

Spírit Lake Housing Corporation

112 2nd Ave N. - P.O. Box 187 Fort Totten, ND 58335 Phone: 766-4131 - Fax: 766-4125

HOMEOWNERSHIP

NAME:
ADDRESS:
PHONE:

*PLEASE RETURN WITH THE COMPLETED APPLICATION.

MAKE SURE AND SIGN ALL DOCUMENTS WHERE NEEDED.



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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 <u>NOT</u> PROVIDED WITH YOUR APPLICATION, IT WILL BE CONSIDERED <u>INCOMEPLETE</u> AND <u>YOU WILL NOT BE PLACED ON OUR WAITING LIST</u> . YOUR					
APPLICATION MUST BE UPDATED WHEN YOU HAVE ANY					
CHANGE IN YOUR HOUSEHOLD.					
DISTRICT PREFERENCE					
1					
2.					



Spirit Lake Housing Corporation

PO Box 187
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Fort Totten, North Dakota 58335

ATTENTION APPLICANTS

Please submit the following information when applying for a unit with the Spirit Lake Housing Corporation.

Application for Admission Form:

Please fill out the entire form. Also include on the entire application:

- District Preference
- Social security cards for all members of the household
- Current address and telephone number

Authorization for Release of Information Form:

Sign and date the back of the form

Include Social Security Numbers & Enrollment papers if you have not already submitted them.

If married spouse needs to sign and date this form.

ITEMS THAT NEED TO BE ATTACHED TO THE APPLICATION IF THESE ARE NOT ATTACHED YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND YOU WILL NOT BE PUT ON THE WAITING LIST.

- Enrollment verification for all members of the household
- Verification of income for all members of the household
- Social Security cards for all members of the household



DATE:_____

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RELEASE OF INFORMATION AUTHORIZATION

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, or handicapped assistance expenses.								
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)								
		45						
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						

SPIRIT LAKE HOUSING CORPORATION

P.O. BOX 187 – FORT TOTTEN, ND 58335 <u>HOMEOWNERSHIP APPLICATION</u>

This application constitutes the basic record of each family applying for admission into the SLHC HOMEOWNERSHIP Program. Each applicant will be required to supply all information requested below and sign the application attesting to the accuracy of the data provided.

PLEASE PRINT. Completely answer each question. Eligible applicants will be placed on the appropriate waiting list from the date the completed application was received by the SLHC. The number of bedrooms will be based on the family composition. PART I. DISTRICT REQUESTED PART II. CONTACT INFORMATION FORT TOTTEN HOME PHONE#: MESSAGE PHONE #:_ ST. MICHAEL EMERGENCY CONTACT NAME & PHONE:_ TOKIO **CROWHILL EMERGENCY CONTACT'S RELATIONSHIP TO APPLICANT:** PART III. HOUSEHOLD COMPOSITION LIST THE CORRECT LEGAL NAME OF ALL HOUSEHOLD MEMBERS WHO WILL RESIDE IN THE UNIT AS IT APPEARS ON THEIR SOCIAL SECURITY CARD. BEGIN WITH THE HEAD-OF-HOUSEHOLD, SPOUSE, CHLIDREN AND OTHER ADULTS. LIST UNBORN CHILD WITH DUE DATE AS A HOUSEHOLD MEMBER AND **COME IN AND RECERTIFY WHEN CHILD IS BORN. Family** Name of Family Relation to Date of Age Sex **Social Security** Full-Time Occupation Member No. Family Head Birth number Student Y or N HEAD ATTACH ADDITIONAL SHEET IF MORE THAN 9 FAMILY MEMBERS a. Has anyone in your household ever used a name other than the one stated above? NO YES If yes what other name or names?_ b. Has anyone in your household ever been convicted of a Felony or a drug-related crime? YES NO If yes, name and conviction information: c. Any anticipated changes in the household Composition YES NO If yes please list: PART IV. INCOME TOTAL WEEKLY **FAMILY** NAME OF EMPLOYER/ MONTHLY MONTHLY CHILD SOCIAL UNEMPLOYMENT ALL OTHER INCOME NO. ADDRESS WAGES TANF/GA SUPPORT/ALIMONY SECURITY BENEFITS (TIPS, COMMISSION, ETC.)

PLEASE LIST ALL ASSETS:	PART V. A	ASSETS		
FLEASE LIST ALL ASSETS:				
(a.)		Estimated V	alue \$	
(b.)		Estimated V	alue S	
(c.)		Estimated V	alue S	
(d)		Estimated V	alue\$	
(e)		Estimated Va	alueS	
PART VI. D 1. Member who is disabled	ISABLED, HANDICA	APPED, VETERAN Nature and extent of o	AND SERVICE DATA disability	
2. Member who is handicapped	Nature and extent of Handicap			
3. Member who has been or is in the Military Ser	vice			
Period of service: FROM:				
INFORMATION IS FULL, TRU OBJECTIONS BEING MADE FOR				I HAVE NO
APPLICANT			DATE	
CO-APPLICANT			DATE	
() NEW ADDITION		(CE USE ONLY)		
() NEW APPLICATION			ON WAITING LIST? YES	NO
() TRANSFER APPLICATION	IF NO, WHY?			
	DISTRICT			
		S NO	_	



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SPIRIT LAKE HOUSING CORPORATION RESOLUTION NO. #15-02

the Spirit Lake Housing Corporation Board of Commissioners (the BOC) is duly WHEREAS:

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

the Spirit Lake Housing Corporation is a tribally designated housing entity which WHEREAS;

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 esq.); and

the Spirit Lake Housing Corporation (SLHC) Board of Commissioners is a duly selected WHEREAS;

and recognized body of the Spirit Lake Sioux Tribe; and

the Spirit Lake Housing Corporation has fully discussed the revision of the SLHC WHEREAS;

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

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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.