

MINOT HOUSING AUTHORITY

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THIS SPACE FOR OFFICE USE ONLY

Application for Housing Assistance (Ward County)

This application will be made in alternate formats upon request

(Read this document carefully, complete all areas, sign, date, and return to Minot Housing Authority)

*"The mission of Minot Housing Authority is to provide quality, affordable housing opportunities and promote maximum independence in our community's lower income families, elderly, and persons with disabilities."
Minot Housing Authority is an Equal Housing Opportunity Agency and does not discriminate on the grounds of race, color, familial status, national origin, religion, creed, gender, age, or disability.*

PRIVACY ACT NOTICE: The information requested in this form is to be used by the Department to determine maximum income for eligibility, recommended unit size and the amount of the individual contribution to be made by the applicant. It will not be disclosed outside the Department except as required and permitted by law. You do not have to give us this information. However, failure to do so may result in delay or rejection of program benefits. Authority for collection of this information is Section 7(d) of 42 U.S.C., 3535(d); Section 5(b) of the U.S. Housing Act of 1937 (42 USC 1437f).

WARNING

TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

GENERAL INFORMATION and POLICY:

Minot Housing Authority provides housing assistance programs designed to assist moderate and low-income families. Department of Housing and Urban Development (HUD) regulations require that a public housing agency (PHA) provide assistance based on *income targeting*. This applies to new admissions each fiscal year.

The **Housing Choice Voucher (HCV) program** assists eligible applicants with funding by way of a voucher that can be used throughout Ward County for housing in privately owned rental units. HUD's "75/25 Rule" requires a minimum of 75 percent of families admitted to the program must have incomes that do not exceed 30 percent of the area median income as published by HUD. A maximum of 25 percent of families admitted cannot exceed the 50 percent income limit.

The **Public Housing (Milton Young Towers and Family Housing) "40/60 Rule"** generally provides that the percentages of 75/25 found in the HCV program changes to 40/60 and is based on the same income limits. In Public Housing, the assistance stays with the dwelling unit rather than the tenant.

For more complete information, *Fact Sheets* are available at the MHA office for review regarding the HCV, Public Housing, and Multifamily programs.

Income table effective April 1, 2021 for Ward County based on the Median Income of \$85,000 for a family of four:

<u>Household Members</u>	<u>30% Income Limit</u>	<u>50% Income Limit</u>
1	\$ 18,050	\$ 30,050
2	20,600	34,350
3	23,200	38,650
4	26,500	42,900
5	31,040	46,350
6	35,580	49,800
7	40,120	53,200
8	44,660	56,650

Application for Housing Assistance (Ward County), page 2

GENERAL INFORMATION and POLICY CONTINUED:

Initial Appointment: When properly completed and received at MHA, an application will be entered into the system by date / time stamp within the appropriate waiting list based on preference priorities that may be established for the list. When your application has been reviewed and processed into our system, you will be notified by mail. Later, when you receive notification from MHA that housing assistance may be available, you must make an initial appointment within ten (10) days from the date of the letter to begin the eligibility / verification process (initial appointment). If you do not respond to the notice, your application will be deactivated and closed - you must reapply.

No Show: If you are a "no show" for your scheduled initial appointment, your application will be deactivated and closed - you must reapply.

Rescheduled Initial Appointment: You must notify MHA prior to the time of the initial appointment if it is necessary to cancel. A new appointment must be rescheduled within five (5) working days of the initial appointment.

Documentation Required at the Time of the Initial Appointment: (you will be reminded of this information in your notification letter from MHA). All adults (age 18 and older) must attend the appointment. You must bring Social Security and SSI documentation for **each member** of the household (minors also need a Social Security number). A photo ID is required of all adults in the household and a birth certificate for all minors (under 18 years of age). If you do not have the necessary documents for verification at the initial appointment, you must submit them within ten (10) days of the initial appointment. If not, your application will be deactivated and closed - you must reapply.

Ineligibility for Drug Related and Criminal Activity: If any family member commits, or has committed drug-related criminal activity, or violent criminal activity, within the last three (3) years prior to being notified of selection, the family will be denied assistance. Other criminal activities, criminal offenses, or "patterns" of criminal behavior may be cause for denying assistance for one (1) year up to and including lifetime.

APPLICANT / TENANT CERTIFICATION

I / We:

- Do hereby swear and attest that **all information** given in this application **is true and correct** to the best of my / our knowledge and belief; and
- Understand that **all changes** in the income of any adult member of the household as well as any changes in the quantity or makeup of household members must be reported to Minot Housing Authority (MHA) **in writing immediately**; and
- Agree to give MHA the right to investigate any reference or income sources necessary to determine eligibility, including criminal background checks; and
- Understand that if I / we become a tenant of MHA and should move, owing money to MHA, my / our names(s) will be placed on a bad-debt listing which will be forwarded to other housing agencies.
- Have read and understand the above conditions and policy.

Signature(s) of ALL adults age 18 or over living in the household:

Signature of Applicant (Head-of-Household)

Date

Signature of Spouse

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date



Application for Housing Assistance (Ward County), page 3

(Please print all information legibly)

Applicant Name: (Head-of-Household) _____

Street Address: _____

Mailing Address: (if different than street address) _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone Number: _____ **Work Phone Number:** _____

Note: Please inform MHA of any changes in the above information while you are on a waiting list.

2-bdrm Public Housing Unit

Application deadline is at 4:00 pm, Friday July 2, 2021

List yourself and all family members and persons that will live in the household: *(print please!)*

(Examples of Relation To Head-of-Household: spouse, son, daughter, other adult, etc.)

Legal Names	Relation	Sex	Age	Date of Birth	Social Security Number	Place of Birth (City / State)
	Head					

Head-of-Household information - *(Check all boxes in all categories that applies to you.)*

<input type="checkbox"/> Non-Elderly <input type="checkbox"/> Elderly <small>(at least 62 years of age)</small> <input type="checkbox"/> Disabled	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Not U.S. Citizen <input type="checkbox"/> Are you a Veteran	<input type="checkbox"/> Immigrant ** <input type="checkbox"/> Non-Immigrant / Student ** <input type="checkbox"/> Non-Immigrant Alien ** <small>**If you checked one of these, you should attach verification.</small>
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(Providing the following information for the Head-of-Household is voluntary - check all that apply.)

Race: White Black or African American American Indian or Alaskan Native
 Asian Native Hawaiian or Other Pacific Islander

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Complete all that may apply: *(providing the following information is voluntary and may be used for local admission priorities.)*

Is any family member disabled / handicapped? Yes No
Do you have a caseworker? Yes No

If yes, what is their name, agency, and phone number? _____

Application for Housing Assistance (Ward County), page 4

Determination of eligibility is based in part on household income from all household members age 18 or over, plus benefits and other non-earned income paid directly to, or on behalf of minors and full-time students. Please complete the following:

Income:

What is the total gross income for all members of your household who are 18 or over? *Circle one:* **Annually or Monthly**

Amount: \$ _____

(Total income includes all money earned from employment, and any unearned income from Social Security, SSI, unemployment benefits, pensions, child support, public assistance, Veteran benefits, Workmen's Compensation, money contributions, or any other source of income. Also include benefits and other non-earned income paid directly to, or on behalf of minors and full-time students.)

Source of Income:

Are you or any member of your family receiving any of the following?

			<u>If yes, total amount per month</u>
Social Security	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
SSI	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Wages	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Unemployment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Child Support	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Workers Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
TANF	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
VA Benefits	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Railroad Pension	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Other Pensions	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
National Guard	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Babysitting	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Money Contributions	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Other (explain source(s) of income and amount per month)			_____

Assets:

Does any family member have the following?

Own Home	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the value?	\$ _____
Own Rental Property	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the monthly income?	\$ _____
Checking Account	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the average balance?	\$ _____
Savings Account	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the current balance?	\$ _____
CD	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the total amount?	\$ _____
Burial Fund	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the total amount?	\$ _____
Mineral Rights	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the yearly income?	\$ _____
IRA	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the total amount?	\$ _____
Stocks / Bonds	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the total amount?	\$ _____
Trust Fund	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the monthly income?	\$ _____
Life Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the cash value?	\$ _____
Other (explain the asset(s) and indicate the value or earnings received per month)				