



## FORT BELKNAP HOUSING AUTHORITY

668 Agency Main Street  
Harlem, Montana 59526  
Phone: (406)353-2601  
FAX: (406)353-4975

DATE RETURNED:  
(FBHA STAMP)

### 2018 LOW RENT ANNUAL RECERTIFICATION PACKET: RENT CALCULATED AT 30% OF ADJUSTED INCOME

**TENANT NAME:** \_\_\_\_\_

The Recertification packet is a requirement of NAHASDA & Fort Belknap Housing Authority Low Rent Policies, and it must be filled out EVERY YEAR. As a Low Rent tenant you are required to recertify annually as well as report any and all changes in income and family composition to the Occupancy Program within ten (10) days of the occurrence of such change. According to the Rental Dwelling Lease Agreement which you signed, non-certification will result in termination. **Annual Recertification will now be based on the date and month of your "Move-In". Failure to return this form with the required documents will result in the termination of your lease and you will be given fourteen (14) days to vacate the unit. Please fill out the entire application and make sure you provide current & accurate information.**

This Recertification packet must have the following documents attached:

1. **INCOME VERIFICATION:** All current income verifications for all adult household members.
2. **VERIFICATION OF SOCIAL SECURITY NUMBERS:** For any **new** household members added. Yes: \_\_\_\_\_ No: \_\_\_\_\_
3. **CUSTODY ORDERS/GUARDIANSHIP ORDERS:** For any new Household members who are younger than eighteen (18) years of age of which you may have acquired custody of or other members that you have acquired guardianship of.
4. **VERIFICATION OF ALL HOUSEHOLD TRIBAL ENROLLMENT:**  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

Re-certification Packet is: Complete \_\_\_\_\_

Incomplete: \_\_\_\_\_

Information missing/needed: \_\_\_\_\_.

**FBTHA Family Composition Change and Income Qualification Update form 2018.**

1. Head of Household Name and Address:

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

Phone: work ( ) \_\_\_\_\_  
 Home: ( ) \_\_\_\_\_  
 Cell: ( ) \_\_\_\_\_

**FAMILY COMPOSITION:**

A. Persons who reside the rental house

Family Members Name:	Relationship in Family Household	Birthdate	Social Security No.
Example: Jane Doe	Head/Husband/Wife 11/11/2011		999-99-999

Anticipated Changes in Family Composition: \_\_\_\_\_

Are you or any other members of your household Disabled? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_ A Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

**FAMILY INCOME:**

EMPLOYMENT:                      EMPLOYER:                      ADDRESS:                      INCOME:  
 Husband \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Other \_\_\_\_\_

<u>OTHER INCOME:</u>	<u>RATE PER MONTH</u>	<u>RATE PER YEAR</u>
Welfare/Tanf/GA:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
S.S.I.	\$ _____	\$ _____
Pension:	\$ _____	\$ _____
Other Business:	\$ _____	\$ _____

For other types of income list alimony, relief, service allotment, assistance from relatives and other source of regular income. Do not list income which cannot be anticipated for sure.

**TOTAL FAMILY INCOME:**    \$ \_\_\_\_\_ Per Month                      \$ \_\_\_\_\_ Per Year

In signing this Housing application update, I declare that the above information is full, true and complete to the best of my knowledge. I hereby authorize the Fort Belknap Housing Authority to make inquiries necessary for the purpose of verifying the statements made above. Further, I understand that this document is not a contract and is not binding in any manner.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_



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## APPLICANT / TENANT CERTIFICATION

### APPLICANT(S) / TENANT(S) STATEMENT: 2018

I/We certify that the information given to the **FORT BELKNAP HOUSING AUTHORITY** on our household composition, income, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are punishable under Federal Law.

I/We also understand that false statements of information are grounds for termination of housing assistance and termination of tenancy.

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Head of Household

---

Date

---

Spouse/Significant Other

---

Date

---

Other member-18 years of age or older

---

Date

---

Other member-18 years of age or older

---

Date



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## FEDERAL PRIVACY ACT NOTICE

For the

Section 8 Rental Certificate, Rental Voucher, Moderate  
Rehabilitation and Indian Housing Programs

**PURPOSE:** Family income and other information is being collected by the Fort Belknap Housing Authority (FBHA) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

**USE:** FBHA uses family income and other information to assist in managing and monitoring NAHASDA assisted housing programs; to verify the accuracy of the information furnished. FBHA may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of FBHA except as permitted or required by law.

**PENALTY:** You must provide all of the information requested by FBHA, including all social security numbers you and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

I/We hereby certify that we have read the Federal Privacy Act Notice on this date.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Significant Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other member 18 years of age or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other member-18 years of age or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other member-18 years of age or older

\_\_\_\_\_  
Date



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### **2018 CONSENT FOR RELEASE OF INFORMATION**

I/We hereby consent and authorize release of information of our annual income to the Fort Belknap Authority for purposes of meeting the Native American Housing Assistance and Self-Determination Reauthorization Act of 2008 Occupancy Regulations:

I/We understand that FBHA in receiving 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/we 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 authorization will be good for the duration of the Rental Dwelling Lease Agreement while we reside in the Low Rental unit.

\_\_\_\_\_  
Head of Household – signature

\_\_\_\_\_  
Spouse/other – signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Other Family Member 18 years of age or older

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Other Family Member 18 years of age or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Member 18 years of age or older

\_\_\_\_\_  
Date