



## SPIRIT LAKE HOUSING CORPORATION

P.O. Box 187

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

Fort Totten, North Dakota 58335

### LOW RENTAL HOUSING

#### REQUIREMENTS FOR COMPLETION OF APPLICATION

*Submit the following information when applying for Low-Rental Housing*

1. Complete Application with all Documentation Attached and Signatures:

- Copy of Social Security card for all members in household
- Copy of Enrollment Certification for all members in household.
- Income Verification – Wages, Social Security, General Assistance, TANF, Oil Royalties, etc.
- Custodial documentation – Brother/Sister, Niece/Nephew, Grandchildren.
- Signature of Head of Household and Co-Applicant.

2. Release of information Authorization Form:

- Signatures for all Adult household members
- Social Security Numbers
- Date of Birth

3. Application Checklist:

- Check off items on list that are Attached to application
- District Preference – Crowhill, Fort 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

112 2<sup>nd</sup> Ave N. - P.O. Box 187

Fort Totten, ND 58335

Phone: 766-4131 - Fax: 766-4125

LOW RENTAL

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

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

**MAKE SURE AND SIGN ALL DOCUMENTS WHERE NEEDED.**



## Spirit Lake Housing Corporation

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

### 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. \_\_\_\_\_



# 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

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, handicapped assistance expenses and Tribal Certification.

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



# Spirit Lake Housing Corporation

PO Box 187  
Phone 766-4131 Fax 766-4843  
Fort Totten, North Dakota 58335

## SEX OFFENDER POLICY

### Sex Offender Policy

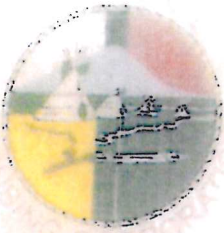
Effective February 7, 2015 it shall be the policy of the Spirit Lake Housing Corporation that any person required by Federal, Tribal or any State Laws to register as a sex offender, (as the term maybe defined by law from time to time), shall not be eligible to reside in any rental unit owned and operated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



Spirit Lake Housing Corporation  
112 2nd Ave N • PO Box 187  
Fort Totten, North Dakota 58135  
Phone 756-4131 • Fax 756-4545


**SPIRIT LAKE HOUSING CORPORATION  
RESOLUTION NO. #15-02**

- WHEREAS;** the Spirit Lake Housing Corporation Board of Commissioners (the BOC) is duly constituted governing body of the Spirit Lake Housing Corporation (formally known as the Spirit Lake Housing Authority and /or the Fort Totten Housing Authority). Exercising the powers delegated to it by the Spirit Lake Tribal Council pursuant to Resolution No. A05-89-030; and
- WHEREAS;** the Spirit Lake Housing Corporation is a tribally designated housing entity which receives funding from the United States Department of Housing and Urban Development (HUD) pursuant to the Native American Housing Assistance and Self Determination Act of 1966 (25 USC404 et seq.); and
- WHEREAS;** the Spirit Lake Housing Corporation (SLHC) Board of Commissioners is a duly selected and recognized body of the Spirit Lake Sioux Tribe; and
- WHEREAS;** the Spirit Lake Housing Corporation has fully discussed the revision of the SLHC Admissions and Eligibility Policy (Master Requirements) the Sex Offender Policy and amends the A & E policy; and

**NOW THEREFORE BE RESOLVED,** the SLHC Board of Commissioners has by resolution approves and adopts the revision of the SLHC Admissions and Eligibility Policy (Master Requirements) Sex Offender effective February 07, 2015.

**CERTIFICATION**

I, the undersigned as secretary of the Spirit Lake Housing Corporation do hereby certify that the Board of Commissioners is composed of 5 members of whom (4) were present, comprising a quorum for a special meeting which was duly called and convened on the 07th day of February, 2015 and approved this resolution by an affirmative vote of (3) three, (0) zero opposed, (0) zero abstaining, and (1) one absent (Chairman votes only in the case of a tie).

  
\_\_\_\_\_  
**John Tollefson/Chairperson**  
**Board of Commissioners**  
**Spirit Lake Housing Corporation**

  
\_\_\_\_\_  
**Joan Black /Secretary**  
**Board of Commissioners**  
**Spirit Lake Housing Corporation**