



## **APPLICATION CHECKLIST**

In order to serve you better, Affordable Housing Developers requires that you submit ALL the following which apply to you and/or your households' circumstances when submitting your application for housing.

- ☐ \$15.00 application fee for each adult member listed on the application. This must be paid by check, cashiers check or money order, **no cash will be accepted**. The application fee is non-refundable
- ☐ Current driver's license or state issued photo ID for anyone over the age of 18 listed on the application. Expired identification is not acceptable.
- ☐ Birth certificates and social security cards for ALL individuals planning to live in the rental unit
- ☐ State of North Dakota Authorization to Disclose Information for any benefits being received (including, TANF, general assistance, food stamps, etc)
- ☐ Zero Income Worksheet if claiming no verifiable source of income
- ☐ Verification of divorce, legal separation and/or custody agreement
- ☐ Copy of current social security benefit award letter
- ☐ Landlord reference information including NAME, COMPLETE ADDRESSES, PHONE NUMBER and DATES of rental history
- ☐ Complete Banking Information including BANK NAME, ADDRESS and PHONE NUMBER for any checking, savings, and/or cash cards or banking apps (including Chime, Cash App, Venmo, Direct Express etc) for all members of the household (including children)
- ☐ Complete Employment Information including EMPLOYER NAME, ADDRESS and PHONE NUMBER and DATES of employment history

**Without the necessary documentation, applications will be considered incomplete and cannot be processed.**



## Important Things You Should Know

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This notice is to inform you there is certain information you must provide when applying for housing at a federally subsidized property. There are penalties that apply if you knowingly omit information or give false information.

### **Penalties for Committing Fraud:**

If your application or recertification forms contain false or incomplete information, you may be:

- Denial of your application
- Evicted from your unit
- Required to repay all overpaid rental assistance you may have received
- Fined up to \$10,000
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance

### **Completing the Application:**

- All application questions must be answered completely
- All members of the household (adults and children) who will be living with you, **MUST** be included on the application even if they are not related to you.
- Income includes:
  - All sources of money you or any member of your household received (wages, welfare payments, alimony, social security, pension, etc)
  - Any money you receive on behalf of your children (child support, social security for children, etc)
  - Income from assets (interest from bank accounts, dividends from stock etc)
  - Earnings from part-time jobs, second jobs, sales of goods made, and/or side jobs (Lyft, Doordash, etc)
- Assets include:
  - All bank accounts, savings bonds, CD's, stocks, real estate etc. that are owned by you and any adult member of your family's household who will be living with you
  - Any business or asset you sold in the last 2 years for less than its full value

### **Signing the Application:**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate
- When you sign the application and recertification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing it contains false or misleading information
- If you have questions about what you are signing or need assistance in completing any part of the application contact the AHDI office

{For Office Use Only}  
Date & Time Application Rcvd: \_\_\_\_\_

Application Rcvd by: \_\_\_\_\_



**AFFORDABLE  
HOUSING  
DEVELOPERS**

## APPLICATION FOR HOUSING

A SEPARATE APPLICATION IS REQUIRED FOR EACH ADULT MEMBER OF THE HOUSEHOLD  
WITH THE EXCEPTION OF THE HEAD OF HOUSEHOLD AND THEIR SPOUSE.

IF YOU ARE HANDICAPPED OR DISABLED OR HAVE DIFFICULTY COMPLETING THIS APPLICATION,  
PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL TO SCHEDULE ASSISTANCE.  
APPLICATIONS MUST BE FILLED OUT COMPLETELY IN ORDER TO BE ACCEPTED FOR PROCESSING.  
INCOMPLETE APPLICATIONS WILL BE RETURNED.

**THIS APPLICATION MUST BE COMPLETED & RETURNED WITH COPIES OF ALL ID'S, SOCIAL SECURITY CARDS & BIRTH CERTIFICATES.**

*Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.*

**Select which property you are applying to:**

- ☐ COURTYARD APARTMENTS, RUGBY
- ☐ JEWEL CITY 2, ROLLA
- ☐ PRAIRIE APARTMENTS, NAPOLEON
- ☐ VELVA RENTAL HOUSING, VELVA
- ☐ WEST VIEW APARTMENTS, WILLISTON

- ☐ JEWEL CITY 1, ROLLA
- ☐ NORTHSIDE APARTMENTS, HEBRON
- ☐ TRAILS WEST TOWNHOMES, MANDAN
- ☐ VELVA RENTAL HOUSING (RD), VELVA

### Household Composition

Complete in your own handwriting. List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the head:

	<u>Member Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Student</u>	<u>Social Security #</u>
1.		HEAD				Yes / No	
2.						Yes / No	
3.						Yes / No	
4.						Yes / No	
5.						Yes / No	
6.						Yes / No	

Do you anticipate any change in your household (someone moving in or out) during the next twelve months? Yes / No  
If Yes, please explain: \_\_\_\_\_

Current address:	City:	State:	Zip Code:	
Telephone #:				Email Address:

**Affordable Housing Developers, Inc.**  
PO Box 1326  
Dickinson, ND 58602-1326  
[www.ahdi-nd.org](http://www.ahdi-nd.org)  
**Phone:** 701-483-4545  
**Fax:** 701-483-4433  
**ND Relay TTY:** 1-800-366-6888



*This institution is an equal opportunity provider*

## Emergency Contact

The following information is REQUIRED. It will only be used in case of emergencies, once your application has been approved for occupancy and you have moved into the building.

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship</u>

## Citizenship and/or Eligible Alien Status

1.	Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	If no, are you a Non-Citizen with eligible alien status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you a Non-Citizen Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Note: Information must be verified by an acceptable document recognized by the Federal Government

## Check the Appropriate Box(es)

1.	Do your parents or guardians claim you as a dependent on their latest tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you of legal contract age under state law (18)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Were you an orphan or ward of the court through the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you have legal dependents other than a spouse (dependent children or an elderly parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## All Questions Must Be Answered

1.	Does your household have any needs that might be better served by an apartment, which is accessible to persons with mobility impairments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Will this unit be your sole residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development/HUD? If yes, you may be eligible for a \$400 and medical deduction. Eligibility must be verified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever had eviction action filed against you or violated your lease? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have your monthly rent obligations been paid on time? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have your security deposits always been refunded? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you paid in full all utilities for which you have been responsible? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is there anyone currently living with you that is not on this application? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you have sole legal and physical custody of your children? If no, please explain custody arrangement:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does your household have a pet? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you receive Housing Assistance? If yes, type: HRA Section 8 Voucher <input type="checkbox"/> RAFS <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever previously applied with Affordable Housing Developers, Inc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are you now living in a government-subsidized development? If yes, Name and Address of Development:	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures or for any other reasons? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you or any member of your household ever used different names from the names given in this application? If yes, please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Have you or any member of your household ever used social security numbers different from those listed in this application? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you or any member of your household lived in any other state? If yes, which states:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Housing Information					
Current Address:					May we contact landlord?
Dates - From:		To: present	Rent Amount:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Landlord:			Landlord Address:		
Landlord Phone:			Reason for leaving:		
If owned, do you receive rental income from the property?					
Previous Address:					May we contact landlord?
Dates - From:		To:	Rent Amount:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Landlord:			Landlord Address:		
Landlord Phone:			Reason for leaving:		
If owned, do you receive rental income from the property?					
Previous Address:					May we contact landlord?
Dates - From:		To:	Rent Amount:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Landlord:			Landlord Address:		
Landlord Phone:			Reason for leaving:		
If owned, do you receive rental income from the property?					
Personal References					
Name & contact info of a Personal Reputable Reference (Ex., Employer, teacher, co-worker, etc.). <b>No Relatives.</b>					
Name	Address	Phone	Work Phone	Email	Years Known

Note: Personal references will only be contacted if you have little or no rental history and/or little or no credit history.

Household Income Information			
All information will be verified by a third party			
For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full-time, part-time or seasonal employment. If a household member has more than one source of income, use a separate line for each source.			
	Does Any Member Receive or Expect to Receive?	Yes / No	Gross Monthly Amt
1.	Wages, salaries (includes overtime, tips, bonuses, commissions, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	Does any member work for someone who pays them in cash or is self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3.	Regular pay for a member of the Armed Forces:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4.	Public Assistance (MFIP, GA). Benefits are rcvd by (circle one):    direct deposit        check        cash card	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5.	Worker's Compensation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6.	Unemployment benefits or severance pay:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
7.	Student financial assistance (public or private, not including student loans):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
8.	Child Support (Check yes if you have a court order, even if you are not receiving the full amount awarded):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
9.	Alimony/Spousal Maintenance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
10.	Social Security income (including unearned income of minor children):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
11.	Disability benefits including social security disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

12.	Regular payments from pensions (PERA, railroad, etc.):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
13.	Regular payments from retirement benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
14.	Death Benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
15.	Regular payments from annuities or life insurance dividends:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
16.	Regular payments from inheritance, insurance settlement, lottery winnings, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
17.	Net income from rental property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
18.	Regular cash and non-cash contributions, assistance with paying bills (including utilities) or gifts from companies, agencies or individuals not living in the unit (not including groceries).	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
19.	Are any changes to income expected within the next 12 months due to a raise, bonus or any other reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
20.	Other (list):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

If you checked YES to any of the previous questions regarding household income info: For each type of income your household receives, list the source					
<u>Question #</u>	<u>Family Member</u>	<u>Name &amp; Address of Source(s) of Income</u>	<u>Phone # of Source</u>	<u>Fax/Email of Source</u>	<u>Annual Income</u>
					\$
					\$
					\$
					\$

<p align="center"><b>Household Assets</b> All Info will be verified by a third party.</p>
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I/We certify that I/we ☐ have ☐ have not sold or disposed of any asset for less than Fair Market Value during the two-year (24-month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

<u>Relationship to Head of Household</u>	<u>Type of Asset</u>	<u>Assets Estimated Market Value at Time of Disposition</u>	<u>Date Sold/Disposed of</u>	<u>Amount Received</u>
				\$
				\$

Household Assets			
All Info will be verified by a third party.			
	Does Any Household Member (including children) Have Money Held in:	Yes / No	Current Balance
1.	Checking Accounts (if yes, how many? _____ List ALL below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	Savings Accounts (if yes, how many? _____ List ALL below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3.	Cash cards used to receive government benefits or other income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4.	Online donation accounts such as GoFundMe, Kickstarter, Fundly, local bank, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5.	US Savings Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6.	Trusts*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
7.	Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
8.	Whole or Universal Life Insurance Policy (do not include term life insurance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
9.	401K*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
10.	IRA/KEOGH Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
11.	Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
12.	Pension/Retirement/Annuity or Health Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
13.	Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
14.	Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
15.	Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
16.	Lump Sum Payment (i.e. inheritance, insurance settlement, lottery winnings, capital gains)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
17.	Are any accounts held jointly with someone not in the unit? Which account and with whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
18.	Other (list)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
19.	Do you now own a home or other real estate? If yes, please list address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
20.	Do you receive payments for a home you sold by contract for deed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
21.	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
22.	Are any assets held jointly with another person? List person and asset:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

\*Note: includes Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement or death. If you are unsure, list the account and it will be verified.

If you checked YES to any of the above: List financial accounts of <u>all</u> household members. Checking, Savings, CD's, IRA's, Keogh Accounts, Mutual Funds, Annuities, Trust Accounts, Pension Accounts, Life Insurance Policies, Burial Accounts.						
Question #	Family Member	List Name AND Address of Bank or Institution where funds are kept. Provide a copy or entire property tax statement for any real estate owned.	Type of Account	Current Balance	Phone # of Source	Fax/Email of Source

## Household Allowance Information

**All Info will be verified by a third party.**

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include childcare costs, payments on outstanding medical bills, medical insurance premiums, cost of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g. insurance, Medicare, state agency or charitable organization.

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 deduction in computing rent. Would you like to apply for this deduction?

☐ Yes   ☐ No

	Do you expect to incur any of the following expenses:	Yes / No	Monthly Amount
1.	Childcare Expenses: (Age 12 or Under) for care necessary to enable a family member to work, seek employment, or further their education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>"ELDERLY" AND DISABLED FAMILIES ONLY. You must be an elderly household in which the head, spouse, or co-head is 62 or older, disabled, or handicapped.</b>			
2.	Disability Assistance: Attendant Care/Auxiliary Apparatus for Care necessary to enable a family member to go to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3.	Attendant Care for a household member who has a handicap or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4.	Medicare Premiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5.	Do you receive medical assistance through the Public Assistance Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6.	Cost of assistive devices for a household member who has a handicap or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
7.	Outstanding medical bills on which you are currently paying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
8.	Drug cost not covered by insurance or other out of pocket medication expenses such as any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g. insulin, aspirin, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
9.	Health Insurance /Long Term Care Insurance premiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
10.	Do you expect to have extraordinary medical/dental/optical/hearing or other out of pocket expenses during the next twelve (12) months? If yes, please list amount and type of expense:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

### If you checked YES to any of the above:

<u>Question #</u>	<u>Family Member</u>	<u>List Name AND Address of Service Provider, Day Care Center, Insurance Company, Doctor, etc. (Use back of Page for Extra Space)</u>	<u>Phone # of Source</u>	<u>Fax/Email of Source</u>



## 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 and HUD that Federal Laws prohibiting discrimination against tenant applicants 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 are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

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

**CHECK ALL THAT APPLY:**

**RACE:**

*Is the Head of Household:*

- ☐ American Indian or Alaska Native American
- ☐ Asian
- ☐ Black or African
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

**ETHNICITY:**

*Is the Head of Household:*

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

**GENDER:**

*Is the Head of Household:*

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Transgender
- ☐ Intersex
- ☐ Other

**MARITAL STATUS:**

*Is the Head of the Household:*

- ☐ Married
- ☐ Single
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

*Is the Co-Head of Household:*

- ☐ American Indian or Alaska Native American
- ☐ Asian
- ☐ Black or African
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

*Is the Co-Head of Household:*

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

*Is the Co-Head of Household:*

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Transgender
- ☐ Intersex
- ☐ Other

*Is the Co-Head of Household:*

- ☐ Married
- ☐ Single
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

***We do business in accordance with the Federal Fair Housing Law. IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN.***

## Drug & Criminal Background Check

All Questions MUST Be Answered

Federal law requires us to verify drug, criminal background and sex offender registration information for ALL adult household members applying for housing. All household members 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.** Applications will be denied if the information below is not complete and accurate or if consent is not given for a background check.

1.	Have you ever been evicted from a federally assisted site for drug-related criminal activity? If yes, when, and please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does anyone in your household abuse alcohol or use illegal drugs? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you currently subject to a registration requirement under a state sex offender registration program? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you been convicted of any drug-related crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you been convicted of any felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you been convicted of any crime involving fraud or dishonesty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you been convicted of any crime involving violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you currently being charged/pending charges with any of the above criminal activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### All Household Members age 18 or Older Sign Below

APPLICANT'S STATEMENT: I/We understand the information in this application will be used to determine eligibility for housing and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. 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 understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or the sources for credit and verification information which may be released to appropriate Federal, state or local agencies. I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the property, to a public housing authority, or to an agency contracted by the property to conduct criminal background checks.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Tenant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**AFFORDABLE  
HOUSING  
DEVELOPERS**

## GENERAL AUTHORIZATION AND RELEASE OF INFORMATION

The following named individual has made application for housing with Affordable Housing Developers, Inc.

**Please PRINT complete Legal Name:**

Last\_\_\_\_\_ First\_\_\_\_\_ Middle\_\_\_\_\_

Maiden/Former Name\_\_\_\_\_ Date of Birth\_\_\_\_\_

Driver's License #\_\_\_\_\_ State\_\_\_\_\_ Social Security # XXX-XX-\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

I authorize Affordable Housing Developers, Inc, and RentGrow Inc. to investigate and obtain information concerning my criminal history, residential history, employment and income history, bank and credit history, medical debt and/or any other information needed for the purpose of certifying or recertifying my eligibility to receive assistance from Federally Subsidized Housing Programs. The source of information may come from, but is not limited to: Credit Bureaus, banks and other depository institutions, current and former employers, medical facilities, federal or state records including State Employment Security Agency records, county or state criminal records, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Third Party Verifier: The applicable section of the attached verification form is indicated for your convenience. If remitting the requested information via printout or any other scanned or faxed medium(s), please sign and date them.

Thank you for your time!  
Affordable Housing Developers

**Affordable Housing Developers, Inc.**  
PO Box 1326  
Dickinson, ND 58602-1326  
[www.ahdi-nd.org](http://www.ahdi-nd.org)  
**Phone:** 701-483-4545  
**Fax:** 701-483-4433  
**ND Relay TTY:** 1-800-366-6888



*This institution is an equal opportunity provider*



## **TENANT SELECTION CRITERIA**

The following Tenant Selection Criteria shall be used for all USDA Rural Development, HUD HOME Program, Housing Incentive Fund and all other properties under Affordable Housing Developers ownership and/or management. Tenants are to be impartially selected in accordance with applicable Federal and State Laws. Affordable Housing Developers maintains a policy of equal opportunity and non-discrimination in accordance with Title VI of the Civil Rights Act, the Fair Housing Act, Section 504, the Americans with Disabilities Act, Age Discrimination and the affirmative fair housing marketing requirements set forth for each property. No applicant will be denied housing or access to services on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity. Affordable Housing Developers reserves the right to deny anyone that may jeopardize the future stability of the property. To be eligible for occupancy, applicants must meet all USDA Rural Development, HUD HOME Program and Housing Incentive Fund selection requirements as deemed applicable for each individual property.

### **Project Eligibility**

For federally subsidized or funded properties, USDA Rural Development, HUD HOME Program and/or the Housing Incentive Fund establish income limits based on family size for each county in the United States based on the median income of the area. In order to be eligible for occupancy, applicants must meet the income and occupancy standards for the property for which they are applying. These limits are updated on an annual basis and available on the AHDI website at [www.ahdi-nd.org](http://www.ahdi-nd.org) or by request from the AHDI office.

A single person cannot occupy a unit with two or more bedrooms unless one of the following applies:

- A person with a disability needs a larger unit as a reasonable accommodation.
- A displaced person when no appropriately sized unit is available.
- An elderly person who has a verifiable need for a larger unit.

A smaller unit size may be requested and assigned only if occupancy of the smaller unit will not cause serious overcrowding and will not conflict with local codes.

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A larger unit size may be requested if one of the following applies:

- No eligible family in need of the larger unit is available to move into the unit within 60 days, the property has the proper size unit for the family but it is not currently available, and the family agrees in writing to move at its own expense when a proper size unit becomes available.
- The family needs a larger unit as a reasonable accommodation for a family member who is a person with a disability.

*Annual income for HUD HOME Investment Program funded properties is defined in 24 CFR Part 5 commonly referred to as the “Section 8” definition.*

### **Legal age**

You must be 18 years or older if applying for occupancy as head of household or co-head of household. No exceptions. A separate application is required for each member of the household, over the age of 18, with the exception of the Applicant and Co-Applicant.

### **Citizenship**

Assistance in subsidized and/or affordable housing is restricted to U.S. citizens or nationals and non-citizens who have eligible immigration status as determined by USDA Rural Development, HUD HOME Investment Partnership Program, and Federal, State and Local laws.

### **Criminal History**

Conviction of crimes for the following offenses will result in a lifelong denial:

- Murder, attempted murder, or manslaughter
- Kidnapping or false imprisonment
- Any conviction involving great bodily injury with or without use of a firearm
- Arson
- Felony possession, use, or distribution of child pornography
- Sexual offenses

A felony conviction, gross misdemeanor conviction, or release from incarceration within five (5) years of the date of application will result in denial.

A felony conviction relating to possession of illegal drugs and/or drug paraphernalia within three (3) years of the date of application will result in denial. Upon successful completion of a supervised rehabilitation program, Affordable Housing Developers may, but is not required to, permit the applicant occupancy.

Any conviction relating to sales of or intent to sell or manufacture drugs within the last ten (10) years will result in denial.

Gross misdemeanor convictions involving operation of a motor vehicle may result in denial.

Misdemeanors or petty crimes will result in denial if there are two (2) or more within three (3) years.

### **Good Rental History**

For three (3) years prior to the date of application, applicant shall have good rental history.

Good rental history includes but is not limited to:

- Honoring the obligations of your lease
- Making payments on time
- No lease or rule violations
- No record or pattern of disruptive or harassing behavior
- No record of destruction of property or poor housekeeping habits

Negative rental history and/or negative landlord references will result in denial.

### **Evictions**

A judgement of eviction within three (3) years, prior to the date of application will result in denial.

### **Credit History**

Credit history that indicates an applicant would be unable to pay rent or other expenses related to occupancy of the rental unit will result in denial.

The following criteria will be applied on an individual basis

- A negative credit item is defined as a collection, judgement, repossession, bad debt, or a late account over 90-days past due
- At least five (5) negative credit items or past due amounts of \$5,000.00 or more
- Any money owed to a previous landlord or an essential utility company will result in denial. An essential utility is defined as gas, electric, water/sewer. If the Tenant pays the debt in full, they will not be denied on this basis; however, payment plans will not be accepted

#### ***Exceptions:***

- Bankruptcy filings, which have been discharged
- Past due medical bills, student loans
- If an applicant is a Section 8 Voucher Holder, poor credit history (excluding medical) includes but is not limited to, a consistent or recent history of deficiencies in overall credit, owing money to a current or previous landlord, and/or a utility company.

Each applicant for occupancy will be screened through the following consumer credit

report and background check agency:

RentGrow, Inc.  
[information@rentgrow.com](mailto:information@rentgrow.com)  
800.898.1351

Applicant is responsible for disputing background and/or credit history discrepancies with the above-named agency directly.

### **Demonstration of Negative Behavior**

If applicant exhibits any of the following, Management has the right to deny their application for housing:

- Display of uncooperative, harassing, abusive or belligerent attitude towards Management and/or management staff during the application process;
- Providing information on the application or in the interview which is false, misrepresented, incomplete or non-verifiable.

### **Asset Limitations for New Admission (at applicable properties)**

Applications for housing will be denied if the applicant and/or household has:

- Net family assets that exceed \$100,000 (adjusted annually for inflation)
- The family has a present ownership interest in, a legal right to reside in, are the effective legal authority to sell real property (based on local and state laws in which the property is located) that is suitable for occupancy by the family as a residence

### **Asset Limitations at Annual and Interim Recertifications (at applicable properties)**

Total enforcement of the asset limitations will apply at annual and interim recertifications. Exceptions will be granted on the following basis:

- Tenants who have resided in an Affordable Housing Developers owned and/or managed property prior to the implementation of the Housing Opportunity Through Modernization Act of 2016 (HOTMA) will be granted limited enforcement of asset limitations.
- The limited enforcement of asset limitations for exceptions will be for the first annual or interim recertification after the implementation of HOTMA policies only.
- Households receiving limited enforcement of asset limitations will be granted 6 months to cure their noncompliance with the asset limitation rules noted above.

### **Health/Medical Care Expenses Phased-In Relief**

All households who received a deduction for unreimbursed health and medical care costs, including reasonable attendant care or auxiliary apparatus expenses based on their most recent recertification prior to implementation of the Housing Opportunity Through Modernization Act of 2016 (HOTMA), will begin receiving 24-months of phased in relief at their next annual or interim recertification.

- Households who receive phased-in relief will have eligible expenses deducted as follows:
  - Year 1 (1<sup>st</sup> 12 months) – In excess of 5% of annual income

- Year 2 (2<sup>nd</sup> 12 months) – In excess of 7.5% of annual income
  - Year 3 and beyond – In excess of 10% of annual income.
- Once a household chooses to obtain general relief, they may no longer receive phased-in relief.
- Phased-in relief is only available for households residing in Affordable Housing Developers owned and/or managed properties prior to the implementation of HOTMA.

### **Hardship Exemptions**

Hardship relief will be provided for households that demonstrate eligibility as follows:

- Hardship Exemption for Health/Medical Care Expenses – General Relief
  - An increase in unreimbursed health/medical care expenses exceed 5 percent of the household's annual income or a change in circumstances that would not otherwise result in an interim recertification
  - Eligible expenses include any costs incurred in the diagnosis, cure, mitigation, treatment, or prevention of disease or payments for treatments affecting any structure or function of the body. Health and medical insurance premiums and long-term care premiums anticipated during the period are also included.
  - The hardship relief will end when the household's circumstances that made them eligible for relief are no longer applicable, or after 90 days, whichever comes earlier.
  - Third-party verification of the hardship is required
- Hardship Exemption to Continue Child-Care Expense Deduction
  - Receives a childcare expense deduction that is ending
  - Is no longer employed or furthering his or her education
  - Has a demonstrated inability to pay rent
  - The hardship relief will end when the household's circumstances that made them eligible for relief are no longer applicable, or after 90 days, whichever comes earlier.
  - Third-party verification of the hardship is required

### **Errors in Income Determinations**

Errors made in income determinations will be corrected in accordance with the rules and regulations governing the property where the tenant resides. Tenants who were overcharged rent due to errors in calculating household income will be credited for the overpayment.

### **Self-Certification of Net Assets**

If the applicable federal, state or local regulatory agency allows, Affordable Housing Developers will accept a household's self-certification of net family assets equal to or less than \$50,000 (adjusted annually for inflation) and anticipated income earned from assets without additional verification at initial occupancy and recertification.



### **Determination of Household Income**

Affordable Housing Developers does not accept or use determinations of income from other Federal means-tested forms of assistance.

### **Over-Income Tenants**

For tenants occupying federally funded or subsidized properties that are determined during recertification to be “over-income”, adjustments will be made in accordance with the rules and regulations of the program and subject to the terms of the lease.

For tenants occupying HUD HOME Program restricted units:

- If the tenant is occupying a Low-HOME unit and is low-income by not very low-income, the unit will be re-designated as a High HOME unit and the household's rent may be adjusted to no more than the High HOME rent limit
- If the tenant is occupying a High-HOME unit, the household's rent will be adjusted to 30 percent of its monthly adjusted income. If possible, the unit will be re-designated as a non-assisted unit.

For tenants occupying HIF restricted units:

- Tenants who no longer income qualify at the time of annual recertification can still be considered to be occupying a HIF Restricted Unit until replaced by an income eligible household in a comparable unit.
- Rent for the over-income household will be limited to applicable HIF rent limits until the replacement unit is occupied.

For tenants occupying Rural Development subsidized units:

- If the tenant certification indicates they no longer comply with the income limits, the tenants must vacate the property. The tenant will be provided a 30-day notice to vacate or be required to vacate at the end of their lease term, whichever is longer.
- In some instances, with Rural Development agency approval, ineligible households, may be permitted to continue their occupancy.

### **Interim Recertifications**

Changes in household composition or income must be reported within 60 days of the change. Interim recertifications for changes in income or household composition will be required if:

- Decreases in income
  - There is a decrease in income of 10% or greater of the household's annual adjusted income
  - A household member permanently moves-out
- Increases in income
  - There is an increase in income (other than earned income) of 10% or greater of the household's annual adjusted income
  - If the next annual recertification is within 3 months of the increase in income, an interim recertification will NOT be processed.

### **Revocation of Consent**

An applicant or tenant may at any time revoke their consent by providing written notice

to Affordable Housing Developers. Consent is required to perform background and credit screenings as well as verify asset and income sources and amounts therefore, revoking consent will result in the denial of an application or termination of housing assistance.

### **Denial of Application**

In the event any application is not approved, the applicant shall be notified, in writing, by first class mail as to the reasons for non-selection and whom to contact for additional information. All denied applicants have the right to request an appeal. Requests for appeal must be in writing and received within 10 days from the date of denial.

### **Student Status**

Student eligibility is determined at move-in/initial certification and at each re-certification. Student eligibility requirements apply to applicants enrolled at an institution of higher education. The following are eligibility restrictions of students for assisted housing under Section 327(s) of the U.S. Housing Act of 1937.

Assistance shall not be provided to any individual enrolled as a student at an institution of higher education who is under the age of 24;

- Is not a veteran of the United States military
- Is unmarried
- Does not have a dependent child
- Is not a person with disabilities, as such term is defined in section 3(b) (3)E of the United States Housing Act of 1937 (42 U.S.C.1437 a(b)(3)(E) and was not receiving assistance under such Section 8 as of November 30, 2005
- Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive Section 8 assistance
- Has established a household separate and distinct from parents or legal guardians

### **State and Federal Laws**

Applicants shall meet the eligibility requirements imposed by applicable State and Federal laws and any regulations or requirements disseminated there under.

### **Unit Transfers**

Current tenants requiring a unit transfer for the following reasons will be given preference over applicants and those on the waiting list:

- A required unit transfer due to family size or changes in family composition
- A unit transfer for a medical reason certified by a health care professional or third-party verifier with personal knowledge of the disability and /or disability - related need for an accessible unit
- A deeper rent subsidy, if applicable to the property

Current tenants requesting a unit transfer for any other reason will be added to the waiting list of applicants provided there is no record of consistent late or unpaid rental

obligations, no record of police activity and inspection of the tenant's current unit must indicate there is no damage to the property or poor housekeeping habits resulting in health or safety hazards. Unit transfers, for reasons other than stated above, will be at management's discretion and are not guaranteed.

### **Security Deposits**

Upon approval of occupancy, applicants must pay a security deposit equal to one-month basic rent no later than the time of lease execution. Applicants who receive rental assistance may request to pay security deposits by payment plan which includes a down payment of at least one half prior to move-in with the balance due the following month.

### **Verification and Source Documentation**

Information provided on your application will be verified either by source documentation or third parties. For required verification purposes, applicants must sign a written authorization and release of information. When possible, third-party verifications will be utilized. Source documentation, such as wage statements, interest statements or unemployment compensation statements, may not be more than six (6) months old from the time of application or recertification. A minimum of two (2) months of source documents must be examined for verification purposes.

### **Application Requirements**

Lease terms are for 12 months. Applications completed in full and properly signed will be accepted according to unit size and type in chronological order. Families that include persons with disabilities will be given preference for units with special accessibility features. If a unit that fits the applicant's needs is not available, their name will be placed on the waiting list (maintained in the same order), after preliminary eligibility determination. If a very low-income applicant is needed to achieve targeting requirements, and the next applicant has income above the very low-income limit, that applicant must be placed on the waiting list until the property is ready to house an applicant with income above the very low-income limit.

Recertifications are required for all tenants on an annual basis. Interim recertifications may be necessary for changes in household composition or changes in income. Compliance with the recertification process is a condition of the lease and grounds for termination if not complied with.

For properties with HUD HOME Investment Program funding, Affordable Housing Developers is required to set-aside at least 20% of the assisted units that become available for those individuals and families whose incomes do not exceed 30% of the area median income.

### **VAWA Protections**

The Violence Against Women Act (VAWA) provides protections to women or men who are the victims of domestic violence, dating violence, sexual assault and/or stalking.

- Affordable Housing Developers may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease of other “good cause” for termination of assistance, tenancy or occupancy rights of the victim of abuse.
- Affordable Housing Developers may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.
- Affordable Housing Developers may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification of other supporting documentation within the specified timeframe may result in eviction.

**Service/Emotional Support Animals**

Pets are not allowed at Affordable Housing Developers owned and/or managed properties. Service/emotional support animals are allowed as a reasonable accommodation with Management approval.

## TENANT SELECTION CRITERIA ACKNOWLEDGEMENT

I (We) [Click or tap here to enter text.](#) hereby acknowledge that I (We) have received a copy of the **“TENANT SELECTION CRITERIA”** at the time we applied for housing at Select One. I (We) understand that I (We) must abide by the Tenant Selection Criteria’s guidelines as they are part of the Lease Agreement.

### ACKNOWLEDGED AND AGREED

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Tenant Signature

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Date

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Tenant Signature

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Date