

# McHenry / Pierce County Housing Authority

HUD Section 8 Housing Choice Voucher Program Administered by:  
Minot Housing Authority, 108 Burdick Expressway East, Minot, ND 58701-4434  
Telephone (701) 852-0485 ND-Toll Free 1-877-478-3141 NDRELAY 1-800-366-6889  
FAX: 701-852-3043 Website: [www.minothousing.com](http://www.minothousing.com)

"The mission of McHenry / Pierce County Housing Authority (McHP) and Minot Housing Authority (MHA) are to provide quality, affordable housing opportunities and promote maximum independence in our community's lower income families, elderly, and persons with disabilities." McHP and MHA are Equal Housing Opportunity Agency's and do not discriminate on the grounds of race, color, familial status, national origin, religion, creed, gender, age, or disability.

## Application for Housing Assistance (McHenry & Pierce Counties)

### General Information

*(Read this document carefully, complete all areas, sign, date, and return to Minot Housing Authority)*

**Initial Appointment:** When properly completed and received at MHA, an application will be entered into the system by date / time stamp within the HUD Section 8 Housing Choice Voucher Waiting List based on preference priorities that are established for the list. When your application has been entered into our Waiting List system, you will be notified by mail.

Later, when you receive notification from MHA that housing assistance may be available, you must make an appointment within ten (10) days from the date of the letter to begin the eligibility / verification process (Initial Appointment). If you do not respond to the notice, your application will be deactivated and closed - you must then reapply. The applicant will have two basic choices to complete the interview process. They may come to the MHA office in person, or they may do the interview by mail.

*For those choosing to come to the MHA office to do the Initial Interview, the following applies:*

**No Show for Initial Appointment:** If the applicant is a "no show" for his/her scheduled appointment, your application will be removed from the system and deactivated. The applicant must re-apply.

**Rescheduled Initial Appointment:** An applicant must notify MHA prior to the time of Initial Appointment if it is necessary to cancel or reschedule. A new appointment must be rescheduled within five (5) working days of the Initial Appointment.

*For those choosing to do their Initial Interview by mail, the following applies:*

**Timely Receipt of Materials:** MHA will mail all materials necessary to the applicant upon receiving the Initial Appointment request. The applicant may use our toll free number to answer any questions they may have. If the completed materials are not received back in our office within 14 days of their original mailing, the applicant will be removed from the system and deactivated. The applicant must re-apply.

*The following applies to all applicants:*

**Documentation Required at the Time of Initial Appointment:** The applicant must bring Social Security and SSI documentation for **each member** of the household at the Initial Appointment. A photo ID is required of all adults age 18 or over in the household and a birth certificate for all minors (under 18 years of age). If the applicant does not have the necessary documents for verification at the Initial Appointment, the applicant must submit them within ten (10) days. If not, the applicant will be removed from the system; the application will be deactivated, and the applicant must re-apply.

**Ineligibility for Drug-Related and Criminal Activity:** If any household member commits, or has committed drug-related criminal activity, or violent criminal activity, within the last **three** (3) years prior to being notified of selection, the family will be denied assistance. Other criminal activities, criminal offenses, or "patterns" of criminal behavior may be cause for denying assistance from one (1) year up to and including life-time.

*I have read and understand this policy.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Application for Housing Assistance (McHenry & Pierce Counties)

*This application will be made in alternate formats upon request.*

*Please print legibly*

Name: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

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

LIST YOURSELF AND ALL FAMILY MEMBERS AND PERSONS THAT WILL LIVE IN THE ASSISTED DWELLING

Legal Names PLEASE PRINT	Relation To Head	Sex	Age	Date of Birth	Social Security Number	Place of Birth City / State
	HEAD					

*(Answering this question is voluntary)*

Do you have a caseworker? ☐ Yes ☐ No

If yes, please list name, agency and phone number: \_\_\_\_\_

**HEAD OF HOUSEHOLD ONLY -- PLEASE PUT AN "X" IN THE BOX BY ANY CATEGORY BELOW THAT APPLIES TO YOU.**

<input type="checkbox"/> Elderly Family  <input type="checkbox"/> Disabled  <input type="checkbox"/> Handicapped	<p style="text-align: center;"><b>RACE</b></p> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <p style="text-align: center;"><b>ETHNICITY</b></p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Immigrant ** <input type="checkbox"/> Non-Immigrant/Student ** <input type="checkbox"/> Non-Immigrant Alien **  <b>** If you checked one of these, you must attach verification.</b>
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PRIVACY ACT NOTICE: The information requested in this form is to be used by the Department to determine maximum income for eligibility, recommended Unit size and the amount of the individual contribution to be made by the applicant. It will not be disclosed outside the Department except as required and permitted by law. You do not have to give us this information. However, failure to do so may result in delay or rejection of program benefits. Authority for collection of this information is Section 7(d) of 42 U.S.C., 3535(d); Section 5(b) of the U.S. Housing Act of 1937 (42 USC 1437f).

**The McHenry / Pierce County Housing Authority is an Equal Housing Opportunity Agency and does not discriminate on the grounds of race, color, familial status, national origin, religion, creed, gender, age, or disability.**



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Determination of eligibility is based in part on household income from all household members age 18 or over, plus benefits and other non-earned income paid directly to, or on behalf of minors and full-time students. Please complete the following:

#### Income:

What is the total gross income for all members of your household who are 18 or over? Circle one: **Annually** or **Monthly**

Amount: \$ \_\_\_\_\_

*(Total income includes all money earned from employment, and any unearned income from Social Security, SSI, unemployment benefits, pensions, child support, public assistance, Veteran benefits, Workmen's Compensation, money contributions, or any other source of income. Also include benefits and other non-earned income paid directly to, or on behalf of minors and full-time students.)*

#### Source of Income:

Are you or any member of your family receiving any of the following?

If yes, total amount per month

Social Security	[ ] No	[ ] Yes	\$ _____
SSI	[ ] No	[ ] Yes	\$ _____
Wages	[ ] No	[ ] Yes	\$ _____
Unemployment	[ ] No	[ ] Yes	\$ _____
Child Support	[ ] No	[ ] Yes	\$ _____
Workers Compensation	[ ] No	[ ] Yes	\$ _____
TANF	[ ] No	[ ] Yes	\$ _____
VA Benefits	[ ] No	[ ] Yes	\$ _____
Railroad Pension	[ ] No	[ ] Yes	\$ _____
Other Pensions	[ ] No	[ ] Yes	\$ _____
National Guard	[ ] No	[ ] Yes	\$ _____
Babysitting	[ ] No	[ ] Yes	\$ _____
Money Contributions	[ ] No	[ ] Yes	\$ _____

Other (explain source(s) of income and amount per month) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### Assets:

Does any family member have the following?

Own Home	[ ] No	[ ] Yes	If yes, what is the value?	\$ _____
Own Rental Property	[ ] No	[ ] Yes	If yes, what is the monthly income?	\$ _____
Checking Account	[ ] No	[ ] Yes	If yes, what is the average balance?	\$ _____
Savings Account	[ ] No	[ ] Yes	If yes, what is the current balance?	\$ _____
CD	[ ] No	[ ] Yes	If yes, what is the total amount?	\$ _____
Burial Fund	[ ] No	[ ] Yes	If yes, what is the total amount?	\$ _____
Mineral Rights	[ ] No	[ ] Yes	If yes, what is the yearly income?	\$ _____
IRA	[ ] No	[ ] Yes	If yes, what is the total amount?	\$ _____
Stocks / Bonds	[ ] No	[ ] Yes	If yes, what is the total amount?	\$ _____
Trust Fund	[ ] No	[ ] Yes	If yes, what is the monthly income?	\$ _____
Life Insurance	[ ] No	[ ] Yes	If yes, what is the cash value?	\$ _____

Other (explain the asset(s) and indicate the value or earnings received per month) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



### APPLICANT / TENANT CERTIFICATION

I / We:

- Do hereby swear and attest that **all of the information** given in this application **is true and correct** to the best of my/our knowledge and belief; and
- Understand that **all changes** in the income of any adult member of the household as well as **any changes** in the quantity or makeup of household members must be reported to Minot Housing Authority (MHA) in **WRITING IMMEDIATELY**; and
- Agree to give MHA the right to investigate any reference or income sources necessary to determine eligibility, including criminal background checks; and
- Have read and understand the above conditions and policy.

**Signatures of ALL adults age 18 or over living in the household:**

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

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

\_\_\_\_\_  
*Signature of Spouse*

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

\_\_\_\_\_  
*Signature of Other Adult*

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

\_\_\_\_\_  
*Signature of Other Adult*

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

McHenry / Pierce Housing Authority and Minot Housing Authority provide housing assistance programs designed to assist moderate and low-income families. Department of Housing and Urban Development (HUD) regulations require that public housing agencies (PHA's) provide assistance based on *income-targeting*. This applies only to new admissions and begins anew each fiscal year.

**Section 8 Housing Choice Voucher Program, the "75/25 Rule":** A minimum of 75 percent of families admitted to the program cannot exceed the 30 percent income limit. Likewise, a maximum of 25 percent of families admitted cannot exceed the 50 percent income limit.

Income limits are established by HUD and adjusted from time to time. Many variables affect a family's adjusted income. During the interview and verification process, an Occupancy Specialist will make a final determination of income. However, the following table may assist you in pre-determining your possible eligibility.

*Income Limits table effective March 28, 2016 for McHenry & Pierce Counties.  
HUD has established that the median family income is \$63,000/64,900 respectively for a family of four.*

<u>Household Members</u>	<u>30% Income Limit</u>	<u>50% Income Limit</u>
1	\$ 15,450	\$ 41,200
2	17,650	47,050
3	20,160	52,950
4	24,300	58,800
5	28,440	63,550
6	32,580	68,250
7	36,730	72,950
8	40,890	77,650

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

End of Application

