Morton County Housing Authority

P.O. Box 517 - 1500 3rd Avenue NW

Mandan, North Dakota 58554

Dear Applicant:

Attached to this letter you will find various forms used to make an application with the Morton County Housing Authority. Please 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 free to contact our office at (701)663-7494 or email ashton@ndwriverhousing.com.

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

Step #2: Complete and sign the Authorization for the Release of Information Form. Each adult applicant must sign this form.

Step #3: Complete the Declaration of Citizenship Form. This form must be completed by all applicants.

Step #4: Complete the "Authorization for the Release of Information/Privacy Act Notice." 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 and Birth Certificate for all members of the household. A Driver's License or Photo ID is required for all adult members age 18 and over.**

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: Complete the Request for Background Check. This form must be signed by all applicants age 18 and over.

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 and 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 and documents, your application cannot be considered valid and we will not be able to review the application.

Sincerely,

Rick Horn

Management Agent / Director



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to $10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(**Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Morton County Housing Authority

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APPLICATION FORM

Complete each question and sign on the back page. Please print or type. **Promptly Report any Change in Address and Phone Number in Writing:** we do not take address changes over the phone. If a letter or correspondence is returned to our office because of an incorrect address, your name could be removed from all waiting lists.

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

APPLICANT – Full Name

You must use the correct legal name for each member of your household as it appears on your social security card.

Name of Head of Household _____
First Middle Last

Maiden or other names used: _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Email _____

I (am) ___ (am not) ___ a permanent resident of the State of North Dakota.

HOUSEHOLD COMPOSITION

Name of Family Member	Relation to Head	Sex (M/F)	Date of Birth	Social Security #	Full Time Student Yes or No
1	Head				
2					
3					
4					
5					
6					
7					
8					

List Name and address of Absent Parent(s):

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

MINORITY CODE: Check one (used for statistical purpose only)

A. Race: White _____ (non-minority) Asian or Pacific Islander _____

B. Are you of Hispanic background? ____ YES ____ NO

C. Are you enrolled as a student of higher education? ____ YES ____ NO

D. Drivers License (For **ALL** adults): **State** _____ **Number** _____

State _____ **Number** _____

1. Is the Head of household or spouse 62 years of age, disabled, or handicapped? If yes, you will receive a medical deduction. Yes _____ No _____

2. Are you or is anyone in your household between the ages of 18-61 and disabled? Yes _____ No _____

3. Do any of the household members with disabilities need a reasonable accommodation? Yes ____ No_____

4. Does anyone outside of your household pay for any of your bills? Yes _____ No _____

If yes, please explain source and amount? _____

5. Is Any member of the household listed on this application currently a registered sex offender, or is currently subject to registration, in ANY state? Yes _____ No _____

6. Has any member of the household listed on this application been evicted from federally assisted housing for drug related criminal activity? Yes _____ No _____

7. Has any member of the household listed on this application been convicted of felonious use / possession of drugs? Yes _____ No _____

8. Has any member of the household listed on this application been committed a violent criminal act?
Yes _____ No _____

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

_____

_____

_____

9. Are you currently, or have you ever, lived in low income or federally subsidized housing before?
Yes _____ No _____

If yes, when and where? _____

10. Has any member of the household listed on the application ever violated a previous family obligation in connection with a HUD program? Yes _____ No _____

11. Does any member of your household owe money to a Public Housing Authority? Yes ____ No ____

If yes, where? Housing Authority _____ City _____ State _____

12. Has any member of your household ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program?
Yes _____ No _____

If yes, where? Housing Authority _____ City _____ State _____

13. Have you disposed of or given away any assets such as real property, stocks, bonds, certificates of deposit, gems or antiques valued at more than $1,000 within the past two years? Yes _____ No _____

14. Do you pay for care of a child under the age of 13 who is a member of your household so that an adult family member can work or attend classes? Yes _____ No _____

Care Provider Name _____ Telephone _____
Care Provider Address _____ City _____ State _____ Zip_____

15. Do you pay for care or assistance for a handicapped member of your household so that either the handicapped person or other adult member of the household can work? Yes _____ No _____

Care Provider Name _____ Telephone _____
Care Provider Address _____ City _____ State _____ Zip_____

Signature(s) of ALL adults age 18 or over living in the household.
By signing below, each individual certifies to the following: I certify that the information on this application is true and accurate. I understand that if I do not provide all of the information requested, my name may not be added to the waiting list. I understand that it is considered fraud to provide false, incomplete or inaccurate information, and that penalties may apply if fraud is committed. I agree that Morton County Housing Authority may make inquiries to verify my income, assets, household composition and size, rental history, delinquent debtors, and conduct a criminal background check of adults in my household for the purpose of verifying my eligibility for the Housing Assistance Program.

Please note that under 18 U.S.C. 1001, **it is a felony to intentionally make false or misleading statements, or to submit documents containing false information,** to any U.S. government agency. By signing, you agree that the information provided is complete and correct to the best of your knowledge.

_____ _____
Signature of Applicant / Head of Household Date

_____ _____
Signature of Household Member Date

_____ _____
Signature of Household Member Date

_____ _____
Signature of Household Member Date

Please report all income received by applicant and any member of your household. Please provide the full mailing address of the employer or source of income and total (before any deductions) income received per year.

Household Member Name	Name of Employer and or Source of Income	Address and Phone # of Employer	Annual Gross Income

Income includes: Wages, Tips, Gratuities, Self-employment income, Armed Forces pay, Social Security/SSI, Disability/SSDI, TANF, Pensions, Annuities, Insurance and Disability Payments, Unemployment, Worker's Compensation, Alimony and Child Support (list County that pays the support)

Do you certify that you are aware of the requirement to report any changes in income to the housing authority within 10 business days? Yes _____ No _____

Do you certify that the information provided about your household's income and benefits is accurate and complete? Yes _____ No _____

Do you or anyone in your household have any assets? Examples include bank accounts, properties, money stored in mobile payment apps, luxury items, recreation vehicles, collectibles, stocks, and life insurance? Do not include retirement accounts or educational savings accounts. Yes _____ No _____

Does your household have assets over $54,898(2027 threshold)?
No _____ Household assets are under or equal to $54,898
Yes _____ Household assets are over $54,898 (You will need to provide additional documentation)

List all Checking, Savings and Other Bank Accounts of Household Members

Type of Account	Account Number	Current Balance	Name & Address of Bank

List of Stocks, Bonds, Certificates of Deposits, Trusts, Real Estate and Cash of Household Members

Type of Asset	Identifying Number, Description	Current Value	Name & Address of Issuing Institution

Do you or anyone in your household own any form of real estate? (Examples include properties, land, houses, commercial buildings or timeshares) Yes _____No _____

List of Real Estate of household Members

Type of Asset	Identifying Number, Description	Current Value	Name and Address of Issuing Institution

What is the reason your household can't live there? (such as property is not residential, does not meet State and local housing laws, does not meet the disability needs of all household members, the property is too small for the household, the property's location makes daily life difficult, or the property is in poor condition and not safe for the household members. _____

Are you currently offering the property for sale? Yes _____ No _____

Do you or any member of your household have the legal authority to sell the property? Yes _____ No _____

Complete this section if the Head of Household or spouse is Age 62 or older, handicapped or disabled. Please list below all providers that you pay medical expenses to. Expenses include insurance premiums, doctors, prescription, glasses, dental expenses, etc. If additional expenses – list on a separate sheet.

Name / Company	Address

Morton County Housing Authority
P.O. Box 517 - 1500 3rd Avenue NW
Mandan, North Dakota 58554

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Entities from which information may be requested are listed below: My TANF, Food Stamps, Medicaid, Medicare, Child Care Provider, Child Care Assistance Program, Wages, Recipient Liability and Household Composition.

I/We consent to allow Housing Urban Development (HUD) or the Housing Authority (HA) to request and obtain information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to federal agencies for employment suitability purposes and to HA's for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

I hereby authorize the release of the requested information. The information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. The consent form is valid for 15 months from the date it is signed.

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 (signature)	Head of Household (print)	Date
_____	_____	_____
Co-Head of Household (signature)	Co-Head of Household (print)	Date
_____	_____	_____
Other Adult Member (signature)	Other Adult Member (print)	Date

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** _____
Spouse/Other Adult Member

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** _____

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** _____

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Morton County Housing Authority
1500 3rd Ave NW
Mandan, ND 58554

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) 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 form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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 HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?
The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:**
Morton County Housing Authority 1500 3rd Ave NW Mandan, ND 58554	**Signature** **Date** **Printed Name**

MORTON COUNTY HOUSING AUTHORITY PROGRAM

RE: Request for background check **Date**_____

Part I: Housing Assistance Provider Information

Morton County Housing Authority	**701-663-7494**	**701-663-7495**
(Provider)	**(Phone #)**	**(Fax #)**

1500 3rd Ave. NW PO Box 517 Mandan, ND 58554
(Address)

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Part II: Applicant Information

Name(s)_____

_____

Date of Birth (s)_____

Social Security Number(s)_____

_____

Driver's License Number(s) & State_____

_____

Present Address_____

List all known previous addresses:_____

_____

_____

_____

Have you or a family member been convicted of a felony? YES or NO

If you answered yes, explain where and when?_____

_____

Applicant Signature X_____

Applicant Signature X_____

Applicant Signature X_____

Parts I and II must be completed.

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

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 No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

☐ Check this box if you choose not to provide the contact information.

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 1995 (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 644 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 delivery of 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. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, 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.