



Spirit Lake Housing Corporation

112 2nd Ave N. - P.O. Box 187

Fort Totten, ND 58335

Phone: 766-4131 - Fax: 766-4125

HOMEOWNERSHIP

NAME: _____

ADDRESS: _____

PHONE: _____

***PLEASE RETURN WITH THE
COMPLETED APPLICATION.**

MAKE SURE AND SIGN ALL DOCUMENTS WHERE NEEDED.



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APPLICATION CHECKLIST

- COPY OF ENROLLMENT CERTIFICATES (All people on the application need this)
- COPY OF SOCIAL SECURITY CARDS
- INCOME VERIFICATIONS-(Pay stubs, G.A. or TANF Assistance & Social Security)
- CURRENT ADDRESS & PHONE NUMBER
- 2 DISTRICT PREFERENCE (LIST DOWN BELOW)
- CUSTODIAL PAPERWORK(If you have a younger brother/sister, or grandchildren, etc.)

IF THESE DOCUMENTS ARE **NOT** PROVIDED WITH YOUR APPLICATION, IT WILL BE CONSIDERED **INCOME PLETE** AND **YOU WILL NOT BE PLACED ON OUR WAITING LIST.** YOUR APPLICATION MUST BE UPDATED WHEN YOU HAVE ANY CHANGE IN YOUR HOUSEHOLD.

DISTRICT PREFERENCE

1. _____

2. _____



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ATTENTION APPLICANTS

Please submit the following information when applying for a unit with the Spirit Lake Housing Corporation.

Application for Admission Form:

Please fill out the entire form. Also include on the entire application:

- District Preference
- Social security cards for all members of the household
- Current address and telephone number

Authorization for Release of Information Form:

Sign and date the back of the form

Include Social Security Numbers & Enrollment papers if you have not already submitted them.

If married spouse needs to sign and date this form.

**ITEMS THAT NEED TO BE ATTACHED TO THE APPLICATION
IF THESE ARE NOT ATTACHED YOUR APPLICATION WILL BE
CONSIDERED INCOMPLETE AND YOU WILL NOT BE PUT ON THE
WAITING LIST.**

- Enrollment verification for all members of the household
- Verification of income for all members of the household
- Social Security cards for all members of the household



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RELEASE OF INFORMATION AUTHORIZATION

DATE: _____

I/We authorize the above agency to obtain information about me or my household that is pertinent to eligibility for participation in assisted housing programs.

This may include rental history, financial and credit report, private or public benefit information, criminal activity reports, employment verification, medical or child care expenses, family composition, or handicapped assistance expenses.

I/We agree this authorization may be photocopied and used in future recertification for public housing or rental assistance programs.

If I/We do not sign this authorization, I/We also understand that my/our program assistance may be denied or terminated.

(Please make sure that signature is legible)

_____	_____	_____
Head of Household	Social Security Number	Date of Birth
_____	_____	_____
Co-Head of Household	Social Security Number	Date of Birth
_____	_____	_____
Other Adult Member of Household	Social Security Number	Date of Birth
_____	_____	_____
Other Adult Member of Household	Social Security Number	Date of Birth
_____	_____	_____
Other Adult Member of Household	Social Security Number	Date of Birth

PART V. ASSETS

PLEASE LIST ALL ASSETS:

- (a.) _____ Estimated Value \$ _____
- (b.) _____ Estimated Value \$ _____
- (c.) _____ Estimated Value \$ _____
- (d.) _____ Estimated Value \$ _____
- (e.) _____ Estimated Value \$ _____

PART VI. DISABLED, HANDICAPPED, VETERAN AND SERVICE DATA

1. Member who is disabled _____ Nature and extent of disability _____

2. Member who is handicapped _____ Nature and extent of Handicap _____

3. Member who has been or is in the Military Service _____

Period of service: FROM: _____ TO: _____

I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTIONS BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS HEREIN.

APPLICANT

DATE

CO-APPLICANT

DATE

(FOR OFFICE USE ONLY)

() NEW APPLICATION APPLICANT ELIGIBLE TO BE PUT ON WAITING LIST? YES NO

() TRANSFER APPLICATION IF NO, WHY? _____

DISTRICT _____

BEDROOM SIZE _____

ELDERLY YES NO



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SEX OFFENDER POLICY

Sex Offender Policy

Effective February 7, 2015 it shall be the policy of the Spirit Lake Housing Corporation that any person required by Federal, Tribal or any State Laws to register as a sex offender, (as the term maybe defined by law from time to time), shall not be eligible to reside in any rental unit owned and operated by the Spirit Lake Housing Corporation. Furthermore, any person convicted of a sex related crime, State, Tribal or Federal shall not be eligible to participate in affordable housing activities implemented by the Spirit Lake Housing Corporation.

Notice to Tenant

The Board of Commissioners of the Spirit Lake Housing Corporation has adopted a policy declaring registered sex offenders ineligible to participate in any and all affordable housing activities administered by the Spirit Lake Housing Corporation.

Therefore: All tenants are hereby notified that if you or any member of your immediate house are required to register as a sex offender, your dwelling lease will not be renewed upon the expiration of your current lease agreement: (or ninety days from this published notification), whichever comes first. This policy shall be enforced whether or not the offender has actually registered with the applicable law enforcement agency as required by law.

Any current tenant or future tenant, who fails to disclose such information on their application, shall be subject to ineligibility or eviction procedures, whichever applies.