



## Trail County Housing Authority

16 West Caledonia | PO Box 369 | Hillsboro, ND 58045  
Phone & Fax: (701) 436-5785 TDD No. (701) 282-3443  
Email: tcha58045@rrv.net

Dear Current Applicant:

Attached to this letter you will find various forms used to make application with the Traill County Housing Authority. Please take the time to read over this letter carefully to determine which action you must take.

**It is very important that you complete each item that is requested as we cannot process your application without this information.** If you should have any questions, please feel free to contact this office at (701) 436-5785 or email tcha58045@rrv.net.

**Step #1:** Complete the attached Application Form. Make sure you answer each question to the best of your ability.

**Step #2:** Complete the “Federal Privacy Act Statement.” Please read this over carefully. The Federal Privacy Act requires the Housing Authority to have a copy of the following documents for each family member: Social Security Card, Driver’s License or Picture ID, and Birth Certificate for each child under the age of 18.

**Step #3:** Complete and sign the Authorization for the Release of Information Form.

**Step #4:** Complete and sign the Student Certification Form.

**Step #5:** Read and sign the “Debts Owed to Public Housing Agencies and Terminations” form. This form informs you of the information that the Housing Authority is required to provide HUD, who will have access to this information, how this information is used, and your rights.

**Step #6:** Read the “What you Should Know About EIV” form provided by the RHIIP. This form informs you that we have access to Social Security Administration data and employment information data that we will use to determine your rent.

**Step #7:** Read the “Supplement to Application for Federally Assisted Housing.” If you would like to name a person or organization to assist you in providing any special care or services, please complete this form.

**Step #8:** Return all forms to the Housing Authority office. If you do not return all of the attached forms, your application cannot be considered valid and will be returned to you.

Sincerely,

Deb Johnson  
Program Manager





# INCOME

HEAD OF HOUSEHOLD

OTHER ADULT HOUSEHOLD MEMBER(S)

<u>Income Type</u>	<u>Amount per month</u>	<u>Income Type</u>	<u>Amount per month</u>
Wages	\$ _____	Wages	\$ _____
Social Security	\$ _____	Social Security	\$ _____
SSI	\$ _____	SSI	\$ _____
Unemployment	\$ _____	Unemployment	\$ _____
Child Support	\$ _____	Child Support	\$ _____
TANF	\$ _____	TANF	\$ _____
Pension	\$ _____	Pension	\$ _____
National Guard	\$ _____	National Guard	\$ _____
Worker's Comp.	\$ _____	Worker's Comp.	\$ _____
Other Income	\$ _____	Other Income	\$ _____

# ASSETS

Do you NOW own a home, land, or real estate? No ( ) Yes ( ) Value: \$ \_\_\_\_\_

Do you receive income from any rental property? No ( ) Yes ( ) Monthly Amount: \$ \_\_\_\_\_

Have you disposed of any assets during the past two years prior to the date of this application? No ( ) Yes ( )

If YES, please explain:

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<u>Asset Type</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>	<u>Name on Account</u>
Checking Account		\$ _____	
Savings Account		\$ _____	
Mineral/Oil Rights		\$ _____	
IRA/401(k)/Trust Fund		\$ _____	
Stocks/Bonds		\$ _____	
Life Insurance		\$ _____	

The Traill County Housing Authority has one waiting list on which your name can be placed. This is the Section 8 list, this list enables you to go out into the open market and find your own apartment and we will subsidize your rent.

Are you applying for status as an eligible household for elderly housing where the head or spouse is 62 years of age, disabled or handicapped? If yes, you will receive a \$400.00 medical deduction.

Yes \_\_\_\_\_ No \_\_\_\_\_

Would you or any member of your family like to have a handicapped-accessible apartment? (Public Housing applicants only)

Yes \_\_\_\_\_ No \_\_\_\_\_

**The Housing Authority will give priority to families from the waiting list in accordance with the following Local Preferences. Check the item(s) that apply to you.**

\_\_\_\_\_ 1. Families of federally declared disasters who are Section 8 voucher holders or public housing residents in another jurisdiction.

\_\_\_\_\_ 2. Resident of North Dakota.

A family who has continuous permanent residency in the State of North Dakota from the time of application to the time of admission. If a family claims a local preference after the initial application date, the preference will be granted as of the date and time the preference is verified. The acceptable forms of verification will be current ND ID, lease or utility bill.

#### **IV. CHILDCARE**

Monthly amount paid out for child care while you work or go to school. \_\_\_\_\_

#### **V. CRIMINAL HISTORY**

- Is any member of the household listed on this application subject to a lifetime sex offender registration requirement in ANY state? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Have you or anyone in your household ever been charged with, or convicted of, ANY crime? Failure to report complete criminal history will result in denial of assistance.

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain in **DETAIL** below. (Please include crime, state, month and year)

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## VI. RESIDENCE HISTORY

Present Landlord \_\_\_\_\_

His/Her Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number for landlord \_\_\_\_\_

How long have you lived here? \_\_\_\_\_ No. of bedrooms \_\_\_\_\_

Monthly rent \_\_\_\_\_ Estimated cost for utilities \_\_\_\_\_

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Previous Landlord \_\_\_\_\_

His/Her Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number for landlord \_\_\_\_\_

How long did you lived there? \_\_\_\_\_ No. of bedrooms \_\_\_\_\_

Monthly rent \_\_\_\_\_ Estimated cost for utilities \_\_\_\_\_

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Previous Landlord \_\_\_\_\_

His/Her Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number for landlord \_\_\_\_\_

How long did you lived there? \_\_\_\_\_ No. of bedrooms \_\_\_\_\_

Monthly rent \_\_\_\_\_ Estimated cost for utilities \_\_\_\_\_

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List ALL STATES in which members of this application have resided.

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Are you currently, or have you ever, lived in low income housing or received rent subsidy?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where?

Housing Authority \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I understand that this is not a contract and does not bind either party. I certify under penalty of law that the above information is full, true, and complete to the best of my knowledge. I agree to immediately inform the Housing Authority of any change in income, resources, number of persons in my household, etc. which might affect my eligibility for housing.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**



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## **AUTHORIZATION FOR THE RELEASE OF INFORMATION**

**Date:** \_\_\_\_\_

I/We authorize the above named 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 reports, 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 the future for 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.

\_\_\_\_\_  
HEAD OF HOUSEHOLD

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CO HEAD OF HOUSEHOLD

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
OTHER ADULT HOUSEHOLD MEMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER





# DECLARATION OF CITIZENSHIP

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am (check one that applies) \_\_\_\_\_ a citizen of the United States \_\_\_\_\_ a noncitizen of the United States with eligible immigration.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Head of Household**

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am (check one that applies) \_\_\_\_\_ a citizen of the United States \_\_\_\_\_ a noncitizen of the United States with eligible immigration.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Spouse/Other Adult Member**

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## COMPLETE THIS SECTION FOR ALL MEMBERS UNDER THE AGE OF 18

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am (check one that applies) \_\_\_\_\_ a citizen of the United States \_\_\_\_\_ a noncitizen of the United States with eligible immigration.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian of**

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am (check one that applies) \_\_\_\_\_ a citizen of the United States \_\_\_\_\_ a noncitizen of the United States with eligible immigration.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian of**

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am (check one that applies) \_\_\_\_\_ a citizen of the United States \_\_\_\_\_ a noncitizen of the United States with eligible immigration.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian of**

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am (check one that applies) \_\_\_\_\_ a citizen of the United States \_\_\_\_\_ a noncitizen of the United States with eligible immigration.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian of**

