



Turtle Mountain Housing Authority, T.D.H.E.

A Tribally Designated Housing Entity

P.O. Box 620~1/4 Mile South on Hwy 5~Belcourt, North Dakota 58316-0620
Telephone 701-477-5654 Administration Office Fax 701-477-9161

APPLICANT'S CHECK OFF LIST

In order for the Turtle Mountain Housing Authority to process your application, you will need to do the following:

- ___ 1. Completed Application (attached)
- ___ 2. Signed Authorization for Release of Information signed by everyone over the age of 18. (attached)
- ___ 3. Signed Resident Screening Verification (attached)
- ___ 4. Social Security Cards / Numbers for all family members
- ___ 5. Police Background Check from the Sheriff's Department in Rolla
This will cost you \$10.00 per person over 18; Return Receipt to TMHA
- ___ 6. Police Background Check from the Turtle Mountain Tribal Court
This will cost you \$10.00 per person over 18; Return Receipt to TMHA
- ___ 7. Verification of income; copy of your social security check or letter from the SSA, copy of your recent pay check stub, letter from Social Services for GA and TANF or VA.

Your application will not be accepted until we receive all the completed information above.



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SOURCE OF INCOME

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

	YES	NO	AMOUNT		YES	NO	AMOUNT
SOCIAL SECURITY				SSI			
UNEMPLOYMENT				TANF OR TEEM			
CHILD SUPPORT				WAGES			
PENSION				OTHER			
GENERAL ASST.							

MOTHER'S NAME

FATHER'S NAME

I understand this is not a contract and does not bind either party. This information is true, and complete to the best of my knowledge. I have no obligation if inquiries are made for the purpose of verifying the statements and information given herein. **NOTE:** I understand that in order to keep my application in the active files, I must update my application every six (6) months for the low rent program.

Signature of Applicant

Date

Initial App. Yes or No

Renewal Yes or No

Time Received:_____

Received By

Date



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RESIDENT SCREENING VERIFICATION

Current or Former Landlord

Date: _____

RE (name): _____

Address: _____

Dear Sir or Madam:

Our resident selection policy obliges us to verify certain information about all members of families applying for admission to our development. To comply with this requirement, we ask your cooperation in supplying information on the tenant history of the family listed above. This information will be used only in determining whether the family can be accepted for admission. Your prompt return of this information will be appreciated. If you have any questions, please call us at 701-477-5673.

Sincerely yours,
Turtle Mountain Housing Authority

I hereby authorize the release of the information
requested below

Signature of Applicant

Current Landlord _____ Previous Landlord _____ Other (please specify) _____

Date of Applicant's Tenancy: From _____ to _____

1. Rent Payment

- Rental Rate _____
- Is (was) applicant current on rent? _____
- Has (had) he/she ever been late? _____ How many days late? _____ How often? _____
- Have (had) you ever begun eviction proceedings for nonpayment? _____
- Does the applicant still owe you money? _____

2. Caring for the Unit

- Does (did) the applicant keep the unit clean? _____
- Has (had) the applicant damaged the unit? _____
If so, please describe _____
- Has (had) the applicant paid for the damages? _____
- Will you (did you) keep the security deposit? _____
If so, how much did you keep? _____ How much was returned? _____



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3. General

a. Does (did) the applicant permit persons other than those authorized to live in the unit?

b. Has (had) the applicant or family members damaged or vandalized the common areas?

c. Does (did) the applicant create any physical hazards to the project or residents? _____

d. Does (did) the applicant interfere with the rights and quiet enjoyment of other tenants?

e. Has (had) the applicant given you any false information? _____

Please describe: _____

f. Would you re-admit this applicant? ___ If no, why? _____

g. Are you a Federally Assisted Housing Program? _____

h. Have you ever given this applicant notice to move? _____ If yes, why? _____

i. What was the applicant's reason for moving? _____

j. Are you related to this applicant? _____

k. Did this applicant rent from you, or did they stay with you? _____

Signature of Landlord

Date

Phone #



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CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the Turtle Mountain Housing Authority and will stay in affect for 2 years and one month from the date signed. I understand, I have the right to review my file and any information that I can prove is right.

SIGNATURES

Head of Household Signature

Social Security Number

Print Name

Date

Spouse Signature

Social Security Number

Print Name

Date

Adult Member Signature

Social Security Number

Print Name

Date

Adult Member Signature

Social Security Number

Print Name

Date



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AUTHORIZATION AND CONFIDENTIALITY – The Turtle Mountain Housing is authorized to collect this information by the Native American Housing and Self Determination Act (NAHASDA), 25 U.S.C. 4101 ET. Seq. art 4138, and implementing regulations at 24 C.F.R. Parts 1000.152, 1000.154. This information is collected by the Housing Authority to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. The Housing Authority uses this information to assist in managing certain Housing Authority properties, to protect the Housing Authority's financial interest and to verify the accuracy of the information to 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 Housing Authority, except as permitted as required by law. You must provide all of the information requested including all social security numbers (SSN's) – yourself, and all other household members age six (6) years and older, have and used. Giving the SSN's of all household members 6 years of age and older is mandatory, and not providing the SSN's will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

FALSE CLAIMS STATEMENTS – Warning: U.S. Code, Title 31, Section 3729, false claims, provides a civil penalty of not less than \$5,000.00 and not more than \$10,000.00 plus 3 times the amount of damages for any person who knowingly presents, or cause 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.

AUTHORIZATION – For release of Information

CONSENT – I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release to the Turtle Mountain Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Rental Rehabilitation, Low-income and Indian housing, and/or other Housing Assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Turtle Mountain Housing Authority in administering and enforcing program rules and policies. I also consent for HUD or the Turtle Mountain Housing Authority to release information from my files about my rental history to HUD, Credit Bureaus, Collection Agencies, or Future Landlords. This includes records on my payment history, and any violations of my lease or the Turtle Mountain Housing Authority Policies.

INFORMATION COVERED – I understand that depending on program policies and requirements, previous and current information regarding me or my household may be needed. Verification and inquires that may be requested, include but not limited to; Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Medical or Child Care allowances, Credit and Criminal Activity.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

Previous Landlords	Past and Present Employers	Veterans Administration
Public and Indian Housing Authority Agencies	Welfare Agencies	Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Bank and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit Providers and Credit Bureau
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Child Support and Alimony Providers		

COMPUTER MATCHING AND CONSENT – I understand and agree that the Turtle Mountain Housing Authority may conduct computer-matching programs to verify the information supplies for my application or recertification. If a computer match is done, I understand that I have the right to notification if any adverse information found and a chance to disprove incorrect information. HUD or the Turtle Mountain Housing Authority 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; other U.S. Postal Services; the Social Security Agency; and the State Welfare and Food Stamp Agencies.



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I authorize the **Rolette County Sheriff's Department** to complete a background check. This will cost \$10.00 for everyone 18 years of age and over.

Please sign and submit this form to **Rolette County Sheriff's Office in Rolla, North Dakota**. Return all receipts to the TMHA with your application.

Name: _____

Social Security #: _____ **DOB:** _____

Signature of Applicant

Adult Member over the age of 18, DOB, & Social Security Number

Adult Member over the age of 18, DOB, & Social Security Number

Adult Member over the age of 18, DOB, & Social Security Number



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I authorize the **Turtle Mountain Tribal Court** to complete a background check.
This will cost \$10.00 for everyone 18 years of age and over.

Please sign and submit this form to **Turtle Mountain Tribal Court in Belcourt, North Dakota**. Return all receipts to the TMHA with your application.

Name: _____

Social Security #: _____ **DOB:** _____

Signature of Applicant

Adult Member over the age of 18, DOB, & Social Security Number

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