



# Great Plains Housing Authority

Serving Dickey, Eddy, Foster, Logan, Sargent, Stutsman, and Wells Counties

## Section 8 Voucher

## Housing Voucher Application – Rental Assistance

*The Housing Authority does not provide emergency assistance. Housing assistance cannot pay back rent or utilities.*

*The Housing Authority does not discriminate on the grounds of race, color, familial status, national origin, religion, creed, gender, age or disability.*

**Great Plains Housing Authority (GPHA) is a Moving-to-Work Housing Authority (MTW).  
GPHA has numerous program requirements under MTW.**

### CHECKLIST: BE SURE TO REVIEW YOUR APPLICATION FOR THE FOLLOWING

These items must be complete and with the application before submission. Incomplete applications will not be accepted. **ONLY** complete applications get processed and added to the waiting list. Applications must be complete within 14 days of submission or are terminated.

	Signatures on all forms
	Social security cards for all household members
	Photo IDs for all adults
	Children date of birth verification ( <i>school record, clinic record, birth certificate, etc.</i> )
	Address verification if applying for a local preference ( <i>i.e. proof of local residence</i> )
	Verification of all incomes ( <i>i.e. paystubs, social security award letters etc.</i> )
	Verification of all assets ( <i>i.e. bank statement, life insurance, IRA, certificate of deposits etc.</i> )
	Verification of electronic accounts ( <i>i.e. CashApp, Venmo, Zelle, Paypal etc.</i> )

**SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS AND PHOTO ID FOR ALL ADULT HOUSEHOLD MEMBERS MUST BE PRESENTED AT THE SAME TIME YOU SUBMIT YOUR APPLICATION. IF YOU ARE CLAIMING ELIGIBLE IMMIGRATION STATUS, YOU MUST PROVIDE INS DOCUMENTS WITH THIS APPLICATION.**

Each application is a separate transaction. The applicant is responsible for all documents, not the housing authority.

### APPLICATION RECEIVED – OFFICE USE ONLY

Stamp Date & Time Received

**Mailing address: 300 2<sup>nd</sup> Ave NE – Suite 200, Jamestown, ND 58401**

Toll free: 800-340-4537

Phone: 701-252-1098

Fax: 701-252-7735

Web: [www.greatplainsha.com](http://www.greatplainsha.com)

Email: [office@greatplainsha.com](mailto:office@greatplainsha.com)

Locations: Carrington, Ellendale, Jamestown, New Rockford





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## HOUSING ASSISTANCE TIMELINE

1. Pick up application
2. Turn in a complete application with the appropriate documents
3. Housing authority reviews application (4-6 weeks)
4. Applicant placed on the waiting list
  - a. Waiting list placement can last several months – this depends on the number of households going off the program and the budget from the Federal Government
5. Applicant is mailed a letter scheduling initial appointment
6. Initial appointment (household must provide updated income and asset verifications)
  - a. If all documents are in order, household given voucher to find a unit
7. Household returns request for tenancy
8. Housing authority reviews the request for tenancy and income
9. Housing authority schedules and completes inspection of unit
10. When inspection passes, housing authority issues a HAP (Housing Assistance Payment) contract to landlord
11. Landlord signs and completes HAP contract
12. Housing authority starts issuing housing assistance

## INSTRUCTIONS FOR APPLYING FOR SECTION 8 HOUSING CHOICE VOUCHER ASSISTANCE

Thank you for applying for rental assistance with the Housing Authority. In order to receive assistance, you must meet our income and program guidelines. This page will give you a quick overview of the application process. The housing application is processed by Great Plains Housing Authority. If you have questions, contact your local housing authority or call Great Plains Housing Authority at 701-252-1098.

According to HUD Regulation CFR982.306(d) the housing authority may not approve an assisted tenancy if the owner is the parent, child, grandparent, grandchild, sister or brother, of any member of the family, unless approving the unit would provide reasonable accommodation for a family member with disabilities.

Be prepared that there may be a waiting list, and that Housing Authorities do not provide emergency housing assistance.

Don't risk your chances for Federally assisted housing by providing false, incomplete or inaccurate information on your application and re-certification forms.

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**Please review and complete the application packet. Make sure to list all family members to be included in the household. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN WHERE SIGNATURES ARE REQUIRED.**



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## KNOW YOUR RESPONSIBILITIES AS A PARTICIPANT IN THE SECTION 8

Provide any information that the Housing Authority or HUD determines necessary in the administration of the program. Including evidence of citizenship or eligible immigration status. All information must be true and complete.

- Disclose and verify social security numbers.
- Sign and submit consent forms for obtaining information.
- Allow the Housing Authority to inspect the unit at reasonable times and after reasonable notice.
- Promptly give the Housing Authority a copy of any owner eviction notices.
- Use the assisted unit for residence by the family (the unit must be the family's primary and only residence). May not sublease or let the unit.
- Promptly inform the Housing Authority of the birth, adoption or court-awarded custody of a child or the placement of a foster child in the home.
- Notify the Housing Authority of the addition of a live-in aide to reside in the unit.
- Request the landlord to approve any additional family member as an occupant of the unit. Additional members must meet the same eligibility requirements.
- Promptly notify the Housing Authority if any member of the household no longer resides in the unit.
- Supply any information or certification requested by the Housing Authority to verify that the family is living in the unit.
- Promptly notify the Housing Authority of absence from the unit and supply any information or certification requested by the Housing Authority relating to the family absence from the unit.
- Not commit any violations of the lease.
- Give the Housing Authority a copy of the notice to vacate unit 30 days from the first of the month at the same time the family notifies the owner of their wish to move out or terminate the lease.
- Pay for all tenant paid utilities.
- Keep the unit in a clean and safe condition, dispose of waste properly, and avoid damage to the unit.
- Any member of the family or its guests must not engage in drug-related criminal activity or violent criminal activity. "Drug related criminal activity" includes both drug-trafficking and illegal use of possession of drugs. "Violent criminal activity" refers to criminal use of physical force against a person or property

## THE OPTION OF PORTABILITY NOTICE

### WHAT IS PORTABILITY?

Portability is an option for a family to move from one housing authority's jurisdiction to another housing authority with continued rental assistance. A family which has a legal residence or employment in the jurisdiction of the Housing Authority at the time the family first submits its application, may lease a unit anywhere in the jurisdiction of the Housing Authority. In addition, the family may move to a different housing authority that operates the Housing Choice Voucher (HCV) program. The housing authority may allow a client portability early in certain instances for a special family need or emergency transfer because of domestic violence.

### TO USE YOUR PORTABILITY OPTION:

- If client is a current resident or working in the jurisdiction: Client must request portability in writing that includes when and where, and must be signed by the head of household; or
- If the client is not a current resident or working in the jurisdiction: Client must live in the jurisdiction for a minimum period of 12 months or one year; or
- A client already living in the jurisdiction provides documentation that they are victims of domestic violence and require a move for protection.
- Clients must be in good standing with the housing authority and landlord.

A client can exercise the option of portability by submitting in writing their intent to move and to what jurisdiction. The housing authority will review records for eligibility, arrange a meeting, issue a voucher, and contact the new housing authority in a timely manner. The landlord releasing a client from the lease, prior to the completion of the initial term, does not constitute completion of the lease for portability purposes.



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## THINGS YOU SHOULD KNOW

### CRIMINAL BACKGROUND HISTORY POLICY

Application denial for assistance based on criminal history:

#### Denial of assistance for life

The housing authority will deny applicants assistance for life for an arrest of the following charges:

- Accessory to murder;
- Attempted murder;
- Homicide / Murder / Manslaughter;
- Lifetime registered sex offenders;
- Threatening a housing authority employee;
- Manufacturing or Distribution of methamphetamine.

#### Denial of assistance for three years

Clients are allowed to have one non-violent or non-drug felony crime in the past three years on their record and receive assistance.

#### Denial of assistance for one year\*

Applicants can have up to two (2) non-violent or non-drug related misdemeanor arrests, charges, or convictions within a three-year period and continue to receive housing assistance. If there is a third misdemeanor or a felony arrest in the three-year period, the housing authority will deny assistance.

#### Denial of assistance for safety

The housing authority can deny a family if charges may pose a safety risk for the housing authority employees or other tenants. For example, the housing authority will deny any registered sex offender housing assistance.

***\*Applications may be accepted if the applicant can demonstrate (in writing) a current relationship with a local support agency.***

***Approval does not guarantee housing since landlords may have different criminal history policy. \****

### PENALTIES FOR COMMITTING FRAUD

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or re-certification forms contain false or incomplete information, you may be:

- Terminated from Housing Assistance
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned for up to 5 years
- Prohibited from receiving future assistance

Your State and local governments may have other laws and penalties as well.

### Privacy Act Notice:

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 200d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities is collecting your income and other information. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of 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. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the Release of Information is restricted to the purposes cited on the form. 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 the \$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 officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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## COMPLETING THE APPLICATION

When you give your answers to application questions, you must include the following information:

### Income

- Cash
- All sources of money you and any member of your family receives (wages, welfare payments, alimony, social security, pension, etc.)
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income from assets (interest from a savings account, credit union, certificate of deposit, dividends from stocks, etc.)
- Earnings from second job or part-time job
- Any anticipated income (such as a bonus or pay raises you expect to receive)

### Assets

- All financial accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.
- All electronic accounts such as CashApp, Zelle, Chime, Paypal and others.
- Any business or asset you sold in the last two years for less than its full value, such as your home to your children.
- Applicants should present two months of statements of all assets.

### FAMILY/HOUSEHOLD MEMBERS

- List the names of all the people (adults and children) who will actually be living with you, whether or not they are related.
- If you are not related, family will need to submit custodial or guardianship legal documentation.

### SIGNING THE APPLICATION

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief.
- You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your Housing Agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

### RECERTIFICATION

You must provide updated information at least once a year. You must report the following on re-certification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family household members, child support, spousal support, contributions etc.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last two years for less than its full value.

### BEWARE OF FRAUD

You should be aware of the following fraud schemes:

- Do not pay any money to file an application
- Do not pay any money to move up on the waiting list
- Do not pay for anything not covered by your lease
- Get a receipt for any money you pay
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)

### REPORTING ABUSE

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project of PHA. If you cannot report to the manager, call the local HUD office or HUD hotline on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE at:

*HUD HOTLINE*

*451 Seventh Street SW, Room 8254*

*Washington, DC 20410*



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## APPLICANT / TENANT CERTIFICATION

I/ We certify that the information given to the Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

If the applicant deliberately submits false information or withholds information regarding income, family composition, or other data on which the applicant(s) eligibility is determined, the Housing Authority may deny or terminate rental assistance of the applicant. In addition, HUD may also pursue other penalties available under Federal Law. These penalties include fines up to \$5,000 and/or imprisonment for up to two years.

I/We agree to give the Housing Authority the authorization to conduct background checks, reference checks and income verification sources necessary to determine eligibility.

## APPLICANT INFORMATION

You must use the correct legal name for each member of your household as it appears on your social security card. Contact the Housing Authority with any change of address. If housing authority correspondence is returned because of an incorrect address, your name will be removed from the waiting list.

Head of Household Name:  
(first, middle, last)

Address:

City:

State:

Zip:

Telephone:

Cell Phone:

Can the housing authority text message / SMS the cell phone above?

YES

NO

Email:

## ALTERNATE CONTACT INFORMATION

Name of Additional Contact:  
(Person or Organization)

Address:

Telephone:

Cell Phone:

E-Mail:

Relationship to Applicant:

Reason for Contact: (Check all that apply)

<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Eviction from unit	<input type="checkbox"/>	Change in lease terms
<input type="checkbox"/>	Unable to contact you	<input type="checkbox"/>	Late payment of rent	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Termination of assistance	<input type="checkbox"/>	Assistance with recertification process		

**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.



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## WAITING LIST INFORMATION

Applicants must choose a waiting list preference by checking a box and provide the requested documentation. Please read the required documents list and provide the documents when submitting an application. *The applicant's waiting list preference is set at the time of application and can be changed if the applicant submits the proper materials.*

### CHECK THE BOX FOR COUNTY (SELECT ONE) AND PREFERENCE (SELECT THOSE THAT APPLY) IN WHICH YOU ARE APPLYING FOR ASSISTANCE.

***Applicants must provide documentation demonstrating a residence in the selected area.*** Documents must show a current address within the selected area (PO Box addresses not accepted). Acceptable documents include pay stubs, utility bills, lease, or a notarized letter demonstrating established residence.

<input type="checkbox"/>	DICKEY COUNTY	<input type="checkbox"/>	EDDY COUNTY	<input type="checkbox"/>	FOSTER COUNTY
<input type="checkbox"/>	LOGAN COUNTY	<input type="checkbox"/>	SARGENT COUNTY	<input type="checkbox"/>	STUTSMAN COUNTY
				<input type="checkbox"/>	WELLS COUNTY

**Project Based Voucher Complexes (Vouchers attached to specific units)**

<input type="checkbox"/>	Eagle Flats Apartments	<input type="checkbox"/>	Riverside Cottages
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**Victims of domestic violence**

*Documentation required: Applicants must sign a confidentiality release and/or provide a letter from a domestic violence center stating the center worked with the applicant.*

**Mainstream voucher (disabled but under age 62) (processed in the following order)**

*Documentation required: Applicants must provide documentation of category and disability if not receiving other benefits from the Federal government.*

<input type="checkbox"/>	Residing in an institution or segregated housing;
<input type="checkbox"/>	At risk of residing in an institution or segregated housing;
<input type="checkbox"/>	At risk of becoming homeless

**Rural Preference**

*Households must currently live in and plan to reside in a community with a population of less than 2,500.*

**Households category**

<input type="checkbox"/>	Elderly (62 or older) or disabled	<input type="checkbox"/>	Families with minor children	<input type="checkbox"/>	Singles/Others
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**Location**

<input type="checkbox"/>	Residing in counties served	<input type="checkbox"/>	Residing outside of counties served
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SPECIFIC INFORMATION		Yes	No
Do you need any accommodations to receive our assistance? (Examples: interpreter, visual aid) *** Interpreters and other assistance are free and provided by the housing authority. ***			
If a reasonable accommodation is required, indicate what assistance is needed:			
If a language interpreter is required, indicate what language is needed:			
Has any household member ever used a name other than the one listed?			
Please list any previous names:			
Is any household member a veteran of the United States military?			
Is any member of the household a student in higher education? If yes, which household member?			
Does any household member owe a housing authority funds? If yes, which housing authority?			
Does the head of household have a payee, guardian, or power of attorney? If yes, please identify contact on the alternate contact form enclosed:			
Is your household receiving Behavioral Health coverage under Medicaid or Medicaid Expansion?			
Is this application for adding additional household members?			
If yes, please list the existing household on our program that you will be joining:			

HEAD OF HOUSEHOLD TYPE: (PLEASE CHECK APPLICABLE STATUSES)				
<input type="checkbox"/>	Single/Non-Elderly	<input type="checkbox"/>	Married – Non legally separated/Single Parent	Other (please describe):
<input type="checkbox"/>	Elderly (age 62 or older)	<input type="checkbox"/>	Married – Legally separated/Single Parent	
<input type="checkbox"/>	Single Parent/ Not Married	<input type="checkbox"/>	Married/Two Parent	
<input type="checkbox"/>	Partners	<input type="checkbox"/>	Family Members / Roommate	
<input type="checkbox"/>		<input type="checkbox"/>		

DEMOGRAPHIC KEYS
<p><b>Immigration Status defined:</b> I have eligible immigration status as stated below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.</p> <ul style="list-style-type: none"> <li>a. Immigrant status under 101(a) (15) or 101(a) (20) of the immigration and Nationality Act (INA) or;</li> <li>b. Permanent residence under 249 of INA; or</li> <li>c. Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA; or</li> <li>d. Parole status under 212(d)(5) of the INA; or</li> <li>e. Threat to life or freedom under 243(h) of the INA; or</li> <li>f. Amnesty under 245A of the INA</li> </ul>
<p><b>Race defined:</b> (HUD defined races)</p> <ul style="list-style-type: none"> <li>a. White</li> <li>b. Black or African American</li> <li>c. American Indian or Alaska Native</li> <li>d. Asian</li> <li>e. Native Hawaiian or Other Pacific Islander</li> </ul>
<p><b>Gender defined:</b> (HUD only allows Male or Female based on birth certificate.)</p> <ul style="list-style-type: none"> <li>a. Female</li> <li>b. Male</li> </ul>



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## (1) HEAD OF HOUSEHOLD DEMOGRAPHIC

First, Middle, and Last Name						
Relation to the applicant				Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Date of Birth				Social Security Number		
Place of Birth				Hispanic Ethnicity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elderly	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	Permanently Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Race (page 8)				US Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permanent Resident	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	Immigration status (page 8)		
Phone #				Email address		

## (2) SECOND HOUSEHOLD MEMBER

First, Middle, and Last Name						
Relation to the applicant				Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Date of Birth				Social Security Number		
Place of Birth				Hispanic Ethnicity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elderly	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	Permanently Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Race (page 8)				US Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permanent Resident	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	Immigration status (page 8)		
Phone #				Email address		

## (3) THIRD HOUSEHOLD MEMBER

First, Middle, and Last Name						
Relation to the applicant				Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Date of Birth				Social Security Number		
Place of Birth				Hispanic Ethnicity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elderly	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	Permanently Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Race				US Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permanent Resident	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	Immigration status (page 8)		
Phone #				Email address		



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## (4) FOURTH HOUSEHOLD MEMBER

First, Middle, and Last Name									
Relation to the applicant				Gender	<input type="checkbox"/>	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Date of Birth				Social Security Number					
Place of Birth				Hispanic Ethnicity	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Elderly	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Permanently Disabled	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Race				US Citizen	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Permanent Resident	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Immigration status (page 8)				
Phone #				Email address					

## (5) FIFTH HOUSEHOLD MEMBER

First, Middle, and Last Name									
Relation to the applicant				Gender	<input type="checkbox"/>	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Date of Birth				Social Security Number					
Place of Birth				Hispanic Ethnicity	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Elderly	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Permanently Disabled	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Race				US Citizen	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Permanent Resident	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Immigration status (page 8)				
Phone #				Email address					

## (6) SIXTH HOUSEHOLD MEMBER

First, Middle, and Last Name									
Relation to the applicant				Gender	<input type="checkbox"/>	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Date of Birth				Social Security Number					
Place of Birth				Hispanic Ethnicity	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Elderly	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Permanently Disabled	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Race				US Citizen	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Permanent Resident	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Immigration status (page 8)				
Phone #				Email address					



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## (7) SEVENTH HOUSEHOLD MEMBER

First, Middle, and Last Name						
Relation to the applicant				Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Date of Birth				Social Security Number		
Place of Birth				Hispanic Ethnicity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elderly	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	Permanently Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Race				US Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permanent Resident	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	Immigration status (page 8)		
Phone #				Email address		

## (8) EIGHTH HOUSEHOLD MEMBER

First, Middle, and Last Name						
Relation to the applicant				Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Date of Birth				Social Security Number		
Place of Birth				Hispanic Ethnicity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elderly	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	Permanently Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Race				US Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permanent Resident	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	Immigration status (page 8)		
Phone #				Email address		

### ZERO INCOME: ONLY COMPLETE IF YOU HAVE NO INCOME.

### CLIENTS ARE REQUIRED TO CONTRIBUTE \$50 TOWARDS RENT AND UTILITIES.

The Housing Authority is required by law to verify all income of applicants and participants of the Section 8 Program. IF you presently report that you receive NO income from employment, government assistance (i.e. TEEM, TANF, Social Security, Supplement Security Income, Veterans Administration, etc.) or child support. This is how we will determine who contributes monies to you in order for you to pay your rent, purchase food and meet your daily obligations.

Contributor's Name:	
Address:	
Phone:	Monthly Contribution Amount \$:



# Great Plains Housing Authority

Serving Dickey, Eddy, Foster, Logan, Sargent, Stutsman, and Wells Counties

## UNEARNED INCOME REPORTING: ELIGIBILITY IS CALCULATED ON ALL SOURCES OF MONEY RECEIVED BY YOU OR ON BEHALF OF YOUR HOUSEHOLD MEMBERS

Household Member	Member 1	Member 2	Member 3	Member 4	Member 5
<b>FIRST NAME</b>					
Cash					
CashApp/ Venmo/ Zelle/Chime etc					
Child Support					
Food Stamps/SNAP					
Military					
Pension					
Regular Contributions					
Social Security					
Spousal Support					
SSDI					
SSI					
TANF					
Tribal payments					
Unemployment					
Workmen's Comp.					

Any deposits received into any financial account held by a household member may be considered income and must be reported to the housing authority as part of this application for eligibility determination.

## EARNED INCOME REPORTING (INCLUDE PAYSTUBS FROM THE LAST 60 DAYS AS AVAILABLE)

Household member name:			
Employer name & location:			
Pay per hour:		Average hours per week:	
Household member name:			
Employer name & location:			
Pay per hour:		Average hours per week:	



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## ASSETS / FINANCIAL ACCOUNTS (INCLUDE STATEMENTS FROM THE LAST 60 DAYS AS AVAILABLE)

**Complete for each household member (Complete each line)**

Has any household member disposed of any asset(s) in the previous 24 months? If yes, provide documentation.	YES		NO	
Is any household member a signor or have access to other individual or business financial accounts? If yes, provide documentation.	YES		NO	

Household Member:				
	Yes	No	Bank or Company Name	Current Balance/Value \$
Checking Acct				
Savings Acct.				
CD or Burial Fund				
IRA/ Stocks/ Bonds				
Life Insurance				
Property				
CashApp				
Venmo				
Other Financials Acct				

Household Member:				
	Yes	No	Bank or Company Name	Current Balance/Value \$
Checking Acct				
Savings Acct.				
CD or Burial Fund				
IRA/ Stocks/ Bonds				
Life Insurance				
Property				
CashApp				
Venmo				
Other Financial Acct				

*\*If more than two household members have existing assets, please attach additional pages.\**

**Deposits and interest, including electronic payments and transfers, may count as income.**



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## RELEASE OF INFORMATION / APPLICATION SIGNATURES

**Consent: I consent to allow HUD or the housing authority to request and obtain information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that housing authority that receives information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations. This consent form expires 15 months after signed.**

- All forms of earned and unearned income, including payroll record, social security statements, supplemental security income, Medicare/Medicaid statement, retirement benefits, unemployment benefits, TANF, food stamps/SNAP, IRS Tax forms, and contributions, and child support.
- All contact information for payee, care team members, alternative contacts, guardians, and others who may have legal custody or financial control.
- All business records such as ledgers if household members are self-employed.
- All medical payments made by the household members during the requested period. Medical information may be subject to re-disclosure and no longer protected by the privacy laws.
- Medical status only related to housing needs such as verification of disability, pregnancy, and service animal(s) requests, and or confirmation of appointments for IRS medical deduction verification.
- Education records and financial aid disbursements related to determining housing eligibility and/or income levels.
- All asset information including banking, real estate, retirement funds, burial funds, investments, and insurance.
- Any daycare or childcare expenses paid directly by the household members and or childcare assistance reimbursement or paid to provider programs.
- All criminal history records to determine housing eligibility including court records, police records, and other information not public record.
- Agencies or Shelters pertaining to victims of domestic violence.

**By signing below, the household members confirm the information in the certification is correct. Each household member who is 18 years of age or older must sign the consent form. Clients can withdraw authorization with written notice. Housing assistance will be denied without signatures.**

*1 Head of Household Printed Name      Head of Household Signature Name      Social Security Number      Date*

*2 Other Adult Printed Name      Other Adult Signature Name      Social Security Number      Date*

*3 Other Adult Printed Name      Other Adult Signature Name      Social Security Number      Date*

*4 Other Adult Printed Name      Other Adult Signature Name      Social Security Number      Date*

*5 Other Adult Printed Name      Other Adult Signature Name      Social Security Number      Date*

**If the applicant deliberately submits false information or withholds information regarding income, family composition, or other data on which the applicant(s) eligibility is determined, the Housing Authority may deny or terminate rental assistance of the applicant. In addition, HUD may also pursue other penalties available under Federal Law. These penalties include fines up to \$5,000 and/or imprisonment for up to two years.**