

Rolette County Housing Authority An Equal Housing Opportunity Agency
P.O. Box 567, Rolette, ND 58366 TTY 1800-366-6888 Ph 701-246-3421

Rolette County Housing Authority does not offer emergency assistance. Once your application has been processed you will receive a letter informing you of your status on our waiting list.

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

<p>Purpose</p> <p>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.</p>
<p>Penalties for Committing Fraud</p> <p>The United States Department of Housing and Urban Development (HUD) and Rolette County Housing Authority place a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">● Evicted from your apartment or house;● Required to repay all overpaid rental assistance you received;● Fined up to \$10,000;● Imprisoned for up to 5 years; and/or● Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
<p>Asking Questions</p> <p>When you fill out your application, you should know what is expected of you. If you do not understand something do not leave it blank, ask a representative of Rolette County Housing Authority for help.</p>
<p>Completing the Application</p> <p>When you give your answers to application questions, you must include the following information:</p> <p>Income</p> <ul style="list-style-type: none">● All sources of money you and any member of your family receive (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, or certificate of deposit; dividends from stocks, etc.);● Earnings from second job or part-time job;● Any anticipated income (such as bonus or pay raise you expect to receive);● School information (grants, loans, tuition, etc.). <p>Assets</p> <ul style="list-style-type: none">● All bank 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.● Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children. <p>Family/Household Members</p> <ul style="list-style-type: none">● The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
<p>Signing the Application</p> <ul style="list-style-type: none">● Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.● When you sign 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, Rolette County Housing Authority may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.
<p>Recertifications</p> <p>You must provide updated information at least once a year. Rolette County Housing Authority requires that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none">● All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all family/household members.● 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 2 years for less than its full value.

Beware of Fraud

You should be aware of the following schemes.

- ~I Do not pay any money to file an application.
- ~I Do not pay any money to move up on the waiting list.
- ~I Do not pay for anything not covered by our lease.
- ~I Get a receipt for any money you pay.
- ~I Get a written explanation if your 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 RCHA, If you cannot report to the RCHA call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll free number. You can also write to the HUD Hotline, Room 8254, 451 Seventh Street, S.W. Washington, DC 20410.

PENALTIES FOR FALSE STATEMENTS:

If the applicant deliberately submits false information or withholds information regarding income, family composition, or other data on which the applicant 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 \$5,000.00 an/or imprisonment for up to two years.

I understand that if any member of my household owes money to any Federally funded housing Agency, has engaged in illegal narcotic activity, gang related activity, violent criminal activity, has been evicted/terminated from a Federally funded housing program for these activities (including Material Misrepresentation/Program Violations), my/our names(s) will be placed on a "Do Not Select" listing which will be forwarded to other housing agencies.

I/We agree to give the Rolette County Housing Authority the authorization for release of all information to verify all information, references and income sources to determine eligibility as well as obtaining information maintained by law enforcement agencies, including but not limited to criminal history.

-I/We certify the information listed in this application is complete, true and correct to the best of my/our knowledge. I/We certify that with my/our signature(s) below I/We have read and understand the information on these forms and understand my/our obligations to give complete and accurate information during my/our participation on the Rolette County PHA Section 8 Voucher Program and the Low Rent Public Housing Program.

Signatures of all family members over the age of 18 living in the household.

_____	_____	_____	_____
Applicants signature	Date	Applicants signature	Date
_____	_____	_____	_____
Applicants signature	Date	Applicants signature	Date

ROLETTE COUNTY HOUSING AUTHORITY
 509 5th AVENUE NORTH P.O.BOX 567
 ROLETTE, ND 58366
 Ph (701) 246-3421 TTY 1-800-366-6888

APPLICATION NUMBER _____
 DATE _____
 BEDROOM SIZE _____
 06-12-2016
OFFICE USE ONLY
 Equal Housing Opportunity Provider

NAME _____

ADDRESS _____

PHONE # _____

LIST ALL FAMILY MEMBERS APPLYING HEAD OF HOUSEHOLD LISTED FIRST

FULL NAME First and last	RELATIONSHIP / TO HEAD	DATE OF / BIRTH	AGE /	SOCIAL SEC / NUMBER
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1. _____ HEAD of House _____
2. _____
3. _____
4. _____
5. _____
6. _____

(List additional household members on a separate sheet of paper and attach to this application if necessary)

- Do you anticipate any changes in your family size at this time? **YES or NO (Please circle yes or no or use check marks)**
- Does your household claim any type of disability for the purposes of program allowances or deductions? **YES or NO**
- Do you or anyone in your household have any needs that might be better served by a rental unit which is accessible to persons with mobility or other impairments? **YES or NO If yes, explain here.**

SOURCES OF INCOME

-Do you or any members of your family receive any of the following? **If yes, Write in dollar amount per week or month.**

	NO	Yes	\$ AMOUNT		NO	Yes	\$ AMOUNT
SOCIAL SEC.	___	___	_____	SSI	___	___	_____
UNEMPLOYMENT	___	___	_____	AFDC/TANF	___	___	_____
CHILD SUPPORT	___	___	_____	WAGES	___	___	_____
PENSION	___	___	_____	GEN ASST	___	___	_____
BABYSITTING	___	___	_____	LEASE PYMTS	___	___	_____
INTEREST EARNED	___	___	_____	ALL OTHER	___	___	_____
SCHOOL RELATED STIPENDS, GRANTS OR WORK PROGRAMS	___	___	_____		___	___	_____

NAME OF FAMILY MEMBER EMPLOYED _____
 EMPLOYER NAME _____ HOURS PER DAY _____
 ADDRESS _____ DAYS PER WEEK _____
 CITY, STATE, ZIP CODE _____ HOURLY RATE _____
 PHONE# _____

CHILDCARE EXPENSES

- Do you pay for childcare due to employment or schooling? **YES or NO**
- IS ANY CHILDCARE EXPENSE PROVIDED BY RCSS OR BLOCK GRANT? **YES or NO**
- If so, how much per week? _____

NAME OF CHILDCARE PROVIDER _____ USUAL HOURS PER DAY _____
 ADDRESS _____ APPROX. HOURS PER WEEK _____
 CITY, STATE, ZIP CODE _____ HOURLY RATE(s) per child \$ _____
 PHONE # _____

NOTE !!!

A READABLE photocopy of a government issued Picture ID for each adult is required to be submitted with this Application. Failure to submit a Photocopy of the ID will disqualify your application.

-ASSETS: DOES ANY FAMILY MEMBER HAVE A CHECKING or SAVINGS ACCOUNT, CD'S, STOCKS, BONDS, BURIAL FUND, or OWN LAND OR BUILDINGS, receive LEASE PAYMENTS or have any OTHER ASSETS HELD IN TRUST? YES or NO

If so, what is the Name, address, phone # of bank _____ Type of account _____

-If you own a home or deeded lands, please provide a copy of the real estate taxes.

-Have you disposed of any assets within the last two years? If so please explain.

a-What is your ethnicity? Hispanic or Non-Hispanic (for HUD record keeping purposes only)

b-What is your national origin? Native American, White, Black, Asian, Other (for HUD record keeping purposes only)

NO PETS – all owned rental units and SHDC

PET POLICY ENFORCED

-Please check types of housing preferred. Check as many as desired.

_____ 2 & 3 Bedroom apartments (16 units)-San Haven Dev. Corporation in Rolla

_____ Low Income Public Housing-RCHA subsidized rental units in Rolette and Dunseith

_____ Section 8 Housing Assistance Program-RCHA subsidized rent program in all Rolette County

Households wanting a copy of the booklet "Fair Housing – It's Your Right" will be provided one upon request.

RCHA maximizes the utilization of accessible units for eligible individuals requiring accessibility features, through a request of our process of reasonable accommodation.

-What are your housing conditions as of the date of this application?

-Have you ever lived in low-come or federally subsidized housing before? **Yes or NO**

-Are you now, or have you or has any one in your household rented from another Public Housing Authority or Indian Housing Authority or been on the Section 8 (HAP) program now or in the past? **Yes or NO**

If yes, write when, and from where/who.

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED BEFORE YOUR NAME WILL BE PLACED ON THE WAITING LIST.

-List previous landlords and places of residence for the past six years. If you have no previous landlords, state your current residence and list two unrelated personal references.

1. Current Housing Status
Address: _____ City: _____ State _____
Name of Owner/landlord: _____ Tel # _____
Length of time at this address: From _____ To _____ Rent? \$ _____

2. Previous Housing Status
Address: _____ City: _____ State _____
Name of Owner/landlord: _____ Tel # _____
Length of time at this address: From _____ To _____ Rent? \$ _____

3. Previous Housing Status
Address: _____ City: _____ State _____
Name of Owner/landlord: _____ Tel # _____
Length of time at this address: From _____ To _____ Rent? \$ _____

Please list below each state you have EVER lived in. (Now a Federal requirement—6-2012)

1. _____ 2. _____ 3. _____ 4. _____

