



Thank you for your interest in our Housing Programs. This letter is written to provide you with information on our application process and our waiting list procedures.

APPLICATION PROCESS

1. When filling out the application form it is very important that all questions on the application are answered. When a signature is required, all members of the household who are 18 years of age or older must sign. When the application is returned to our Office, the application will be reviewed for completeness. **If it is not completely filled out and signed by all household members 18 years of age or older, the application will be returned to you.** This will delay the application process.
2. All applicants are required to provide their residence history for the last two years. When completing the Residence History portion of the application, you **must provide** the following:
 - a. City, State and street address of **all** places you have stayed during the last two years.
 - b. Complete name and **complete mailing address** of **all** Landlords you have rented from during the last two years.
 - c. First name, last name, relationship and complete mailing address of any friends or relatives with whom you have lived with during the last two years.
 - d. If you have lived in public housing or received rental assistance at **any time** in the past, the name and address of the agency that you received assistance from must be provided.
3. Please fill out the application **legibly**. If we cannot read the information provided, we will be unable to process the application and it will be returned to you.
4. All adults listed on the application form are required to provide copies of his/her Social Security card and current driver's license or picture ID.
5. A birth Certificate and Social Security card for all minor children under 18 years of age.

If you have any questions regarding the information requested on the application form or if you need assistance in completing the application form, please contact our Office at 701-572-2006 or stop by our Office. We are open from 9:00 a.m. to noon and 1:00 p.m. to 4:00 p.m. (CST) Monday through Friday.

WAITING LIST PROCEDURES

All qualifying applicants are placed on the waiting list according to the date and time the application is complete. **It is extremely important that you notify us, preferably in writing, if your mailing address or your phone number changes.**

When we anticipate an opening, we will contact the applicant to set up a "call up" appointment. The appointment will consist of gathering income information, asset information, information to complete a background check, etc. If we are unable to contact you at the mailing address you have provided to us and our letter is returned to us, we will assume you no longer need housing, your application will be canceled and your name will be removed from our waiting list.





THE HOUSING AUTHORITY OF THE CITY OF WILLISTON

1801 - 8th Ave. West #50
Williston, ND 58801-3462

Phone: (701) 572-2006
Fax: (701) 572-3574
TTY: 1-800-366-6888

APPLICATION FOR PUBLIC HOUSING AND RURAL DEVELOPMENT UNITS

For Office Use Only		
Date Received		
Time Received		
ARS	YES	NO

The Housing Authority of the City of Williston does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. If you are disabled, or have difficulty completing this application, please advise us of your needs when you receive this application or call to schedule assistance. Our phone number is (701) 572-2006. Accessible interviewing will be made available. If you have a hearing impairment and need assistance with this application, the statewide TTY link can be used. The TTY link number is 1-800-366-6888.

THIS APPLICATION MUST BE FILLED OUT COMPLETELY TO BE ACCEPTED FOR PROCESSING. INCOMPLETE APPLICATIONS WILL BE RETURNED AS UNACCEPTED. PLEASE WRITE OR PRINT LEGIBLY. IF WE CANNOT READ YOUR WRITING, WE CANNOT PROPERLY PROCESS YOUR APPLICATION.

LIST ALL OCCUPANTS OF THE APARTMENT

APPLICANT CONTACT # _____

OCCUPANT	RELATIONSHIP	SEX (elective)	SOCIAL SECURITY #	BIRTH DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PLEASE ANSWER THE FOLLOWING QUESTIONS. FOR EACH "YES" ANSWER PROVIDE THE DETAILS IN THE CHART BELOW

	YES	NO
Is any member of your household a military veteran?	_____	_____
Is any member of your household a student enrolled at an institution of higher education?	_____	_____
Is any member of your household employed? (Full-time, Part-time, Seasonal, Self-Employed)	_____	_____
Does any member of your household expect to work during the next twelve months?	_____	_____
Does any member of your household work for someone who pays them cash?	_____	_____
Is any member of your household on leave of absence from work?	_____	_____
Does any member of your household receive <u>or</u> expect to receive the following during the next 12 months?	_____	_____
Unemployment benefits	_____	_____
Disability benefits or Workers Compensation	_____	_____
Child Support or Alimony	_____	_____
Is any member of your household entitled to child Support or Alimony they are not receiving	_____	_____
Public Assistance (TANF) or Tribal General Assistance	_____	_____
Social Security, SSI Benefits, Dual Entitlement, etc.	_____	_____
Income from a Pension or Annuity	_____	_____
Regular contributions from an outside person/source	_____	_____
Rental income (property, land, etc.)	_____	_____
Mineral Lease or Royalty payments	_____	_____
<u>Any</u> income not listed above	_____	_____

For each type of income your household receives, list the source of income, source name & address and the amount expected from that source during the next 12 months

FAMILY MEMBER	SOURCE OF INCOME-NAME & ADDRESS	ANNUAL INCOME	SCHOOL ATTENDED NAME & ADDRESS

The Housing Authority of the City of Williston does not discriminate because of race, color, national origin, religion, sex, family status, age or disability.



List Financial Accounts of all household members. (Checking, Savings, CD's, IRA's, Keogh Accounts, Mutual Funds, Annuities, Trust Accounts, Pension Accounts, Life Insurance Policies, Burial Accounts, Stocks/Bonds)

FAMILY MEMBER	FINANCIAL INSTITUTION	TYPE OF ACCOUNT	CURRENT BALANCE
		CHECKING	
		SAVINGS	
		DEBIT CARD ACCT	

Do you own a home or other real estate Yes _____ No _____ If yes, please provide information below

Did you have any assets in the last two (2) years not listed above? Yes _____ No _____

If yes, did you dispose of any assets for less than fair market value? Yes _____ No _____

Please list the type of assets – the Market Value – the amount received – the date you disposed of the assets:

AN ELDERLY HOUSEHOLD IS ONE IN WHICH THE HEAD, CO-HEAD OR SOLE MEMBER IS 62 OR OLDER, HANDICAPPED OR DISABLED. SUCH HOUSEHOLDS QUALIFY FOR A \$400 DEDUCTION IN COMPUTINT RENT.

WOULD YOU LIKE TO APPLY FOR THIS DEDUCTION? Yes _____ No _____

EXPENSES	VERIFICATION INFORMATION	AMOUNT
CHILDCARE EXPENSES: age 12 or under) for childcare necessary to enable a family member to work, seek employment or further their education		
DISABILITY ASSISTANCE: attendant care/auxiliary apparatus for care necessary to enable a family member to work		
ELDERLY FAMILIES ONLY: head, spouse or co-head, age 62 or over or handicapped or disabled	VERIFICATION INFORMATION	AMOUNT
Health Insurance/Long Term Care Insurance Premiums		
Out of pocket medical expenses		
Other out of pocket medical expenses		
Dental/optical/hearing expenses		

Do you have a motor vehicle? _____ Make/Year _____ License Number _____

Do you have a 2nd vehicle? _____ Make/Year _____ License Number _____

RESIDENCE HISTORY: (From the last two years) – List where you have lived. If you rented, give the landlord’s full name and complete mailing address. If you have lived with a family member or friend, give the individual’s full name and complete mailing address. BE SURE YOU COVER THE ENTIRE LAST TWO YEARS OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL BE RETURNED TO YOU.

Current Residence Address: _____ **Dates at this address:** From: _____ To: _____
 Landlord’s **Full** Name: _____
 Landlord’s Address: _____ **Phone Number:** _____

Previous Residence Address: _____ **Dates at this address:** From: _____ To: _____
 Landlord’s **Full** Name: _____
 Landlord’s Address: _____ **Phone Number:** _____

Previous Residence Address: _____ **Dates at this address:** From: _____ To: _____
 Landlord’s **Full** Name: _____
 Landlord’s Address: _____ **Phone Number:** _____

Current Residence Address: _____ **Dates at this address:** From: _____ To: _____
 Landlord’s **Full** Name: _____
 Landlord’s Address: _____ **Phone Number:** _____

Are you now, or have you ever lived in a Federally Subsidized Housing Unit? Yes _____ No _____

Name of Complex: _____ Address: _____

Name of Manager: _____ Phone #: _____

Has assistance for tenancy in a Subsidized Housing Program ever been terminated? Yes _____ No _____

If yes, please explain: _____

Did you leave a balance owing? Yes _____ (Amount) _____ No _____

FEDERAL LAW REQUIRES US TO VERIFY DRUG AND CRIMINAL BACKGROUND AND SEX OFFENDER REGISTRATION INFORMATION FOR ALL ADULT HOUSEHOLD MEMBERS APPLY FOR ASSISTED HOUSING. TO ENABLE US TO DO THIS, EACH HOUSEHOLD MEMBER AGE 18 OR OVER MUST ANSWER THE FOLLOWING QUESTIONS AND SIGN BELOW TO CONSENT TO A BACKGROUND CHECK. **EACH HOUSEHOLD MEMBER AGE 18 OR OVER MUST COMPLETE A SEPARATE FORM.** THE QUESTIONS ASK ABOUT DRUG RELATED AND OTHER CRIMINAL ACTIVITY THAT COULD ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF OTHER RESIDENTS. WILLISTON HOUSING AUTHORITY WILL DENY THE APPLICATION OF ANY APPLICANT WHO DOES NOT PROVIDE COMPLETE AND ACCURATE INFORMATION ON THIS FORM OR DOES NOT CONSENT TO A BACKGROUND CHECK.

Have you been evicted from a Federally Assisted site for drug-related criminal activity? Yes _____ No _____
(If yes, provide date and explanation): _____

Do you currently use illegal drugs or abuse alcohol? Yes _____ No _____

Are you or any member of the household subject to a registration requirement under any state sex offender registration program?
Yes _____ No _____

Have you been convicted of any drug related crime? Yes _____ No _____

Have you been convicted of any felony? Yes _____ No _____

Have you been convicted of any crime involving fraud or dishonesty? Yes _____ No _____

Have you been convicted of any crime involving violence? Yes _____ No _____

Are you currently charged with any of the listed criminal activities? Yes _____ No _____

Provide details for each "Yes" answer listed above: _____

List all states in which you or any household member has lived: _____

Have you used any other name? Yes _____ No _____
If yes please list _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize _____ to verify the above information and I consent to the release of the criminal records and/or sex offender registration information to Williston Housing Authority, or to an agency contracted by Williston Housing Authority to conduct criminal background checks. **THIS CONSENT IS VALID FOR 15 MONTHS FROM THE DATE IT IS SIGNED.**

Applicant's Signature _____ Date _____

Applicant's Name (Please Print) _____

Date of Birth _____ SS # _____

SPECIAL UNIT REQUEST

Are you requesting a reasonable accommodation? Yes _____ No _____

If you are requesting a reasonable accommodation, verification that you qualify for the accommodation will be required. Please ask for a Reasonable Accommodation form.

APPLICANT CONTACT INFORMATION

Address	City	State	Zip
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Home Phone	Cell Phone	Work or Secondary Phone
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Email Address

HOW DID YOU HEAR ABOUT US? _____

HOUSING SHALL BE MADE AVAILABLE WITHOUT REGARD TO ACTUAL OR PERCEIVED SEXUAL ORIENTATION, GENDER IDENTITY OR MARITAL STATUS.

APPLICANT'S 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 income and 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 to the my/our knowledge and belief and are aware that false statements are punishable under Federal Law. The applicant does not have to sign the consent if it is not clear who will provide or who will receive the information.

Signature of Head of Household _____ Date _____

Signature of Spouse or Co-Tenant _____ Date _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any Department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security Number are contained in the Social Security Act of **208 (A) (6), (7) and (8). **Violations of these provisions are cited as violations of 42 USC 408 (A), (6), (7) and (8). This consent is valid for 15 months from the date it is signed.

APPLICANT CERTIFICATION

I/We certify that all information given to the Williston Housing Authority regarding the household, including income, net family assets, allowances, deductions, household composition, residence history and prior Housing Assistance is accurate and complete to the best of my/our knowledge and belief. I/We understand that false or incomplete statements or information are punishable under Federal law. I/We understand that false or incomplete statements or information are grounds for denial of assistance, termination of housing assistance, and termination of tenancy.

I/We understand if I/We become a tenant of the Williston Housing Authority and should move, owing money to the Williston Housing Authority, my/our name(s) will be placed on a bad-debt listing, which will be forwarded to other housing authorities.

_____	_____	_____	_____
Head of Household	Date	Co-Head of Household	Date
_____	_____	_____	_____
Other Adult	Date	Other Adult	Date

Contact our Office in writing with any change of address and/or phone number. If the Housing Authority is unable to contact you at the mailing address you have provided and an offer for housing assistance is returned because of an incorrect address, your name will be removed from the waiting list.

*After verification by the Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary). See the Federal Privacy Act Statement for more information about its use.

DISCLOSURE NOTICE

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, which Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but you are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

This information is being requested for statistical purposes and to comply with equal opportunity and fair housing legislation.

Is the head of household:

Is the head of household:

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

- _____ Hispanic or Latino
- _____ Not Hispanic or Latino

Is the head of household Male _____ Female _____

Is the co-head of household Male _____ Female _____

We do business in accordance with the Federal Fair Housing Law. It is illegal to discriminate against any person because of race, color, national origin, religion, sex, family status, age, or disability.

SUPPLEMENT & OPTIONAL CONTACT INFORMATION FOR HUD-FEDERALLY ASSISTED HOUSING APPLICANTS

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number and other relevant information of a family member, friend or social, health, advocacy or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove or change the information you provide ON THIS FORM AT ANY TIME. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone #:	Cell Phone #:
Name of Additional Contact Person or organization:	
Address:	
Telephone #:	Cell Phone #:
Email Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (check all that apply)		
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other	
<input type="checkbox"/> Termination of rental assistance		

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for Federally Assisted Housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5, 105, including the prohibitions on discrimination in admission to or participation in Federally Assisted Housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

If you choose not to provide the contact information – check here _____

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget, OMB, under the Paperwork Reduction Act of 1993 (44 U.S.C. 3501-3520). The public reporting Burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Section 5454 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number and other relevant information of a family member, friend or person associated with a social health, advocacy or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any deliver services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information except the Social Security Number (SSN) which will be used by HUD to protect disbursement data from fraudulent actions.