



## **FORT BELKNAP HOUSING AUTHORITY**

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

DATE RETURNED:  
(FBHA STAMP)

### **OCCUPANCY PROGRAM ARRA DUPLEX RENTAL APPLICATION**

**Applicant Name:** \_\_\_\_\_

**Please have the following documents attached:**

- 1. INCOME VERIFICATION:** All current income verifications for all adult household members, including the previous year "Income Tax Return".  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
- 2. SOCIAL SECURITY CARDS:** For all household members.  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
- 3. CUSTODY ORDERS/GUARDIANSHIP ORDERS:** For any 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. Head of Household-A Certificate of Indian Blood (CIB) for proof of enrollment for federally recognized Tribe.**  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

**NOTE: Applications without proper documentation will be considered incomplete!**

Application Reviewed and Received by: \_\_\_\_\_.

**Notice to Applicant:** The Monthly Rent on these ARRA Duplexes is set at \$250.00  
The PMU Monthly Services for water/sewer/trash is set at \$70.00  
Plus: The Northwestern Energy Deposit and monthly bill is your expense

1. Head of Household Name and Address:

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

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

**FAMILY COMPOSITION:**

A. Persons who will 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: \_\_\_\_\_

Have you or anyone in your household been convicted of a Felon? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_ A Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

2. FAMILY INCOME:

**EMPLOYMENT:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **INCOME:** \_\_\_\_\_

Husband \_\_\_\_\_

Wife \_\_\_\_\_

Other \_\_\_\_\_

OTHER INCOME:	RATE PER MONTH	RATE PER YEAR
Welfare/Tanf:	\$ _____	\$ _____
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: \_\_\_\_\_

Total Anticipated Family Income for Nest Twelve (12) months: \$ \_\_\_\_\_

Deductible Family Expenses:

EXPENSE:	TOTAL PER YEAR
Child Care \$ _____ per week \$ _____	\$ _____
Other _____	\$ _____
Medical Expenses/Travel _____	\$ _____

3. PRESENT HOUSING CONDITION AND NEED:

A. Are you without housing? Yes / No if yes, give reason: \_\_\_\_\_

Present living arrangements: \_\_\_\_\_

B. Are you about to be without housing? Yes / No, if yes, reason: \_\_\_\_\_

Type of Notice and effective date: \_\_\_\_\_

C. Is your present dwelling substandard for any of the following reasons:

1. Dwelling structurally unsafe..... Yes / No
2. No drinkable running water in the dwelling..... Yes / No
3. No useable flushing toilet in the dwelling unit..... Yes / No
4. No installed useable tub or shower in the dwelling..... Yes / No
5. No operating sink in the kitchen..... Yes / No
6. No proper stove connections in the kitchen..... Yes / No
7. Inadequate electric wiring system in dwelling unit..... Yes / No
8. Inadequate and unsafe heating facilities in the dwelling unit..... Yes / No

D. How many bedrooms does your dwelling have? \_\_\_\_\_ How many persons reside in the dwelling unit? \_\_\_\_\_

E. How many families reside in the dwelling unit? \_\_\_\_\_

F. What is your current monthly rent including any utilities that you pay? \_\_\_\_\_

4. HOUSING DESIRED:

A. List the one (1) location you desire for Rental Housing \_\_\_\_\_  
\_\_\_\_\_

5. Signature and Consent to Release Information:

In signing this application for housing, I declare that the above information is full, true and complete to the best of my knowledge. I hereby authorize the Housing Authority to obtain any and all information necessary for the purpose of verifying the statements made above. Furthermore, I understand that this application is not a contract and is not binding in any manner.

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

FOR HOUSING USE:	
Eligibility _____	Waiting List _____
Composition _____	Location _____
Income \$ _____	Bedrooms needed _____



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## **APPLICANT / TENANT CERTIFICATION**

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

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

---

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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## 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 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