

#### 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.

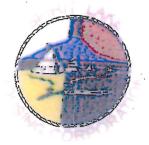
- 1. Complete Application with all Documentation Attached and Signatures:
  - Copy of Social Security card for all members in household
  - ▶ Income Verification Wages, Social Security, General Assistance, TANF, etc.
  - > Custodial documentation Brother/Sister, Niece/Nephew, Grandchildren
  - > Current 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 OF 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 CLICAN AND POBOXIEST Phone 766 MISE FOR 766 MISE FIRE TAKEN, 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.)
YOU APPL	IESE DOCUMENTS ARE <u>NOT</u> PROVIDED WITH YOUR ICATION, IT WILL BE CONSIDERED <u>INCOMEPLETE</u> AND <u>WILL NOT BE PLACED ON OUR WAITING LIST</u> . YOUR ICATION MUST BE UPDATED WHEN YOU HAVE ANY IGE IN YOUR HOUSEHOLD.
DISTRI	ICT PREFERENCE
1	
2	



DATE:

# Spirit Lake Housing Corporation

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

# RELEASE OF INFORMATION AUTHORIZATION

I/We authorize the above access	t to obtain in C	
I/We authorize the above agency pertinent to eligibility for participal	to obtain information about metion in assisted housing programs.	e or my household that
This may include rental history, fin criminal activity reports, employ composition, or handicapped assista	ment vertication madical on	public benefit informatio nild care expenses, fami
I/We agree this authorization may housing or rental assistance program	be photocopied and used in futur	e recertification for publi
If I/We do not sign this authorization be denied or terminated	n, I/We also understand that my/or	ur program assistance may
(Please make sure that signature is le	gible)	
Head of Household	Social Security Number	Date of Birth
Co-Head of Household		
Co-nead of Household	Social Security Number	Date of Birth
Other Adult Member of Household	Social Conview News	
31 110 25011010	Social Security Number	Date of Birth
Other Adult Member of Household	Social Security Number	Date of Birth
	=	Date of Billi
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 Coporation 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 Coporation. 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.

# APPLICATION FOR HOUSING SPIRIT LAKE LODGES/LODGES OF FORT TOTTEN

1. List all the occupants of the apartment/unit, the relationship (if any) of the various occupants, their ages, and indicate whether they are students. (For this purpose, a student is any individual who has been, or will be, a full-time student at an educational institution, with regular facilities and students, during five months of the previous or upcoming year, other than correspondenceschool).

	Occupant	Relationship	Social Security Number	Birth Date	Student
A			Number		Yes Or No
В					
С					
D	-				
E					
F					
Diagram					

2. Please answer each of the following questions. For each Yes answer provide the details in the chart below.

position details in the chair below.		
Is any member of your household employed, full-time, part-time, or seasonally?  Does any member of your household expect to work any period during the next twelve months?  Does any member of your household expect to work for someone who pays them in cash?  Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?	YES O O	0000
Does any member of your household now receive, or expect to receive unemployment benefits?  Does any member of your family now receive or expect to receive child support  Is any member of your household entitled to child support that he/she is not now receiving?  Does any member of your household now receive or expect to receive alimony payments?  Is any member of your household entitled to alimony payments that he/she is not now receiving?  Does any member of your household receive or expect to receive welfare assistance?  Does any member of your household receive or expect to receive Social Security benefits?  Does any member of your household receive or expect to receive income from a pension or annuity?  Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?  Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental	000000000000000000000000000000000000000	0 0000000000
· Property.		

For each type of income that household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.

FAMILY MEMBER	SOURCE/TYPE OF INCOME	ANNUAL INCOME

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 TYPE OF CURRENT BALANCE NUMBER ACCOUNT 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? OYES ONO 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:\_\_\_

Signature of Co-Tenant:\_\_\_\_\_\_ Date:\_\_\_\_\_\_