

# Mercer County Housing Authority

P.O. Box 517  
Mandan, North Dakota 58554  
Phone (701) 663-7494  
Fax (701) 663-7495

**OFFICE HOURS 8:00 - 12:30 & 1:00 - 4:30  
MONDAY THRU FRIDAY**

**Applicant:**

To process your application and to place you on assistance as soon as possible we need the attached forms filled out completely by every adult member in your household. Any person with disabilities who requires a reasonable accommodation may, call the Housing Authority at 701-663-7494 for assistance in completing the application. A TDD for hearing impaired is available by calling 1-800-366-6888. We also need the following:

**\*\*Verification of all income for all members of your household.**

**\*\*Social Security cards and Birth Certificates for all members.**

**\*\*Drivers license or photo ID**

Failure to provide ALL requested information will delay the processing of your household's housing assistance. If you have any questions, please do not hesitate to contact our office.

Sincerely yours,



Wanda Schmidt

Housing Specialist



November 2004

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.				
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house;</li><li>▫ Required to repay all overpaid rental assistance you received;</li><li>▫ Fined up to \$ 10,000;</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>				
<b>Asking Questions</b>	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.				
<b>Completing The Application</b>	<p>When you answer application questions, you must include the following information:</p> <table border="0"><tr><td><b>Income</b></td><td><ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul></td></tr><tr><td><b>Assets</b></td><td><ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul></td></tr></table>	<b>Income</b>	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>	<b>Assets</b>	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>
<b>Income</b>	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>				
<b>Assets</b>	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>				

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**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 certification 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 that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:  
 HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

December 2005

**APPLICATION / CERTIFICATION FORM**

Enter your mailing address: \_\_\_\_\_

This information is for the Mercer County Housing Authority, 1500 3<sup>rd</sup> Ave. NW, Box 517, Mandan, ND 58554

Please answer the following questions: Have you or anyone in your household ever violated a previous family obligation in connection with a HUD program? [ ] YES [ ] NO Have you or anyone in your household ever engaged in felonious use/possession of drugs or committed a violent criminal act? [ ] YES [ ] NO Do you or anyone in your household owe money to a Public Housing Authority? [ ] YES [ ] NO

Please provide us with a phone number where you can be reached:

Home \_\_\_\_\_ Work \_\_\_\_\_ Friend / Relative \_\_\_\_\_

**STARTING WITH THE HEAD OF YOUR HOUSEHOLD, LIST THE FOLLOWING INFORMATION FOR ALL PEOPLE LIVING IN YOUR HOUSEHOLD**

Last Name	First Name	MI	Sex Birth date	Relationship to Head	Social Security # Alien Reg. #	Full time student Yes or No
1.						
2.						
3.						
4.						
5.						
6.						

List Name and Address of Absent Parent(s):

Name	Phone	Address
Name	Phone	Address

**IN THE SPACE BELOW, REPORT ALL INCOME\* RECEIVED BY YOU AND ANY MEMBER OF YOUR HOUSEHOLD AGE 18 AND OLDER, PROVIDE THE FULL MAILING ADDRESS OF THE EMPLOYER OR SOURCE OF INCOME AND TOTAL (BEFORE ANY DEDUCTIONS) INCOME RECEIVED PER YEAR.**

Household Member Name No.	Name of Employer and or Source of Income	Address and Phone # of Employer	Annual Gross Income

Income includes : WAGES, ARMED FORCES PAY, SOCIAL SECURITY, SSI, TANF, PENSIONS, ANNUITIES, INSURANCE AND DISABILITY PAYMENTS, UNEMPLOYMENT, WORKMANS COMPENSATION, ALIMONY, AND CHILD SUPPORT - List County that pays the support.

**LIST ALL CHECKING, SAVINGS AND OTHER BANK ACCOUNTS OF HOUSEHOLD MEMBERS**

Type of Account	Account Number	Current Balance	Name and Address of Bank

**MEMBERS**

Type of Asset	Identifying Number. Description	Current Value	Name and Address of Issuing Institution

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

1. Have you disposed of or given away any assets such as real property, stocks, bonds certificates of deposit, gem, or antiques valued at more than \$1,000 within the past two years? YES \_\_\_ NO \_\_\_
2. Do you pay for care of a child under the age of 13 who is a member of your household so that an adult member of your family can work or attend classes? YES \_\_\_ NO \_\_\_  
 Care provider Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Care provider Address \_\_\_\_\_  
 Care provider City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Do you pay for care or assistance for a handicapped member of your household so that either the handicapped person or other adult member of your household can work? YES \_\_\_ NO \_\_\_  
 If so, provide the following information:  
 Care provider Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Care provider Address \_\_\_\_\_  
 Care provider City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Does anyone outside of your household pay for any of your bills? YES \_\_\_ NO \_\_\_  
 (If yes, explain source and amount) \_\_\_\_\_
5. Have you or any member lived in any assisted housing or received any form of Housing Assistance? YES \_\_\_ NO \_\_\_  
 If yes, list where and when: \_\_\_\_\_
6. Have you or any member ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? YES \_\_\_ NO \_\_\_  
 If yes, Explain: \_\_\_\_\_

**COMPLETE THIS SECTION IF THE HEAD OF HOUSEHOLD OR SPOUSE IS AGE 62 OR OLDER, HANDICAPPED OR DISABLED.**

Please list below all providers that you pay medical expenses to. Expenses include insurance premiums, doctors, prescriptions, glasses, dental expenses, etc. If additional expenses - list on a separate sheet.

Name / Company	Address

I/we hereby certify that the above information is true and correct to the best of our knowledge.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE READ ATTACHED DISCLOSURE NOTICE

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive 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 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 consent form expires 15 months after signed.

Signatures:

<u>X</u>	_____	_____	_____	_____
	Head of Household	Date		
	_____	_____	_____	_____
	Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
	_____	_____	_____	_____
	Spouse	Date	Other Family Member over age 18	Date
	_____	_____	_____	_____
	Other Family Member over age 18	Date	Other Family Member over age 18	Date
	_____	_____	_____	_____
	Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, 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 HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six 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.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

MERCER COUNTY HOUSING AUTHORITY  
PO BOX 517  
MANDAN, ND 58554

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

#### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

MERCER COUNTY HOUSING AUTHORITY AUTHORIZATION

1500 3<sup>RD</sup> AVE. NW – PO BOX 517, MANDAN, ND 58554, 701-663-7494 FAX 701-663-7495

Entities from which information may be requested are listed below: My TANF, FOOD STAMPS, MEDICAID, MEDICARE, CHILD CARE PROVIDER, CHILD CARE ASSISTANCE PROGRAM, WAGES, SOCIAL SECURITY BENEFITS & RECIPIENT LIABILITY AND HOUSEHOLD COMPOSITION.

CONSENT: I consent to allow HUD or the HA to request and obtain information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HA's for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. The consent form is valid for 15 months from the date it is signed.

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Uses of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act of 42 U.S.C 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f)(g) and (h).

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

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

\_\_\_\_\_  
Signature (other adult)

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



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

# DECLARATION OF CITIZENSHIP

PLEASE PROVIDE ALL INFORMATION  
REQUESTED AND RETURN TO:

MERCER COUNTY HOUSING AUTHORITY  
1500 3<sup>RD</sup> AVE. NW - PO BOX 517  
MANDAN, ND 58554

## PART 1

Each occupant of a dwelling unit who benefits under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, OR be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each occupant indicating status as a citizen or a national of the United States OR a noncitizen with eligible immigration status. Occupants of the unit to be assisted that do not claim to be a citizen or national of the United States, or a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of ages, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.		I am a noncitizen with eligible immigration Status.		Signature of Adult Listed to the left, or Signature of Guardian for Minors
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X	_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X	_____

Note: Occupants who are under the age of 62 and have checked a box indicating that they are a noncitizen with eligible immigration status must contact the office to complete verification process.

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000 imprisoned for up to 5 years; and /or prohibited from receiving future assistance.

All occupants who have claimed eligible immigration status on the reverse side of the form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-668B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

Please call Rick Horn at 701-663-7494 to arrange for delivery and copying of original documents. Do not mail original documents to this office.

If documents are not presented and verified, you family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals process.

### Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part I of this form and that members of my household who have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Verification Consent Form

Each family member that provides documentation must sign this Verification Consent Form. For each child, the form must be signed by an adult member of the family residing in the assisted dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X
_____	_____	_____	X

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S., Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

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 THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE AND HANDICAP 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 HOUSING AUTHORITY IS REQUIRED TO NOTE THE RACE/ NATIONAL ORIGIN AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

THE FOLLOWING INFORMATION IF BEING REQUESTED FOR STATISTICAL PURPOSES AND TO COMPLY WITH EQUAL OPPORTUNITY AND FAIR HOUSING LEGISLATION.

IS THE HEAD OF HOUSEHOLD:  WHITE, NON HISPANIC  BLACK, NON HISPANIC  ASIAN, PACIFIC ISLANDER  AMERICAN INDIAN/ALASKAN NATIVE  HISPANIC

IS ANY FAMILY MEMBER HANDICAPPED/DISABLED  YES  NO  
PLEASE LIST FAMILY MEMBER/MEMBERS \_\_\_\_\_,

\_\_\_\_\_.

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.

MERCER COUNTY HOUSING AUTHORITY PROGRAM

RE: Request for background check

Date \_\_\_\_\_

Part I: Housing Assistance Provider Information

Mercer County Housing Authority 701-663-7494 701-663-7495  
(Provider) (Phone #) (Fax #)

1500 3<sup>rd</sup> Ave. NW PO Box 517 Mandan, ND 58554  
(Address)

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Part II: Applicant Information

Name(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number(s) \_\_\_\_\_

Drivers License Number(s) & State \_\_\_\_\_

Present Address \_\_\_\_\_

List all known previous address: \_\_\_\_\_

Have you or a family member been convicted of a felony? YES or NO If you answer yes, explain where and when? \_\_\_\_\_

Applicant Signature X \_\_\_\_\_

Applicant Signature X \_\_\_\_\_

Parts I and II must be completed.