



SPIRIT LAKE HOUSING CORPORATION

P.O. Box 187

Phone: 701-766-4131 *** Fax: 701-766-4125

Fort Totten, North Dakota 58335

Spirit Lake Lodges / Lodges of Fort Totten

REQUIREMENTS FOR COMPLETION OF APPLICATION

Submit the following information when applying for S. L. Lodges.

1. Complete Application with all Documentation Attached and Signatures:
 - Copy of Social Security card for all members in household
 - Income Verification – Wages, Social Security, General Assistance, TANF, etc.
 - Custodial documentation – Brother/Sister, Niece/Nephew, Grandchildren
 - Current mailing address & phone number

2. Release of information Authorization Form:
 - Signature – Head of Household and all adult household members.
 - Social Security Number
 - Date of Birth

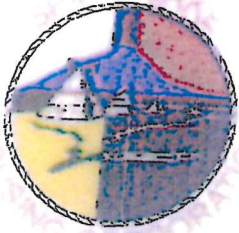
3. Application Checklist:
 - Check off items on list that are Attached to application
 - District Preference – Crowhill, Ft. Totten, St. Michael, Woodlake

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND YOU WILL NOT BE PUT ON WAITING LIST IF, ANY DOCUMENTATION IS MISSING.

UPDATE APPLICATION ANNUALLY & IF ANY CHANGES TO HOUSEHOLD or INCOME !

CALL THE HOUSING IF YOU HAVE ANY QUESTIONS REGARDING APPLICATION PROCESS

THANK YOU 😊



Spirit Lake Housing Corporation

PO Box 187

Phone 766-4131 Fax 766-4843

Fort Totten, North Dakota 58335

ATTENTION APPLICANTS

Please submit the following information when applying for a unit with the Spirit Lake Lodges/Lodges of Fort Totten.

Application for Admission Form:

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

- Social security numbers for all member of the household
- Verification of income
- Current address and telephone number
- Current Custody paperwork

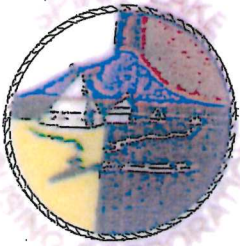
Authorization for Release of Information Form:

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.

ATTACH A COPY OF ALL INCOME VERIFICATION.



Spirit Lake Housing Corporation

1512 1st Ave N PO Box 1187
Phone 766-4034 Fax 766-4035
FARFORD, ND 58335

APPLICATION CHECKLIST

- 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. _____



Spirit Lake Housing Corporation

112 2nd Ave N. PO Box 187
Phone 766-4131 Fax 766-4125
Fort Totten, North Dakota 58335

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.

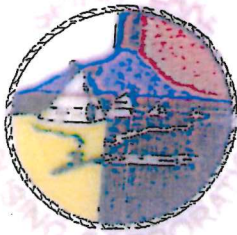
This may include rental history, financial and credit report, private or public benefit information, criminal activity reports, employment verification, medical or child care expenses, family composition, or handicapped assistance expenses.

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



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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.

3. List all checking and savings accounts (including IRA's, Keough accounts and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.

FAMILY MEMBER	FINANCIAL INSTITUTION	ACCOUNT NUMBER	TYPE OF ACCOUNT	CURRENT BALANCE

4. List value of all stocks, bonds, trust, pension contributions, or other assets: _____

5. Do you own a home or other real estates? _____

6. Did you have any assets in the last two years not listed? YES NO If yes, did you dispose of any assets for less than fair market value? (this means that the assets were either given away or sold at less than the allotted market value). What were the assets, the market value at the time of disposition, the amount received, and date you disposed of the assets?

Any assets listed as disposed of for less than fair market value in the two years proceeding the effective date of the certification or recertification, will be counted as assets if the difference between the value and the amount received exceeds \$1,000.00.

7. RESIDENTS STATEMENT: I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this application and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed (other than personal property). I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal Law.

Signature of Head of Household _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of Co-Tenant: _____ Date: _____