



FORT BELKNAP HOUSING AUTHORITY

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



ARRA Rental Program Application Up-Date Form

Name: _____

Note: The Application Up-Date Form must be filled out **EVERY** year on the application anniversary date to remain eligible for the waiting list. If you fail to update your rental application, you will be removed from the waiting list with no notification. It is your responsibility to update the form.



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1. Family Name and Address:

Family Composition and Income Qualification Sheet

FAMILY COMPOSITION:

A. Persons Who Will Move into the housing unit:

FAMILY MEMBERS:	Relationship to Family Head & Birth date	Occupation/School Grade & Social Security No.
Name:		

Anticipated Changes in Family Composition: _____

Are you or any other member of your household disabled? _____
 Handicapped? _____ A Veterans? _____

2. FAMILY INCOME:

EMPLOYMENT	EMPLOYER	ADDRESS	INCOME
Husband:			
Wife:			
Other:			

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

For other of income list alimony, service allotment, & other source of regular income.

TOTAL FAMILY INCOME: \$ _____ Per Month \$ _____ Per Year

In signing this Housing form, I declare that the above information is full, true and complete to the best of my knowledge. I hereby authorize FBHA to verify the statements made above. Furthermore, I understand that this document is not a contract and is not binding in any manner.

SIGNED: _____ DATE: _____



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APPLICANT/TENANT CERTIFICATION

APPLICANTS(S)/TENANT(S) STATEMENT

I/We certify that the information given to the FORT BELKNAP HOUSING AUTHORITY on household composition, income, net family assets, 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 grounds for termination of housing assistance and termination of tenancy.

Head of Household

Date

Spouse/Significant Other

Date