



SBC Housing Application Packet

9299 Highway 24
Fort Yates, ND 58538
701-854-8022 – Office
701-854-3403 - Fax

Please ensure **ALL** 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. Background information sheet
4. Notice to Applicants
5. 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 HOH applicant and all adult member(s) 18 or older. Routing Slip also needs to be signed by respective SBC individual office personnel.
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.
4. **Copies of all Social Security card(s), CDIB, and or birth certificate(s).**

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 suspension at SBC
4. Head of 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 notified for consideration of a unit, all adults on the composition will be required to pass a criminal background check and the cost for each potential tenant 18 years and older. The criminal background checks are currently at a cost of \$19.95 for state, federal and county, the Standing Rock Sioux Tribal Court is \$25.00, and or respective tribal court where adult tenant is enrolled

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 (student in 1st grade on is considered fulltime):
 - 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** equal to and first month's rent 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.

TENANT CERTIFICATION / RECERTIFICATION QUESTIONNAIRE

NOTE TO TENANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. *Providing false information may result in loss of your housing.*

Tenant Name:		Home Telephone Number: () ()
Building Address:	Apartment Number:	Alternate Telephone Number: () ()

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status:		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

1.) Do you anticipate any changes in the size of your household *within the next 12 months*? Yes No

(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe any changes here: _____

2.) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months? N/A Yes No

(0-04)

If yes, please explain here: _____

3.) Does any member in your household have a disability and require a live-in care attendant? Yes No

4.) Is any adult member of your household separated, but not divorced? Yes No

5.) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? Yes No



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

STUDENT ELIGIBILITY QUESTIONS

- 6.) Are **ALL** members of your household full-time students? Yes No
- 7.) Will **ALL** members of your household be full-time students during any 5 months of this year? Yes No
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)
- 8.) Will **ALL** members of your household be full-time students during any 5 months of next year? Yes No
- 9.) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? Yes No

If yes, who is enrolled? _____ Which school are they enrolled in? _____

How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____

- 10.) Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*? Yes No
If yes, who will be enrolling in school? _____
If yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY / CHILD SUPPORT INFORMATION

- 11.) Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if **no** child support or alimony is being received? (Case id #) _____ Yes No

IF "NO", SKIP TO QUESTION 12

- a.) Name of person with court order: _____ Payment Amount: \$ _____ per _____
b.) Name of person(s) paying support / alimony: _____

Are the **FULL** court-ordered amount(s) being received? Yes No

If "**NO**", are you making efforts to collect the amounts due? Yes No

If "**YES**", please explain the efforts you're making here:

- 12.) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?

(This includes help from children's father or mother for clothes, groceries, etc.) Yes No

IF "NO", SKIP TO NEXT SECTION

- a.) Payment Amount: \$ _____ per _____
b.) Name of person(s) paying support / alimony: _____

_____ Phone: _____ for child: _____
_____ Phone: _____ for child: _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	13.) Is any member of the household employed?	
		Job 1.) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		Job 2.) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		<input type="checkbox"/> Check if there are any additional jobs in the household (attach a separate sheet with contact information)	
<input type="checkbox"/>	<input type="checkbox"/>	14.) Are any household members self-employed?	
		Who is self-employed? _____ What type of work does this person do? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	15.) Are any adult members of your household unemployed?	
		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	16.) Does any household member receive pay from the military?	
		Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	17.) Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/>SS <input type="checkbox"/>SSI <input type="checkbox"/>Other	
		Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	18.) Does any household member receive severance pay or worker's compensation?	
		Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	19.) Is any household member unemployed and receiving payments from an Unemployment Agency?	
		Who is receiving unemployment benefits? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	20.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)	
		Who is receiving TANF or AFDC benefits? _____ Caseworker: _____ Phone: _____	AMT \$ _____ PER _____



INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<p>21.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account? Please check one: <input type="checkbox"/> Pension (I-11) <input type="checkbox"/> Annuity (I-12) <input type="checkbox"/> Other Retirement (I-08)</p> <p>Who receives these benefits? _____</p> <p>What company pays this person? _____</p> <p>Contact Person: _____ Phone: _____</p>	<p>AMT \$ _____ PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>22.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?</p> <p>What is the name of the person that pays you? _____</p> <p>What is their address? _____</p> <p>Phone number? _____</p>	<p>AMT \$ _____ PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>23.) Is there any other source of income we haven't already asked about above that you receive? Please Describe: _____</p>	<p>AMT \$ _____ PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>24.) Does your household expect any changes in their income <i>within the next 12 months</i>? Please Describe: _____</p>	<p>AMT \$ _____ PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>25.) Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility?</p> <p>Which household member is in a long-term facility? _____</p> <p>Which household member are the payments made to? _____</p> <p>What company pays this person? _____</p> <p>Contact Person: _____ Phone: _____</p>	<p>AMT \$ _____ PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>26.) Do any adult members of your household have zero income? Which adult members have zero income? _____</p>	



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

- 27.) Does any household member have a Checking, Savings, CD or Money Market account?

Bank 1.) Bank Name: _____ Name(s) on Account: _____
Account Type: Checking Savings CD Money Market
Bank 2.) Bank Name: _____ Name(s) on Account: _____
Account Type: Checking Savings CD Money Market

Check if there are additional accounts of these types belonging to the household. (attach a separate sheet with the bank name, account type and name(s) on the account)

- 28.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance)?

Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: Stocks Bonds Mutual Funds Whole Life Insurance

- 29.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?

Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____

- 30.) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?

Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: _____

- 31.) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)

Property Owner(s): _____ Type of Property: _____
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)
Contact: _____ Phone: _____

- 32.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)

Property Type: _____ Estimated Cash Value: \$ _____

- 33.) Does any household member have a Trust Account?

Institution Name: _____ Name(s) on Account: _____
Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____

- 34.) Does any household member have any Treasury Bills or Government Savings Bonds? (www.savingsbonds.gov)

Which household member: _____
Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____

- 35.) Does any household member have cash on hand or safe deposit boxes?

Which household member? _____ What amount is kept on hand? \$ _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION (CONTINUED)

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

- 36.) Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.)
What type of account or asset is this? _____
What is the estimated value of this asset if you were to sell it today? \$ _____
- 37.) In the past two years, has any household member given away any asset(s) for less than they were worth? (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)
What was the estimated value of this asset? \$ _____

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the Section 42 housing program.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

Head of Household

Date

Co-Head of Household

Date

Other Adult Member

Date

Other Adult Member

Date

MANAGEMENT SIGNATURE:

This application /questionnaire accepted by:

Apartment Management / Owner's Agent

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.



Sitting Bull College Housing Routing Slip

Take this routing slip to the departments listed below and return it to the Housing Department to complete your application. See disclosures and sign.

Head of Household

Adult 1

List all names ever used (i.e. maiden name, name changes, etc)

Printed Name/College ID #:	Printed Name/College ID #:
Other Names Used:	Other Names Used:
I hereby grant permission to all Sitting Bull College Departments and Offices to release to SBC Housing Department the necessary information pertinent to my eligibility for services offered by the Housing program. I also understand that much of the information provided will be used for determining my eligibility to rent from SBCLP#1. Sign and date below:	I hereby grant permission to all Sitting Bull College Departments and Offices to release to SBC Housing Department the necessary information pertinent to my eligibility for services offered by the Housing program. I also understand that much of the information provided will be used for determining my eligibility to rent from SBCLP#1. Sign and date below:

Your signature here >>

***** Applicant do not write below this line, bring to the offices annotated *****

Acct., Rec, Technician
(Finance Office)

Current Debt: \$ _____	Current Debt: \$ _____
Prior Debt: \$ _____	Prior Debt: \$ _____
Signature/date:	Signature/date:

Registrar
(Registrar's Office)

<p style="text-align: center;">Enrollment Status:</p> <p>* Has HOH completed application for enrollment for upcoming term? _____</p> <p>* Is HOH on/going on Academic Suspension? Yes No</p> <p>* Student Status: Freshman Sophomore Junior Senior Not Determined N/A</p> <p>Signature/date:</p>	<p style="text-align: center;">Enrollment Status:</p> <p>* Has Adult 1 completed application for enrollment for upcoming term? _____</p> <p>* Is Adult 1 on/going on Academic Suspension? Yes No N/A</p> <p>* Student Status: Freshman Sophomore Junior Senior Not Determined N/A</p> <p>Signature/date:</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Director
(Financial Aid Office)

Does HOH have financial aid available to pay the rent? Yes No Maybe N/a	Does Adult 1 have financial aid available to pay the rent? Yes No Maybe N/a
Pell Grant- Estimated Available: \$ _____	Pell Grant- Estimated Available: \$ _____

Director
(Financial Aid Office)
Note: maximum amounts will be listed; amounts not confirmed will be listed with strike-through
Ex: \$5,000 Confirmed

<p>Applied for these Scholarships:</p> <p>__HED \$ _____ Confirmed</p> <p>__JPTP \$ _____ Confirmed</p> <p>__Other \$ _____ Confirmed</p> <p>__Other \$ _____ Confirmed</p> <p>__Other \$ _____ Confirmed</p> <p>Signature/date:</p>	<p>Applied for these Scholarships:</p> <p>__HED \$ _____ Confirmed</p> <p>__JPTP \$ _____ Confirmed</p> <p>__Other \$ _____ Confirmed</p> <p>__Other \$ _____ Confirmed</p> <p>__Other \$ _____ Confirmed</p> <p>Signature/date:</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SBC Housing Office
Use Only:

Date received:	Time received:
Initials:	Application complete? Yes No

Standing Rock Housing
Authority Information:

Total debt owed to SRHA	\$ _____
Who verified debt amount?	

Sitting Bull College Housing Routing Slip

Take this routing slip to the departments listed below and return it to the Housing Department to complete your application. See disclosures and sign.

Adult 2

Adult 3

List all names ever used (i.e. maiden name, name changes, etc)

Printed Name/College ID #:	Printed Name/College ID #:
Other Names Used:	Other Names Used:
I hereby grant permission to all Sitting Bull College Departments and Offices to release to SBC Housing Department the necessary information pertinent to my eligibility for services offered by the Housing program. I also understand that much of the information provided will be used for determining my eligibility to rent from SBCLP#1. Sign and date below:	I hereby grant permission to all Sitting Bull College Departments and Offices to release to SBC Housing Department the necessary information pertinent to my eligibility for services offered by the Housing program. I also understand that much of the information provided will be used for determining my eligibility to rent from SBCLP#1. Sign and date below:

Your signature here >>

***** Applicant do not write below this line, bring to the offices annotated *****

Acct., Rec, Technician
(Finance Office)

Current Debt: \$ _____	Current Debt: \$ _____
Prior Debt: \$ _____	Prior Debt: \$ _____
Signature/date:	Signature/date:

Registrar
(Registrar's Office)

Enrollment Status: * Has Adult 2 completed application for enrollment for upcoming term? _____ * Is Adult 2 on/going on Suspension? Yes No N/A * Student Status: Freshman Sophomore Junior Senior Not Determined N/A	Enrollment Status: * Has Adult 3 completed application for enrollment for upcoming term? _____ * Is Adult 3 on/going on Academic Suspension? Yes No N/A * Student Status: Freshman Sophomore Junior Senior Not Determined N/A
Signature/date:	Signature/date:

Director
(Financial Aid Office)

Does Adult 2 have financial aid available to pay the rent? Yes No Maybe N/a	Does Adult 3 have financial aid available to pay the rent? Yes No Maybe N/a
Pell Grant- Estimated Available: \$	Pell Grant- Estimated Available: \$

Director
(Financial Aid Office)
Note: maximum amounts will be listed; amounts not confirmed will be listed with strike-through
Ex: \$5,000-Confirmed

Applied for these Scholarships: ___HED \$ _____ Confirmed ___JPTP \$ _____ Confirmed ___Other \$ _____ Confirmed ___Other \$ _____ Confirmed ___Other \$ _____ Confirmed	Applied for these Scholarships: ___HED \$ _____ Confirmed ___JPTP \$ _____ Confirmed ___Other \$ _____ Confirmed ___Other \$ _____ Confirmed ___Other \$ _____ Confirmed
Signature/date:	Signature/date:



STUDENT FINANCIAL ASSISTANCE VERIFICATION
Housing Credit Program

Name & address of school:

Sitting Bull College
9299 Highway 24
Fort Yates, ND 58538

Date: _____

Applicant: _____

Social Security # ____/____/____

TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she is enrolled at this institution of higher learning. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.



Sterling St. John, Housing Director/ Project Manager

TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my financial assistance for the purpose of determining my eligibility for occupancy.

Signed _____

Date _____

TO BE COMPLETED BY FINANCIAL AID PROVIDER AND/OR EDUCATIONAL INSTITUTION

Student currently attends school:	(please circle one)	Full Time	Part Time
Total grants, scholarships, etc (public or private) excluding student loans is:			
	Source	Amount	Period of Time it Covers
Grants	_____	_____	_____
Grants	_____	_____	_____
Scholarships	_____	_____	_____
Cost of Tuition (not including room and board)	_____	_____	_____

Please estimate for a year's period to best of your ability.

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature: _____

Date: _____

Financial Aid Director

Phone #:

701-854-8013

FINANCIAL AID DEDUCTION AGREEMENT

I, _____, agree to have the rent payments withheld from my financial aid and if the financial aid is not sufficient in covering the cost of the rental unit I agree that I am responsible for the remainder amount of rent.

TENANT:

Date

Witnessed by:

SITTING BULL COLLEGE

Occupant Specialist / Authorized Representative

Date

**SITTING BULL COLLEGE
RELEASE AND AUTHORIZATION FOR BACKGROUND CHECK**

As a condition of my acceptance for placement in an Sitting Bull College (SBC) Student Housing or Efficiency Apartment, I understand and acknowledge that SBC will conduct an investigation into my personal background. I understand that these investigative reports may contain public record information which includes criminal records and pending charges of criminal activity. I understand that the information will be requested from various federal, state, local, and tribal agencies that contain past records of my activities.

I hereby authorize without reservation, any party or agency contacted by Sitting Bull College Housing to furnish the above-mentioned information.

I have the right to make a request of Sitting Bull College for the information in its files on me at the time of my request. I also authorize SBC to share this background information as it applies to employment opportunities within SBC. _____ (initials)

I further authorize ongoing procurement of the above-mentioned reports at any time during my residency in an SBC Student Housing or Efficiency Apartment.

Print your name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Social Security Number (required): _____

Drivers License State: _____ License Number: _____

For Identification Purposes:

Date of Birth: Month _____ Day _____ Year _____ Race _____ Gender _____

Other former names: _____

States resided in the last 10 years: _____

Professional License: State _____ Type _____ Number _____

Have you ever been convicted of any felony or misdemeanor involving crimes of alcohol/drugs; violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons, or offences committed against children? () Yes () No If yes, please explain: _____

Are you currently on probation or parole or have you been released from prison in the last 5 years? () Yes () No. If yes, please explain: _____

Signature: _____ Date: _____