![[1.0 inch Equal Housing Opportunity Logo]]() OFFICE USE ONLY: DATE/TIME RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

**The HOUSING AUTHORITY of**

**The City of Grand Forks, North Dakota**

An Equal Housing Opportunity Provider

**APPLICATION FOR ADMISSION IN FEDERALLY SUBSIDIZED HOUSING RURAL DEVELOPMENT**

 **\_\_\_\_\_\_\_\_ ANETA HOMES; ANETA, ND**

 **\_\_\_\_\_\_\_\_ BUXTON COMMUNITY DEVELOPMENT; BUXTON, ND**

IF YOU HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE CONTACT OUR OFFICE. SOMEONE WILL BE AVAILABLE TO ASSIST YOU AND/OR ANSWER ANY QUESTIONS. YOU MAY REACH OUR OFFICE BY CALLING

(701) 746-2545 BETWEEN THE HOURS OF 9AM AND 4:30PM MON-FRI.

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

 APPLICANT NAME \_\_\_\_\_\_\_ AGE BEDROOM SIZE \_\_\_\_\_

 CURRENT ADDRESS \_

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

 HOME/CELL PHONE \_\_\_\_\_\_\_\_ WORK PHONE

HOUSEHOLD COMPOSITION 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 the head of household.

Member’s Full Name Relationship Birth Date Age Soc Security Number

 HEAD OF HOUSEHOLD \_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional Question: Yes\_\_\_\_ No \_\_\_\_ For the purpose of determining program deductions or allowances from annual income, are you or any member of your household a person with disabilities? If yes, please list the name of the household member and the name of a qualified professional who can verify the disability.

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 $ (See Income Guidelines-Attached). 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 or 10% of my monthly income whichever is higher for my 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 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.

**INCOME (Provide Copies of Recent Pay Stubs/Benefit Letters, etc., if possible.)** Income includes but not limited to:Wages, Military Pay, TANF, Social Security, Unemployment, Child Support, Veteran’s benefits, student financial aid (other than loans), Pensions, reoccurring monetary contributions or gifts from persons not living in the household, farm income, etc.

Household Member Name & Address of Source of Income Wage: Per Hour/#of Hours Per Week; or Weekly/Monthly Amount Received

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

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

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

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

**ASSETS (Provide Copies of Recent Statements, if Possible)**

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

Household Member Bank Name Account Number/Type Current Balance

 $

 $

 $

 $

List value of all stocks, bonds, trusts, pension contributions, or other assets, to include any Real Estate (house, land, Mobile Home, etc.).

Type of Asset Balance/Value of Asset

 $

 $

 $

 $

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 describe and list the value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the property/asset sold? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RENTAL HISTORY**

Provide the requested information regarding the last 2 places you have lived (not to exceed 5 years). If you have not had a fixed, regular, and adequate night time residence, you must provide information regarding where you have stayed during the last 5 years, including where you are currently staying. Additional information may be attached.

(1) Applicant’s Current Address Landlord’s Name, Address, # Landlord’s Telephone

Move-In Date: Move-Out Date:

Previous Address Landlord’s Name, Address, # Landlord’s Telephone

Move-In Date: Move-Out Date:

(2) Applicant’s Current Address Landlord’s Name, Address, # Landlord’s Telephone

Move-In Date: Move-Out Date:

Previous Address Landlord’s Name, Address, # Landlord’s 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, please provide the following:

 Name, Address, and telephone number of the care provider: Weekly Cost:

 $

Complete the following **only** if you meet the “Elderly Household” definition in which the Head of Household or co-head/spouse is 62 or older, disabled, or handicapped): List any outstanding medical bills you are paying and regular medical expenses you expect to incur in the next 12 months.

* 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, please provide the following:

Insurance Carrier Name Address Policy Number Monthly Premium

* Medical Expenses: Expenses you expect to incur in the next 12 months. (This could include dental, doctor/clinic, optical, hearing, prescriptions, and prescribed over-the-counter drugs, including professional who would certify to the OTC prescription: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Medical Expense Name & Address of Source Monthly Cost

 \_\_\_\_\_\_\_\_\_\_ $

 \_\_\_\_\_\_\_\_\_\_ $

 \_\_\_\_\_\_\_\_\_\_ $

 \_\_\_\_\_\_\_\_\_\_ $

 \_\_\_\_\_\_\_\_\_\_ $

 \_\_\_\_\_\_\_\_\_\_ $

 \_\_\_\_\_\_\_\_\_\_ $

 \_\_\_\_\_\_\_\_\_\_ $

CRIMINAL BACKGROUND: A family may be denied 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.

1. Yes \_\_\_\_ or No \_\_\_\_ Has anyone in your household ever been convicted of or involved with the use, possession, production or distribution of a controlled or illegal drug? *If yes, explain: Who? When? Where? What?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Yes \_\_\_ or No \_\_\_ Is any member of the household registered as a sex offender in any state? *If yes, give name and state of registration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

3. Yes \_\_\_\_ or No \_\_\_\_ Has anyone in the household ever been involved in fraudulent activity against any government agency? *If yes, give name, and explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

4. Yes \_\_\_\_ or No \_\_\_\_ Has anyone in your household ever been involved in any type of criminal activity not specifically identified above? *If yes, explain the involvement: Who? When? Where? For What? Charges? Conviction? Sentence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT CERTIFICATION**: I/We certify that the information provided above 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/Spouse) (Date)

(Signature of Adult Member) (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. (Mark one or more.)

**ETHNICITY:**

Hispanic or Latino \_\_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_\_

**RACE**: (Mark one or more)

1 American Indian/Alaska Native \_\_\_\_\_\_

2 Asian \_\_\_\_\_\_

3 Black or African American \_\_\_\_\_\_

4 Native Hawaiian or Other Pacific Islander \_\_\_\_\_\_

5 White \_\_\_\_\_\_

**GENDER**:

 Male \_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_

*Ethnicity, Race and Gender information obtained from Applicant [ ] or by Management Observation [ ] .*

**NON-DISCRIMINATION STATEMENT**

"The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD)."

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To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.**

**SUPPLEMENT 1**

**CERTIFICATION OF HOUSEHOLD INCOME/EXPENSES**

Please answer each question and provide the necessary documentation. Monthly Yes Amount No

1. Do you receive food stamps?
2. Do you receive TANF?
3. Do you receive any type of Social Security Benefits?
4. Do you receive unemployment benefits?
5. Do you receive student loans/grants/scholarships?
6. Do you receive child support from any source?
7. Do you receive any other type of assistance (relatives)?

If yes, please list:

 8. Have you applied for any of the above? Yes No

 If yes, please provide details.

Please provide the following: Monthly Cost Source for Payment

Food

Utilities

Clothing

Telephone/Cell Phone

Auto (include costs for payment, insurance, gas, license)

TV Cable

Internet Service

Medical (include insurance premium costs also)

TOTAL MONTHLY EXPENSES

This certification is good until your income/household makeup changes or time for recertification. If any changes in the above, you are to contact your site manager immediately.

I/We certify that I/we have answered the above questions fully and truthfully to the text of my knowledge. **WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to make willful false statements of misrepresentation.

Applicant/Tenant Date

Co-Applicant/Co-Tenant Date

Manager/Owner Date



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2016** | **RURAL DEVELOPMENT Income limits** |  |  |  |  |  |  |
|   | ***Income Limits*** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **Buxton** | **Very low income** | 25,750 | 29,400 | 33,100 | 36,750 | 39,700 | 42,650 | 45,600 | 48,550 |
| **Traill County** | **Low income** | 41,150 | 47,050 | 52,900 | 58,800 | 63,500 | 68,200 | 72,900 | 77,600 |
|   | MODERATE  | 46,650 | 52,550 | 58,400 | 64,300 | 69,000 | 73,700 | 78,400 | 83,100 |
|  | ***To be income Eligible, applicants CANNOT exceed the Moderate income Limit*.*****An Income Waiver is required for anyone whose income is above Moderate Income Limit.*** |  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|   | ***Income Limits*** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **Aneta** | Very low income | 25,750 | 29,400 | 33,100 | 36,750 | 39,700 | 42,650 | 45,600 | 48,550 |
| **Nelson County** | Low income | 41,150 | 47,050 | 52,900 | 58,800 | 63,500 | 68,200 | 72,900 | 77,600 |
|   | MODERATE  | 46,650 | 52,550 | 58,400 | 64,300 | 69,000 | 73,700 | 78,400 | 83,100 |
|  | ***Aneta Currently has a Blanket Waiver for new applicants, which covers the entire complex from April 11, 2016 through April 10, 2017.*** |  |