

Please review these income guidelines before submitting an application.

|                 |            | 1 Person | 2 Person | 3 Person | 4 Person |
|-----------------|------------|----------|----------|----------|----------|
| <b>WILLIAMS</b> | V-LOW      | 19600    | 22400    | 25200    | 27950    |
|                 | LOW        | 31300    | 35750    | 40250    | 44700    |
|                 | MODERATE   | 36800    | 41250    | 45750    | 50200    |
|                 | 38-YR TERM | 23500    | 26850    | 30200    | 33550    |

Household income must be below the V-Low guidelines. If there are no eligible applicants, we can go to the low and moderate level.

**WEST VIEW**  
**Office located at 120 Washington Avenue, Williston ND 58801**  
**701-572-8191 Phone\*\* 701-572-8192 Fax**

**Date/Time Received: \_\_\_\_\_**  
**For Office Use Only**

**APPLICATION FOR HOUSING –USDA Rural Development**

West View Management is an Equal Housing Opportunity company, with properties in compliance with Section 504 of the Rehabilitation Act of 1973 and Fair Housing Regulations.

16 2-bedroom units

**OUR PHONE NUMBER IS (701) \_\_\_\_\_ 572-8191. CALL BETWEEN THE HOURS OF**  
**8-12; 1-5 Mon. – Thurs, and 8-12; 1-4 Fri. ACCESSIBLE INTERVIEWING WILL BE MADE**  
**AVAILABLE.**

**IF YOU HAVE A HEARING IMPAIRMENT AND NEED ASSISTANCE WITH THIS APPLICATION, THE USER TDD NUMBER FOR NORTH DAKOTA IS 1-800-366-6688 DURING THE SAME HOURS.**

**All applicants must be 18 or older.**

|                  |      |              |                 |              |
|------------------|------|--------------|-----------------|--------------|
| Applicant Name:  |      |              |                 |              |
|                  | Last | MI           | First           |              |
| Current Address: |      |              |                 |              |
| City:            |      | State: _____ | Zip Code: _____ | Tel #: _____ |

**Any applicant, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.**

**HOUSEHOLD COMPOSITION**

List the Head of Household (applicant)

| Member Full Name | Relationship | Date of Birth | Age | Sex | Student Y or N | Social Security # |
|------------------|--------------|---------------|-----|-----|----------------|-------------------|
|                  | HEAD         |               |     |     |                |                   |
|                  |              |               |     |     |                |                   |
|                  |              |               |     |     |                |                   |
|                  |              |               |     |     |                |                   |

Are you a United States Citizen?    ☐ Yes    ☐ No

Are you a full –time college student?    ☐ Yes    ☐ No

**EMERGENCY CONTACT: The following information is voluntary. It will only be used in case of emergencies, once your application has been approved for occupancy and you have moved into the building.**

1.    Contact    \_\_\_\_\_    Relationship    \_\_\_\_\_  
      Address    \_\_\_\_\_    Phone #    (    )    \_\_\_\_\_

\_\_\_\_ I certify, under penalty of perjury, that I am not a full-time student and have not been a full-time student in the last calendar year. I understand management may verify my student status with: \_\_\_\_\_ (name of college). I will notify management if I become a full-time student in the future and understand that my student status could affect my eligibility to live in this complex.

**QUESTIONS–All must be answered.**

- Do you have any needs that might be better served by an apartment, which is accessible to persons with mobility impairments? ☐ Yes ☐ No
- Are you applying for status as an "Elderly Household," where the tenant is 62 or older or a person with a disability as defined by USDA Rural Development? ☐ Yes ☐ No  
If yes, do you realize you will be eligible for a \$400 and medical deduction? ☐ Yes ☐ No  
Please note that your eligibility must be verified.
- Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
- Are you subject to a lifetime registration under the State sex offender registration program? ☐ Yes ☐ No. If so, explain \_\_\_\_\_
- Do you use illegal drugs or have you ever been convicted of the use, manufacture or distribution of illegal drugs? ☐ Yes ☐ No. If so, explain \_\_\_\_\_
- Have you ever been evicted or violated a previous lease? ☐ Yes ☐ No. N/A If yes, explain \_\_\_\_\_
- Have your monthly rent obligations been paid on time? ☐ Yes ☐ No. N/A If no, explain \_\_\_\_\_
- Have you always received all of your security deposit refund? ☐ Yes ☐ No. N/A If no, explain \_\_\_\_\_
- Have you paid in full all utilities for which you have been responsible? ☐ Yes ☐ No. N/A If no, explain \_\_\_\_\_
- Do you have a service animal? ☐ Yes ☐ No
- Do you receive Housing Assistance? ☐ Yes ☐ No. If yes, type HRA Section 8 Certificate ☐ or Voucher ☐
- Are you now living or have you lived in a government-subsidized development? ☐ Yes ☐ No. If yes Name & Address of Development \_\_\_\_\_
- Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures or for any other reason? ☐ Yes ☐ No. If yes, explain \_\_\_\_\_
- Have you ever used different names from the names given in this application? ☐ Yes ☐ No. If yes, list \_\_\_\_\_
- Have you ever used social security numbers different from those listed in this application? ☐ Yes ☐ No. If yes, explain \_\_\_\_\_
- Have you lived in any other state within the past 10 years? ☐ Yes ☐ No. If yes, which ones? \_\_\_\_\_

You must provide a 5-year residence history. Include landlord's name, address and phone number starting with your current address, followed by your previous addresses for the past 5 year period. Each listing must include your unit address and dates you lived there. Failure to provide complete and accurate information may delay the processing of your application. Do not leave this blank.

#### CURRENT HOUSING STATUS

|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|         |      |       |     |

Name of Landlord: \_\_\_\_\_ Tel #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Length of time at this address: From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

#### PREVIOUS HOUSING STATUS

|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|         |      |       |     |

Name of Landlord: \_\_\_\_\_ Tel #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Length of time at this address: From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

#### PREVIOUS HOUSING STATUS

|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|         |      |       |     |

Name of Landlord: \_\_\_\_\_ Tel #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Length of time at this address: From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Use the back side of the form if additional space is required.

#### HOUSEHOLD INCOME INFORMATION

**All information will be verified by a third party.**

List all current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment. If you have more than one source of income, use a separate line for each source.

| DO YOU RECEIVE OR EXPECT TO RECEIVE |  | Yes | No | Gross Monthly Amount |
|-------------------------------------|--|-----|----|----------------------|
| 1                                   | Wages, salaries (includes overtime, tips, bonuses, commissions, self-employment)       |     |    | \$                   |
| 2                                   | Do you work for someone who pays you cash?   |     |    | \$                   |
| 5                                   | Worker's Compensation?   |     |    | \$                   |
| 3                                   | Unemployment benefits or Severance pay?  |     |    | \$                   |
| 4                                   | Social Security Payments?  |     |    | \$                   |
| 5                                   | TANF?  |     |    | \$                   |
| 6                                   | Child Support?   |     |    | \$                   |
| 6                                   | Retirement Benefits?   |     |    | \$                   |
| 8                                   | Annuities or life insurance dividends?   |     |    | \$                   |
| 9                                   | Lump sum payments (include inheritance, insurance settlement, lottery winnings, etc.)? |     |    | \$                   |
| 10                                  | Regular cash contributions or gifts from individuals not living in the unit?           |     |    | \$                   |
| 11                                  | Other? (List)  |     |    | \$                   |

  

| Question No. |  | NAME <u>AND</u> ADDRESS OF SOURCE(s) OF INCOME | Phone No. OF SOURCE(s) OF INCOME |
|--------------|--|--|----------------------------------|
|              |  |  |                                  |
|              |  |  |                                  |
|              |  |  |                                  |

#### ASSETS

All Information will be verified by a third party.

| DO YOU HAVE MONEY HELD IN: |   | Yes | No | Current Balance |
|----------------------------|---|-----|----|-----------------|
| 1                          | Checking Accounts   |     |    | \$              |
| 2                          | Savings Accounts  |     |    | \$              |
| 3                          | Stocks  |     |    | \$              |
| 4                          | Trusts*   |     |    | \$              |
| 5                          | Securities  |     |    | \$              |
| 6                          | Insurance Settlements   |     |    | \$              |
| 4                          | 401K*   |     |    | \$              |
| 10                         | IRA/KEOGH Accounts  |     |    | \$              |
| 11                         | Certificates of Deposit   |     |    | \$              |
| 12                         | Pension/Retirement Funds  |     |    | \$              |
| 13                         | Money Market Funds  |     |    | \$              |
| 14                         | Treasury Bills  |     |    | \$              |
| 15                         | Safety Deposit Box  |     |    | \$              |
| 16                         | Other (list)  |     |    | \$              |
|                            |   | Yes | No | Value           |
| 17                         | Do you currently hold a contract for deed?  |     |    | \$              |
| 18                         | Do you currently own real estate?   |     |    | \$              |
|                            | If yes, please list the location(s), number of acres owned, any expenses (i.e. taxes, Insurance, etc.) and any income received: |     |    |                 |
| 20                         | Are any assets held jointly with another person?  |     |    | \$              |
|                            | If yes, list person's name and the asset(s) held jointly:   |     |    |                 |

  

| Question No. |  | List Name AND Address of Bank or Institution where funds are kept. Provide copy of entire property tax statement for any real estate owned. | Phone No. of Bank or Institution | Fax No. |
|--------------|--|---|----------------------------------|---------|
|              |  |   |                                  |         |
|              |  |   |                                  |         |
|              |  |   |                                  |         |

**\*NOTE: QUESTION #4and #7: Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death.**

I hereby certify that I ☐ have ☐ have not sold or disposed of any asset for less than Fair Market Value during the two-year (24-month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

| Description of Asset Sold | Assets Estimated Value | Date Sold/Disposed of | Amount Received |
|---------------------------|------------------------|-----------------------|-----------------|
|                           | \$                     |                       | \$              |
|                           | \$                     |                       | \$              |

**HOUSEHOLD ALLOWANCE INFORMATION**  
All information will be verified by a third party.

Do you have any out of pocket day care expenses that allow you to work or attend school? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please provide the name and address of your provider: \_\_\_\_\_

Are any of your daycare expenses reimbursed from an outside source: \_\_\_\_ Yes \_\_\_\_ No

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include payments on outstanding medical bills, medical insurance premiums, cost of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g. insurance, Medicare, state agency or charitable organization. These are only allowed if your household is considered elderly (62+ or you or a household member has a disability).

|              | Do you expect to incur any of the following expenses:   | Yes       | No      | Monthly Amt. |
|--------------|---|-----------|---------|--------------|
| 1            | Attendant care for tenant who has a handicap or disability?   |           |         | \$           |
| 2            | Medicare premiums?  |           |         | \$           |
| 3            | Other medical insurance premiums? You must be an elderly household in which the head, spouse, or sole-member is 62 or older, disabled or handicapped.   |           |         | \$           |
| 4            | Outstanding medical bills on which you are currently paying? You must be an elderly household in which the head, spouse, or sole-member is 62 or older, disabled or handicapped.                              |           |         | \$           |
| 5            | Do you expect to have any additional medical expenses during the next twelve (12) months? You must be an elderly household in which the head, spouse, or sole-member is 62 or older, disabled or handicapped. |           |         | \$           |
| Question No. | List Name AND Address of Service Provider, Insurance Company, Doctor, etc.<br>(Use back of page for extra space)  | Phone No. | Fax No. |              |
|              |   |           |         |              |
|              |   |           |         |              |
|              |   |           |         |              |
|              |   |           |         |              |
|              |   |           |         |              |

**Before we can process your rental application, it is necessary that you provide accurate and complete information.**

**Resident selection standards:** All applicants are screened before acceptance. See attached Selection Criteria for details. The following information will form the basis of the final acceptance of this application:

1. Rental history
2. Credit history
3. Criminal background check
4. References if applicable

West View will not discriminate against any person because of race, color, creed, religion, national origin, sex, marital status, with regard to public assistance, disability, sexual orientation or familial status.

**Applicant hereby understands and represents:**

- a) That this application is complete and contains all material facts.
- b) Applicant hereby gives full authority and permission to verify the information herein with the business and personal references stated.
- c) Applicant represents the statements and information set forth herein are true, correct and complete and understands that West View will rely on said information in order to make a decision of whether or not to rent to the applicant.
- d) West View, at its option, may investigate and verify information before and after renting to the applicant.
- e) APPLICANT AGREES THAT IF HE/SHE RENTS, SUCH RENTAL MAY BE CANCELLED BY COMMUNITY ACTION PARTNERSHIP IN THE EVENT THAT ANY STATEMENT OR INFORMATION FURNISHED BY THE APPLICANT IN THIS APPLICATION IS FALSE.
- f) I understand that should I be offered occupancy by the management and I choose not to accept, I would have to make a new application for occupancy.

**Warning Statement**

**Section 1001 of Title 18, United States Code provides, "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictions or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."**

**Statement by All Adult Household Members**

The tenant agrees that the Tenant must not engage in or permit: Any criminal activity, including drug-related criminal activity, whether in the unit or elsewhere on or near the project; or any other unlawful activity in the unit or on the project.

I authorize West View and its staff or authorized representative to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact private/non public information entities, governmental agencies (including law enforcement agencies) previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, state or local agencies.

I certify that the unit applied for will be my primary residence and I do not/will not maintain a separate subsidized rental unit in a different location. I understand I must pay a security deposit for this apartment. I understand that my eligibility for housing will be based on USDA Rural Development income limits and by West View Selection Criteria.

I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I understand if I become a tenant of West View, and should move, owing money to West View my name will be placed on a bad-debt listing, which will be forwarded to other housing agencies.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-applicant

## FAMILY HOUSEHOLD COMPOSITION

“The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital 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 any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.”

Please list the household members' name and use the codes below to complete the Race and Ethnic Group area.

Household Member: \_\_\_\_\_ Race \_\_\_\_\_ Ethnic Group \_\_\_\_\_ Sex \_\_\_\_\_  
Household Member: \_\_\_\_\_ Race \_\_\_\_\_ Ethnic Group \_\_\_\_\_ Sex \_\_\_\_\_  
Household Member: \_\_\_\_\_ Race \_\_\_\_\_ Ethnic Group \_\_\_\_\_ Sex \_\_\_\_\_  
Household Member: \_\_\_\_\_ Race \_\_\_\_\_ Ethnic Group \_\_\_\_\_ Sex \_\_\_\_\_

### RACE

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Pacific Islander
5. White

### ETHNICITY

- a. Hispanic/Latino
- b. Non-Hispanic/Latino

## **RURAL DEVELOPMENT APPLICANTS ONLY**

### 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 Rural Development that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex familial status, age and disability 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 owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

This information is being requested for statistical purposes and to comply with equal opportunity and fair housing legislation.

CHECK THE ONE THAT APPLIES:

**RACE:** Is the head of household:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

**ETHNICITY:** Is the Head of Household:

- ☐ Hispanic or Latino
- ☐ Non-Hispanic Latino

**SEX:**

Is the head of household (check one that applies)      ☐ Male      ☐ Female

Is the co-head of household (check one that applies)      ☐ Male      ☐ Female

*Race, Ethnicity and Sex information obtained from Applicant ( ) or by Management Observation ( ).*

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.



This institution is an equal opportunity provider and employer. We do not discriminate against any person because of race, color, sex, religion, national origin, handicap, or familial status. Section 504 of the Rehabilitation Act of 1973 coordinator is available. ND TDD 800.366.6888





# APPLICANT/TENANT CERTIFICATION

## Giving True and Complete Information

I certify that all information provided on household composition, citizenship status, income, family assets, and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have received the application or Rural Development form 3560-8 (whichever applies to me), and certify that the information shown therein is true and correct.

## Reporting Changes in Income or Household Composition

I know I am required to immediately report in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

## Reporting on Prior Housing Assistance

I certify that I have disclosed if and where I received any previous Federal Housing Assistance, and whether or not any money is owed. I certify that during any previous Federal Housing Assistance, I did not commit any fraud, knowingly misrepresent any information, and/or vacate the unit in violation of any lease.

## No Duplicate Residence or Assistance

I certify that the unit I will now occupy will be my principal residence and that I will not obtain duplicate Federal Housing Assistance while I am currently in this program. I will not live anywhere else without immediately notifying the Housing Authority/Agency in writing. I will not sublease my assisted residence.

## Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, and/or to verify my true circumstances. Cooperation includes attending scheduled meetings, and completing and signing all necessary forms. I understand that failure or refusal to do so may result in delays and/or termination of housing assistance.

## Criminal or Administrative Actions for False Information

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or tenancy.

**Signature by All Household Adults**

**Date**

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(ONE COPY FOR FAMILY FILE AND ONE COPY FOR FAMILY)