collection agencies, landlords and other PHAs. I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be exchanged. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and/or continued participation in a housing assistance program. Verifications, inquiries and exchange of information that may be requested, include but are not limited to:

Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Medical or Child Care Allowance, Credit and Criminal Activity, Compliance with Program Requirements and Obligations.

PERSONS, GROUPS OR INDIVIDUALS THAT MAY BE ASKED TO SUPPLY INFORMATION

Previous landlords (including Public Housing Agencies), Past and Present Employers, Veterans Administration, Welfare Agencies, Retirement Systems, Court and Post Offices, State Unemployment Agencies, Banks & other Financial Institutions, Schools and Colleges, Social Security Administration, Credit Providers and Credit Bureaus, Law Enforcement Agencies, Medical and Child Care Providers, Utility Companies, and Support and Alimony Providers.

Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the office or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) (h).

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or rectification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA 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; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original or an electronic version of this authorization is on file with PHA and will stay in effect for fifteen months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

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

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Winterland Apartments Eligibility Screening Criteria

In accordance with the Tenant Selection Plan for Winterland Apartments, the following criteria will be used when screening households for eligibility.

While GFHA requests information related to credit and rental history and criminal background, negative information will not automatically result in the applicant family's denial from housing. GFHA will consider the accuracy, nature, relevance, and recency of negative information, and any mitigating or extenuating circumstances both before issuing a denial and during any subsequent appeal. Records demonstrating that the applicant prevailed against any allegations, or matters were settled without either party admitting fault, will not be used to deny the applicant.

Credit History

Priority will be given to current credit activity over older activity. All Rent and utilities must be paid in full, and in a timely manner. Poor or lack of credit history is NOT grounds for an automatic rejection, however additional discussion may occur.

Rental History

The applicant must provide rental history information from their last three landlords (not to exceed five years) including the addresses of previous units rented by each adult member of the household, the name and address of the owner/manager of the unit, and the dates in which the applicant lived in the unit. The Grand Forks Housing Authority will conduct credit history check and request references from previous landlords. A lack of rental history or of consistent late or unpaid rental obligations, property destruction, damage to previous rental unit, theft of property and poor housekeeping habits resulting in health or safety hazards may be considered cause for additional discussion.

Applicants could be denied assistance due to terminations and evictions. Applicants are encouraged to provide information regarding mitigating circumstances related to potential causes for denial due to negative rental history, terminations, or evictions.

Termination/Eviction Policy

ONE termination or eviction: If any adult member of the household has been terminated/evicted from a housing assistance program one time, the family may be denied admission for a minimum of 12 months from the date of termination/eviction. Mitigating circumstances will be considered.

TWO terminations or evictions: If any adult member of the household has been terminated/evicted from a housing assistance program twice, the family may be denied admission for a minimum of 24 months from the last date of termination/eviction. Mitigating circumstances will be considered.

THREE or more terminations or evictions: If any adult member of the household has been terminated/evicted from a housing assistance program three or more times, the family may be denied

admission for a minimum of five years and may at the sole discretion of the Grand Forks Housing Authority, be denied admission permanently. Mitigating circumstances will be considered.

Criminal History

**Note: The same applicant criteria regarding criminal history will also apply to live-in aides.*

- If an applicant is found to be otherwise eligible, a criminal background screening will be performed. The landlord may consider criminal convictions within the last seven(7) years for conduct that is:
 1. A drug-related crime
 2. A person crime
 3. A sex offense
 4. A crime involving financial fraud, including identity theft, and forgery, or
 5. Any other crime if the conduct for which the applicant was convicted, was of a nature that would adversely affect the property of the landlord or tenant, or threaten the health, safety or right to peaceful enjoyment of the premises by residents, the landlord, or the landlord's agent.
- The amount of time that has passed since the crime will be proportionately weighted to the safety concerns associated with that offense, as well as whether the applicant is participating in or has successfully completed a rehabilitation program.
- Possible rejection with the opportunity to discuss will occur if any of the following apply:
 - Any household member has been evicted from Federally-assisted housing for drug-related criminal activity, for three (3) years from the date of eviction. If the evicted household member who engaged in drug-related criminal activity can document that they have successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household) the Owner may, but is not required to, admit the household.
 - Any member of the household is subject to a lifetime registration requirement or is currently registered under a state sex offender registration program. During the admissions screening process, the Owner must perform the necessary criminal history background checks in the state where the housing is located and in other states where the household members are known to have resided
- Applicants will be subject to additional review/discussion if any of the following apply:
 - The Owner determines that there is reasonable cause to believe that a household member's illegal use (or a pattern of illegal use) of a drug, or abuse

(or pattern of abuse) of alcohol may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. (Screening standards must be based on behavior, not the condition of alcoholism). Such household may be considered for admission if the person involved can verify that the member has successfully completed a supervised treatment program, has not been involved in a pattern of abuse for a minimum of three years, and/or is actively involved with a counseling/support group following the completion of the treatment program.

- Any member of the applicant's household has been convicted of the manufacture or production of methamphetamine on the premises of federally subsidized housing (lifetime).
 - Violent criminal activity which indicates a pattern of violence that may threaten the safety of residents or staff. Violent criminal activity also includes sex crimes, and crimes against children
 - Any criminal activity or any activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, the owner or any employee who is involved in the housing operations. Determination of what is considered threatening is at the sole discretion of the Grand Forks Housing Authority.
- When an applicant is found to be otherwise eligible but concerning criminal convictions not subject to the mandatory prohibitions, were flagged by the criminal screening process, the applicant will be notified in writing that they will have the opportunity to submit documentation, explain any mitigating circumstances or provide evidence of rehabilitation during their eligibility interview.
 - An applicant will not be rejected on the sole basis of the following:
 - Arrests
 - Pending Charges
 - Violations of Probation/Parole