



RMHH must receive the items listed below before applications will be processed and placed on the project waiting list. Please provide **copies** of the items requested in Sections 3-7, 9 and 10.

Applicant Name (Last, First, MI)		
Current Mailing Address		
City	State	Zip Code
Home Telephone	Work Telephone	

Information Required for Processing of Application	For Office Use	
1. Housing Application		
2. Authorization for the Release of Information		
3. Social Security Card (for each household member) ¹		
4. Photo I.D. (for each household member over the age of 18)		
5. Birth Certificate (for each household member)		
6. INS papers showing legal immigration status (if applicable)		
7. Income Verification Documents (Provide all that apply to your situation.) <ul style="list-style-type: none"> a. If you are declaring that you have no income, you must complete a "Zero Income Certification" form b. Pay Stub/Earning Statement (Minimum 2 most recent months) c. Statement from Social Security <ul style="list-style-type: none"> • Social Security • Social Security Disability Income (SSDI) • Supplemental Security Income (SSI) d. Award Letter from Social Services for: <ul style="list-style-type: none"> • TANF • Food Stamps • Energy Assistance e. Child Support: letter from Child Support Enforcement f. Unemployment Benefits statement g. Workmen's compensation statement h. If self-employed, most recent Income Tax Form 1040 i. Insurance annuity j. Statement of any source of money received on a regular basis, including money received from family members or friends 		
8. Student Verification Documents (if applicable) <ul style="list-style-type: none"> a. Student Certification b. Declaration of Financial Assistance by Parent/Legal Guardian c. Authorization for the Release of Information 		
9. Asset(s) Verification Documents		

<ul style="list-style-type: none"> a. Bank account statements (checking and/or saving) - 2 most current months b. Certificate of Deposit (CD) c. Stocks, bonds, IRA, annuity accounts d. Any other investments 		
<p>10. Deduction Verification</p> <ul style="list-style-type: none"> a. Medical Expenses (For eligible Elderly and/or Disabled Households only.) <ul style="list-style-type: none"> • Elderly and/or Disabled Households are defined as households whose head, spouse, or sole member is a person who is at least 62 years of age and/or is a person with disabilities. • Provide verification of payment of expenses incurred in the previous 12 month including: health insurance premiums, medical expenses not covered by insurance, clinic, eye care, dental and hospital costs, prescription drugs and approved over-the-counter drugs. (Include provider statements and receipts.) • If a household is eligible for the medical expense deduction, then medical expenses of all household members may be counted. b. Child Care Expenses <ul style="list-style-type: none"> • Expenses are defined as amounts paid by the household for care of children under 13 years of age to enable a household member to actively seek employment, be gainfully employed, or further education. • Provide proof of employment, participation in job seeking activities, or enrollment in an education program. Expenses may be verified by receipt from an eligible daycare provider or a Child Care Assistance certificate from Social Services. c. Disability Assistance Expenses <ul style="list-style-type: none"> • Provide proof of payment for attendant care and/or auxiliary apparatus expenses to care for a disabled household member to enable a household member to work. 		

Return completed application and requested items to:

- Ruth Meiers Hospitality House**
1100 E Boulevard Ave
Bismarck, ND 58501
Phone: (701) 222-2108

¹ In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.





Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

If you or a member of your household is an individual with a disability (as defined by Section 504 of the Rehabilitation Act of 1973) and you would like to request any special accommodations in communications, policies or facilities, please call us to schedule assistance.

RETURN COMPLETED APPLICATION TO:

- Ruth Meiers Hospitality House
1100 E Boulevard Ave
Bismarck, ND 58501
Phone: 701-222-2108

COMPLETE EACH QUESTION ON THE APPLICATION AND INCLUDE THE APPROPRIATE ATTACHMENTS. PRINT OR TYPE.

Applicant Name (Last, First, MI)		
Current Mailing Address		
City	State	Zip Code
Home Telephone	Work Telephone	

PREVIOUS RESIDENCE: List previous states in which you have resided.

APARTMENT LOCATION: (Mark box.)

- 305 N. 23rd ST
- Porter Ave Apartments
- Boulevard Ave Apartments

APARTMENT TYPE: (Mark box.)

- Efficiency
- 1-Bedroom
- 2-Bedroom

HOUSEHOLD COMPOSITION: List the correct **LEGAL** name, as they appear on Social Security cards, of all household members who will reside in the rental unit. Begin with head of household, spouse, children, then list any additional adults. **Attach copies of Social Security cards for all household members.**

Name (Last, First, MI)	Relationship to Head of Household	Sex M/F	Age	Birth date	Occupation or School Name	Social Security # ¹
	HEAD					





INCOME SOURCES FOR ALL HOUSEHOLD MEMBERS: List below and **attach proof of each item that applies to your household.**

EXAMPLES:

- Alimony/Child Support
- Bonds (any type)
- Cash on Hand
- Checking Account
- Civil Service
- Contract for Deed
- Farm Income
- Individual Indian Monies
- Insurance Annuities
- Interest or Dividends
- IRA
- Leased Land
- Livestock
- Mineral Rights
- Money Contributions
- Money Markets
- National Guard or Reserve
- Pensions
- Railroad Retirement
- Real Estate
- Rent Received
- Savings and CD's
- Social Security and SSI
- Stocks and Bonds
- TANF and General Assistance
- Trust Funds
- VA
- Unemployment Comp.
- Workers Compensation
- Wages, Tips and Commissions

Household Member	Employer/Source of Income	Amount of Gross Income per Pay Period	How Often Received	Date Income Began

Briefly describe the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

During the past two years, have you disposed of any assets for less than fair market value? (Include real estate, cash, etc.) YES NO

If yes, please describe: _____

CHECKING AND SAVINGS ACCOUNTS, TRUST FUNDS, MONEY MARKET, STOCKS & BONDS: List below. Include IRA's, Keogh accounts and CD's. **Attach copies of savings/bank statements for all household members.**

Household Member	Bank Name & Address	Type of Account	Current Balance	Interest Rate

CHILDCARE DEDUCTION: **Attach statement of cost from daycare provider.**

Name of Daycare Provider	Monthly Amount	Annually

MEDICAL DEDUCTION: A household in which the head, co-head, or sole member is at least 62 years old and/or disabled is eligible for a medical expense deduction. To apply, **attach proof of medical expenses and medical insurance premiums you have paid during the past 12 months.**

Name of Family Member	List Type of Medical Expenses	Monthly Amount	Annually

DECLARATION OF SECTION 214 STATUS: In order to be eligible to receive housing assistance, each applicant/recipient must lawfully reside in the US. Read the declaration statements carefully and have **each family member must sign the one that pertains to them. Adults sign the names of minor children and place an "X" beside those names.**

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

RMHH may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to HUD, as required by HUD, and to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status of each individual and not for any other purpose.

I certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, a naturalized citizen or a national of the United States.

_____ Signature (Head of Household)	_____ Date	_____ Signature (Adult Household Member)	_____ Date
_____ Signature (Minor Child)	_____ Date	_____ Signature (Minor Child)	_____ Date
_____ Signature (Minor Child)	_____ Date	_____ Signature (Minor Child)	_____ Date

I have eligible immigration status and I am 62 years of age or older. **Attach proof of age.**

_____ Signature (Head of Household)	_____ Date	_____ Signature (Adult Household Member)	_____ Date
_____ Signature (Minor Child)	_____ Date	_____ Signature (Minor Child)	_____ Date
_____ Signature (Minor Child)	_____ Date	_____ Signature (Minor Child)	_____ Date

I have eligible immigration status as indicated below. **Attach INS document for verification.**

_____ Signature (Head of Household)	_____ Date	_____ Signature (Adult Household Member)	_____ Date
_____ Signature (Minor Child)	_____ Date	_____ Signature (Minor Child)	_____ Date
_____ Signature (Minor Child)	_____ Date	_____ Signature (Minor Child)	_____ Date

- Immigrant status under Sections 101 (a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)
- Permanent residence under Section 249 of INA
- Refugee, asylum, or conditional entry status under Sections 207, 208, or 203 of the INA
- Parole status under Section 212(d)(5) of the INA
- Threat to life or freedom under Section 243(h) of the INA
- Amnesty under Section 245A of the INA

ADDITIONAL INFORMATION: Answer the questions below by checking yes or no, and providing the requested information. (Do not use N/A.)

1. Do you have a caseworker? (Example: social services, rep payee, etc.) YES NO

If yes, please list name, agency and phone number: _____

2. Do you expect anyone to move in or out of your household within the next 12 months? YES NO

If yes, please list name and relationship: _____

3. Have you ever used a name other than the one you are using now? YES NO

If yes, what name? _____



4. Have you ever used a social security number other than the one you listed in this application? YES NO

If yes, what is it? _____

5. Is anyone in your household a fulltime or part-time student at an institution of higher learning? YES* NO

*If yes, please complete and return the following forms with this application – Student Certification (SFN 58340), Declaration of Financial Assistance (SFN 58348) and Authorization for the Release of Information (SFN 54220).

6. Has anyone in your household been engaged in the felonious use, sale, manufacture or distribution of controlled substances? YES NO

If yes, who? When? Where? _____

7. Does anyone in your household currently use a controlled or illegal drug? YES NO

If yes, please explain: _____

8. Has anyone in your household ever been convicted for violent criminal or drug related activity? YES NO

If yes, please explain: _____

9. Is anyone in your household required to register as a sex offender? YES NO

10. Have you ever lived in assisted housing before? YES NO

If yes, when? Where? Under what name? _____

Who was Head of Household? _____

11. Have you ever violated a family obligation in a HUD-assisted housing program? YES NO

12. Do you owe any money to a federally funded housing program? YES NO

If yes, please list agency. _____

APPLICANT/TENANT CERTIFICATION

- I certify that the information given to the RMHH on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law. I understand that false statements or information are grounds for termination of housing assistance and tenancy.
- I agree to inform RMHH personnel immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for rental assistance.
- **I hereby authorize law enforcement agencies to release any criminal conviction records to the North Dakota Housing Finance Agency, as required by Federal Regulations, to determine my eligibility for the Moderate Rehabilitation program. I understand that I may need to provide fingerprints in order to determine my eligibility for Moderate Rehabilitation rental assistance. I understand that if I do not agree to the investigation, or do not provide fingerprints when requested, my application for rental assistance will be denied.**

Head of Household Date

Co-Head of Household Date

Adult Household Member Date

Adult Household Member Date

Your application will be kept on file for one year. You are required to contact our office in writing with any change of address. If RMHH correspondence is returned because of an incorrect address, your name will be removed from the mailing list.

* In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.

THIS SECTION IS FOR RECORD KEEPING PURPOSES ONLY AND IS OPTIONAL

RACE (Check One)

- White American Indian/Alaskan Native
 Black/African American Asian/Pacific Islander

ETHNICITY (Check One)

- Hispanic or Latino
 Not Hispanic or Latino





RETURN COMPLETED APPLICATION TO:

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1100 E Boulevard Ave
Bismarck, ND 58501

By completing and signing this Zero Income Certification Statement, I certify that I receive no income from any of source, including (but not limited to): Wages, Social Security, Unemployment, Temporary Assistance for Needy Families (TANF), etc. Form should be completed by adult household members.

Tenant Name:		
Address:		
City:	State:	Zip:
Household Expenses	Amount Paid Monthly	How do you pay this expense?
Rent		
Utilities		
Phone (including cellular service)		
Cable/Satellite TV		
Internet Access		
Food/Groceries		
Car Payment		
Gas		
Car Insurance		
Toiletries (shampoo, soap, deodorant, toilet paper, etc.)		
Cleaning Supplies (Detergent, bathroom cleaner, paper towels, etc.)		
Clothing		
Entertainment (restaurant meals, movies, sporting events, etc.)		
Cigarettes		

I hereby certify that the above information is accurate and complete to the best of my knowledge. I understand that false statements or information are ground for termination of housing assistance and tenancy. I agree to inform NDHFA personnel immediately of any change in income, resources, or household composition.

Signature

Date





STUDENT CERTIFICATION

This form must be completed by each adult household member in order to be considered for Moderate Rehabilitation Program eligibility.

Applicant/Tenant Name	Date
Social Security Number ¹	

1. Are you a student? Yes* No

***If you answered yes to question #1, please complete the following:**

2. Are you of legal contract age under state law? Yes No

3. Please answer the following questions:

- a) Did you establish a household separate from parents or legal guardians for at least one year prior to moving into the Moderate Rehabilitation apartment? Yes No
- b) Are you at least 24 years old? Yes No
- c) Were you an orphan or a ward of the court through the age of 18? Yes No
- d) Are you a veteran of the U.S. Armed Forces? Yes No
- e) Do you have legal dependents other than a spouse (for example dependent children or an elderly dependent parent)? Yes No
- f) Are you a graduate or professional student? Yes No
- g) Are you married? Yes No

4. Are you claimed as a dependent by parents or legal guardians pursuant to IRS regulations? Yes No

If you are determined to be an eligible student, you will be required to obtain a certification of the amount of financial assistance that will be provided by parents, guardians or others signed by the individual providing the support. You will also be required to provide verification of the amount of financial assistance you receive through scholarships, grants, or other programs. This certification is required even if no assistance will be provided. *The financial assistance provided by persons not living in the unit is part of annual income that must be verified to determine eligibility and at annual recertification to determine rent.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Tenant

Date

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RUTH MEIERS



DECLARATION OF FINANCIAL ASSISTANCE BY PARENT OR LEGAL GUARDIAN

I/We, _____, am/are the parent(s) or legal guardian(s) of _____. I/We certify that I/we provide financial assistance in the amount of \$_____ monthly.

Financial assistance includes cash, as well as the payment of other expenses. Please use the chart below to help determine, in addition to any cash, the amount of financial assistance that you provide each month.

Table with 2 columns: Household Expenses, Amount Paid Monthly. Rows include Rent, Utilities, Phone, Cable/Satellite TV, Internet Access, Food/Groceries, Car Payment, Gas, Car Insurance, Toiletries, Cleaning Supplies, Clothing, Entertainment.

I hereby certify that the information on this form is accurate and complete to the best of my knowledge. I understand that false statements are grounds for termination of housing assistance and tenancy.

Signature of Parent/Legal Guardian Date

Signature of Parent/Legal Guardian Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.



**RUTH
MEIERS**

Ruth Meiers Hospitality House

Consent to Release and Receive Information

I, First Name: _____ MI _____ Last Name _____ DOB: _____

I hereby authorize the Ruth Meier's Hospitality House (RMHH) and other agencies listed below to exchange written and verbal information concerning me and/or my dependents listed below.

Abused Adult Resource Center	Command Center	Mandan Public Schools	Seeds of Hope
Adult Learning Center	Community Action	Military Outreach Specialist	Social Security Administration
Alcoholics Anonymous	Community Blessings	Morton County Social Services	Soup Café
Area Churches	Custer Family Health	Morton County Housing	Spirit of Life Church
Bismarck Burleigh Public Health	Dakota Boys & Girls Ranch	Narcotics Anonymous	St. Alexius
Bismarck Emergency Food Pantry	Experience Works	ND Disability Determination	Supplemental Nutrition Assistance Program
Bismarck Police Department	Goodwill Store	ND Housing Finance Agency	The Arc
Bismarck Public Schools	Head Start - BECEP	ND Teen Challenge	UND Center for Family Medicine
Burleigh County Social Services	Heartview Foundation	New Freedom Center	United Tribes Technical College
Burleigh County Housing	Job Service ND	Protection and Advocacy	Vet Center

_____ Initial	I understand this information will be shared only with the agencies and personnel who need the information to assist me in obtaining services
_____ Initial	I understand my consent is voluntary and will remain in effect for a period of one (1) year unless specifically revoked by written notice to the Executive Director and/or the Social Worker. This consent may be updated as necessary. Any information release prior to my written revocation of this authorization shall not be a breach of confidentiality.

Print Your Name: _____

Date: _____

Your Signature: _____

Date: _____

RMHH Staff Signature: _____

Date: _____

A photocopy or facsimile of this consent will be considered as valid as the original.

_____ Initial: I authorize the CAD/SMI Case Worker/Agency who referred me to Ruth Meier's Hospitality House to provide my illness and treatment history on a need-to-know basis. I understand this information will be used for information purposes only and will be subject to 42CFR Part 2 and the strict confidentiality policy of Ruth Meier's Hospitality House.

Please List all of your dependents currently living with you			
Name	Date of Birth	Relationship	Last 4 Digits of SS#



AUTHORIZATION FOR FILE DISCLOSURE

I hereby authorize _____ to obtain a consumer credit report and/or investigation report on myself consisting of, but not limited to, employment verification, motor vehicle records, criminal scan, bad check and driver's license verification, academic verification, Worker's Compensation information and drug testing for the purpose of employment with the above mentioned company.

Signature Date

Full Name (please print)

Home Address

City State Zip

Social Security Number Driver's License Date of Birth

IMPORTANT NOTE TO CIC SUBSCRIBER!

In Accordance with the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act and other state and federal laws, this signed form is to be kept on file by CIC client ("subscriber") for no less than six years. CIC may request that subscriber supply a copy of the consumer signed Authorization for File Disclosure or application for rental, credit, or employment anytime within that six year period. Failure to comply may result in termination of subscriber's account as well as any criminal or civil penalties that may apply under current law.

