



The Grand Forks Housing Authority

An Equal Housing Opportunity Provider



APPLICATION FOR ADDITIONAL HOUSEHOLD MEMBER

Please complete each question accurately and completely. Contact our Intake Specialist if you have any questions. Failing to provide accurate or complete information could prolong the application process.

CURRENT PARTICIPANT'S NAME: _____

CURRENT PARTICIPANT'S ADDRESS: _____

CURRENT PARTICIPANT'S PHONE NUMBER: _____

List all legal names of those wishing to add to the Project Based Housing Program or Housing Choice Voucher Program

Name (First, Middle, Last)	Relationship to head	Date of Birth	Gender	Social Security Number	Employment Status or School

1. How do you want us to communicate with you?

Orally Sign Language Interpreter, What language? _____

In accordance with HUD guidelines, GFHA is required to collect the following data in the following categories. While you are not required to give us this information, you MUST check "Decline to Report" in each section if other boxes are left blank. Your application will not be considered complete if any sections are left blank.

1. What is your race? Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Black or African American Hispanic or Latino Native American White Other Decline to Report

2. What is your ethnicity? Hispanic Non-Hispanic Decline to Report

3. Are you a family with children under the age of 18? Yes No Decline to Report

4. Are you a person with disabilities? Yes No Decline to Report

5. IF DISABLED, For the purpose of determining program deductions and allowances, please list the name and address of a qualified professional who can verify disability: _____

6. IF DISABLED, will you be requesting a reasonable accommodation (Such as a need for a companion/service animal, accessible unit, etc)? If yes, please list the name and address of qualified professional: _____

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

If yes, Please explain: _____

8. Is the Additional Household Member considered: Married Unmarried Widowed Divorced Separated

9. 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: _____

10. 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)

11. Does the applicant 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? _____

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

13. Is any member of the household currently enrolled in an institution of higher education? Yes No, If yes, who and what institution: _____

14. 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: _____

15. 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: _____

16. 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: _____

17. 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: _____

18. 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: _____

19. Does anyone outside of your household pay any of your bills or give you money? Yes No If yes, who and how much: _____

20. Have you lived in any other states than North Dakota? Yes No If yes, please list: _____

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
	Source/Employer:	\$ _____ X _____ hours per week Frequency:
	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: _____	

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: End: CURRENT		Name Address Telephone
Start: End:		Name 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 # _____

CRIMINAL BACKGROUND –Use additional paper if necessary.

The Department of Housing and Urban Development has developed a Zero Tolerance Policy regarding criminal activity. A family may be denied or terminated from the Housing Assistance Program if a member has been involved in any type of criminal activity or abuse of alcohol, which may threaten the health, safety or right to peaceful enjoyment of other residents or persons in the vicinity. Giving the Housing Authority false, incomplete or inaccurate information is considered fraud. Assistance can be denied or terminated and penalties may apply including loss or denial of housing assistance, repayment of overpaid assistance, fines up to \$10,000, and imprisonment up to five years.

- 1. Has anyone in your household EVER been convicted of or involved with the use, possession, production or distribution of a controlled or illegal drug?** Yes No *If yes, explain: Who? _____ When? _____ Where? _____ For What? _____*
- 2. 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? _____*
- 3. Has anyone in the household EVER been involved in fraudulent activity against any government agency?** Yes No *If yes: Who? _____ Explain: _____*
- 4. Has anyone in your household EVER been involved in ANY type of criminal activity not specifically identified above?** (including misdemeanor or felony charges) Yes No *If yes: Who? _____ When? _____ Where? _____ Charges? _____ Conviction/Sentence? _____*

In order to determine additional programs your household may qualify for, you must complete the following:

- 1. Is any member of the household a Veteran of the US Armed Services?** Yes No
If yes, give the name of the household member and which service: _____
Discharge: Honorable ___ Other ___ Date of Discharge: _____
- 2. Was the Head of Household or co-head an orphan or a ward of the court through the age of 18?** (Legal document or letter from social service agency required as documentation of stats at the age of 18) Yes No

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 inquires 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 in the household**
 - **Birth certificates for all members of the household**
 - **Proof of income from the last 3 months for all members of the household earning income**
(including but not limited to: pay stubs, Social Security statements, verification of child support, etc.)

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

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.

ADDITIONAL INFORMATION REGARDING HOUSING PROGRAMS MAY BE FOUND AT THE GRAND FORKS HOUSING AUTHORITY

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.