

Sitting Bull College Limited Partnership #1

9299 Highway 24
Fort Yates, ND 58538
701-854-8012 – Office
701-854-3124 - Fax

Housing Application Packet

Required information for all SBC Housing Applicants

Listed below is the required information that is needed for Sitting Bull College campus housing applicants, please make sure that **ALL** the required information is completely filled in or your submitted application will be considered **INCOMPLETE**. This packet includes the following:

1. Sitting Bull College Limited Partnership #1 Housing Application
2. Student Housing Application Routing Slip
3. Notice to Applicants
4. Fact Sheet

Your application will be considered complete once you have included the following documents with your campus housing application:

1. Sitting Bull College Limited Partnership #1 Housing Application – completely filled out
2. Student Housing Application Routing Slip – completed and signed by designated individuals and signed by you
3. Copy of the front page of Standing Rock Housing Authority Application – This one page copy should be stamped by SRHA once you completed their application and are put on their waiting list.

Once your application is complete you will be put on the waiting list for an available unit. Listed below are the waiting list consideration factors:

1. Eligible family who is at or below the local area median income according to North Dakota State.
2. No current or past debt with SBC
3. Not currently or going on probation/suspension at SBC
4. One adult in the household must be a full-time student at SBC in good standing
5. Ability to pay rent

Sitting Bull College Limited Partnership #1
Notice to Applicants

All applicants for housing must submit an application for housing on a form that is supplied by Sitting Bull College Housing Office. The Application is not considered complete until all information required has been submitted. This means you will not be considered for a unit until your application is complete and handed into our office at the Financial Center located on Sitting Bull College campus, office 101.

Once your application is complete and you have been called to SBC Housing office for consideration of a unit, all adults on the composition will be required to take a criminal background check and the cost for each background check is \$20.00. This is your responsibility to pay this fee. The criminal background check will be completed by the Standing Rock Sioux Tribal Court. All adults' names will also be run for state background.

Anyone on the application who has:

1. A conviction for drug-related criminal activity within the past five (5) years; or
2. A conviction for violent criminal activity with the past three (3) years; or
3. Currently required to be registered as a sex offender,

Will be **ineligible** to occupy SBCLP#1-owned units and the application will NOT be placed on the waiting list.

FACTS ABOUT SBC HOUSING

- Must qualify as a family and have an annual income which is at or below 60% of the median income for Sioux County, yet have the ability to pay rent.
- At least one household member must be a full-time student in good standing
- If the entire household consists of full-time students, one of the following exceptions must apply:
 - Married filing joint tax return
 - Receive TANF, GA, Other
 - Enrolled JPTP or similar program
 - Single parent with dependent children
 - One member of the household previously be under foster care
- All new tenants must attend orientation before move-in (all adults are mandated to attend)
- Deposit of \$200.00 and first month's rent is due at the time of orientation
- All students who have financial aid available for rental payments will be required to have rent taken out of their financial aid package by the semester.



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Rental Application

This application constitutes the basic record of each family applying for admission into SBCLP#1 Rental Program. Each applicant will be required to supply all information requested below and sign the application attesting to the accuracy of the data provided. You are required to apply with Standing Rock Housing Authority and provide us with a copy of the front page of their application after it is stamped by them.

PLEASE PRINT OR TYPE. Completely answer each question. All incomplete or ineligible applications will be mailed back to the applicant. You are responsible to update your application every six (6) months and to contact us in writing with any changes of address. If SBCLP#1 correspondence is returned or we are unable to contact you because of an incorrect address, **your name will be removed for the waiting list.**

PART I - HOUSEHOLD COMPOSITION

List the correct legal name of all household members who will reside in the unit as it appears on their social security card. Begin with the Head of Household, spouse, children and other adults. List unborn child with due date as a household member and notify us when he/she is born.

#	Last Name	First Name	Category	Birth Date	Social Security #	Age	Full-Time Student Y or N
1			HOH				
2							
3							
4							
5							
6							
7							
8							
9							

Attach additional sheet with required member information if household has more than 9 members.

a. Has anyone in your household ever used a name other than the one stated above? **YES NO**

If yes, what name or names? _____

b. Has anyone in your household ever been convicted of a Felony or a drug-related crime? **YES NO**

If yes, name and conviction information: _____

PART II - STUDENT STATUS

Are all occupants of the household full-time students? **YES NO**

If YES, to the above, please answer the following:

Is the household comprised of a single parent with school age child(ren)

none of whom are dependents on a third party? **YES NO**

Are the HOH and co-applicant married and do they file a joint income tax return? **YES NO**

Does the household receive AFDC or TANF? **YES NO**

Are any of the students participants in the Workforce Investment Act or other program similar to the former JTPA program? **YES NO**

PART III - CONTACT INFORMATION

Home Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Relationship: _____

(FOR OFFICE USE ONLY)

Applicant eligible to be put on Waiting List? **YES NO**

If no, why? _____

Background Check _____

Felony/Criminal Charges _____

SBC Debt? _____

Academic Probation/Suspension _____

Previous Evictions _____

Student (FT) **YES NO**

DATE STAMP

Time Received

Employee Initials

PART IV – RENTAL HISTORY

Current Address			Current Landlord's Name and Address		
Address or P.O. Box		Apt #	Name of Landlord		
City	State	Zip	Address or P.O. Box		Apt #
How long have you lived at this address?			City		
Have you ever been evicted? YES NO			State		
If yes, please explain:			Zip		

PART V – RECURRING INCOME

Program regulations require that all income be disclosed in order to determine qualification. List Income, source and household members who receive income. Please include all sources of income. Income includes: employment (wages, overtime, commissions, tips, bonuses), SS, SSI, GA, TANF, unemployment, retirement benefits, alimony, child support, etc.

Household members who receive income	Name of Employer/Address	Total Weekly wages	Monthly TANF/AFDC	Monthly Child support/alimony	Monthly Social Security	Weekly Unemployment Benefits	Worker's Compensation	All other income (interest tips, commissions, pensions, etc.)

PART VI – ASSETS

Programs regulations require that all assets be disclosed in order to determine qualifications. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.

Household member who receives income	Checking Account	Savings Account	Money Market, CD's other	Stock/Bonds	IRA, 401 (k), Keogh	Real Estate	Boat, Trailer, Rec. Vehicle	Life Insurance Policies	Other Assets

Are total assets of the household more than \$5000? Yes No \$ _____

Has any member of the household disposed of an asset for less than fair market value within the last 24 months? Yes No \$ _____

If NO to both of the above, what is the expected earning on all household assets for the next 12 months? \$ _____

PART VII CERTIFICATION

I hereby apply to lease the above-described premises on substantially the terms set forth herein. As an inducement to the Sitting Bull College Limited Partnership #1, the owner of the property to accept this application. I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application or in the termination of the Lease Agreement.

When so approved and accepted, I agree to execute a lease agreement before possession is delivered and to pay the balance of the security deposit.

Landlord reserves the right to require additional refundable security deposits or to decline the application based upon its uniform qualifications standards for the property.

Be execution of this application, I hereby authorize Sitting Bull College Limited Partnership #1 or its Agent to make such investigations into the credit, employment, rental and criminal history as they may deem appropriate and release the SBCLP#1 or it agent from all liability that may result from their furnishing information to you.

I understand that this property limits the number of occupants to two people per bedroom. I further understand that all household members eighteen (18) years or older, must sign this application.

Applicant Date

Applicant Date

Applicant Date

Applicant Date



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Student Housing Application Routing Slip

Applicant Name: _____ Date: _____

Does the Applicant have an outstanding debt with SBC? _____ Amount\$ _____ _____ Date: _____ Martha Harrison, Business Office Technician

Is the Applicant on Academic Probation or Suspension? _____ _____ Date: _____ Melody Azure, Registrar

Is the Applicant Registered for the current semester: _____ Fall _____ Spring _____ Summer _____ Full-time _____ Part-time _____ Academic Status: Freshman ___ Sophomore ___ Junior ___ Senior ___ _____ Date: _____ Admissions Department or Melody Azure
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Is the Applicant Financially able to pay rent? _____ FAFSA _____ \$ _____ Scholarships: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ Date: _____ Donna Seaboy, Financial Aide Director
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_____ Date: _____
SBCLP#1 Applicant

_____ Date: _____
Housing Manager

Date Rec'd: _____ Time: _____ Initials: _____ Eligible: _____
