



SBC Housing Application Packet

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

1. Head of household must be a full-time student at SBC in good standing
2. 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.
3. Student Housing Application & Routing Slip - completed and signed by HOH and all adult member(s) 18 years of age or older. Routing Slip - Signed by offices verifying debt if any, enrolled in semester, not on suspension and financial aid.
4. Copy of the front page of Standing Rock Housing Authority Application - This one-page copy should be stamped and signed by SRHA once you complete their application and placed in their waiting list. Household composition must match SBC housing application.
5. **Copies of all Social Security card(s), CDIB, and birth certificate(s).**
6. No past debt with SBC in excess of \$2,000.00.
 - a. must enter a repayment agreement and have paid three (3) consecutive payments regardless of amount owed.

Once approved, all tenants 18 years of age or older will be subject to a background check prior to move-in: state, federal and county \$20.00, the Standing Rock Sioux Tribal Court is \$30.00, and or respective tribal court where adult tenant is an enrolled member.

A potential tenant will be deemed ineligible to occupy SBC Student Housing if any of the following apply:

1. **A conviction for alcohol/drug-related criminal activity (within the last five (5) years)**
2. **A conviction for violent criminal activity (within the last 10 years)**
3. **Currently required to be registered as a sex offender (no limit)**
4. **A felony charge/conviction (within the last 7 years)**
5. **Any crimes related to children (no limit)**
6. **Any pending charges of the above**

FACTS ABOUT SBC HOUSING

If the entire household consists of full-time students, one of the 6 following exceptions must apply *Note: Kindergarten is considered fulltime student:*

1. A student has been previously under the custody of a foster care system;
2. A student is single parent when neither the parent-student nor their children can be claimed as a dependent on the tax return of someone else; exception exists
3. All adults in the household are married and filing a joint tax return;
4. A student is a veteran, honorably discharged;
5. A student is receiving welfare benefits (TANF or AFDC);
6. A student is enrolled in a job training program which receives assistance under the Workforce Invest Act (WIA).



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.*

Name:	Land Line #:
Current Mailing Address:	Cell Phone 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, Middle Initial.	Relationship to Head of Household	Birth Date	Age	Social Security #	Student Status:		
					Full Time	Part Time	N/A
1.	Head						
2.							
3.							
4.							
5.							
6.							
7.							

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 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

If Yes, please explain here: _____

3.) Does any member of 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 Jan, Feb, Mar, April, Nov, Dec)
- 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

- 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 home

Yes No **13.) Is any member of the household employed?**

Job 1.) Who is employed? _____ **AMT: \$** _____

What Company? _____ Phone: _____ **PER:** _____

Job 2.) Who is employed? _____ **AMT: \$** _____

What Company? _____ Phone: _____ **PER:** _____

Check if there any additional jobs in the household (attach separate sheet)

Yes No **14.) Are any members self-employed?**

Who is self-employed? _____ **AMT: \$** _____

What type of work does this person do? _____ **PER:** _____

Yes No **15.) Are any adult members of your household unemployed?**

Which adult members are unemployed? _____

Yes No **16.) Does any household member receive pay from the military?**

Who is paid by the military? _____ **AMT: \$** _____

Which branch of the military? _____ **PER:** _____

Contact Person: _____ Phone: _____

Yes No **17.) Does any member receive any payments from the Social Security** **AMT: \$** _____

Administration? Which type: SS SSI Other **PER:** _____

Who receives payments from the Social Security Office? _____

Yes No **18.) Does any household member receive severance pay or workers compensation?**

Who is receiving severance pay or worker's compensation? _____ **AMT: \$** _____

What company pays them? _____ **PER:** _____

Contact Person: _____ Phone: _____

Yes No **19.) Is any household member unemployed and receiving payments from an Unemployment Agency?**

Who is receiving unemployment benefits? _____ **AMT: \$** _____

Contact Person: _____ Phone: _____ **PER:** _____

Yes No **20.) Does any household member receive Public Assistance payments such as TANF (please do not include Food Stamp benefits here.)**

Who is receiving TANF benefits? _____ **AMT: \$** _____

Caseworker: _____ Phone: _____ **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

TYPE OF INCOME

Yes No **21.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account?**

Please check one: Pension Annuity Other Retirement AMT: \$ _____

Who receives these benefits? _____ PER: _____

What is their address? _____

Contact Person: _____ Phone: _____

Yes No **22.) Does anyone outside 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?**

What is the name of the person that pays you? _____ AMT: \$ _____

What is their address? _____ PER: _____

Phone Number: _____

Yes No **23.) Is there any other source of income we haven't already asked about above that you receive?**

Please Describe: _____ AMT: \$ _____

PER: _____

Yes No **24.) Does your household expect any changes in their income within the next 12 months?**

Please Describe: _____ AMT: \$ _____

PER: _____

Yes No **25.) Does your household receive long-term care insurance payments, in excess of \$180 per day, for a family member residing in a long-term care facility?**

Which member is in a long-term facility? _____ AMT: \$ _____

Which household member are the payments made to? _____ PER: _____

What company pays this person? _____

Phone Number: _____

Yes No **26.) Do any of your household members have zero income?**

Which adult members have zero income? _____



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 home

ACCOUNT INFORMATION

___ Yes ___ No 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 1) 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 separate sheet with the bank name, account type and name(s) on the account)

___ Yes ___ No 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: _____ Stocks Bonds Mutual Funds Whole Life Insurance

___ Yes ___ No 29.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?

Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ IRA Keogh 401k Other

___ Yes ___ No 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: _____ Phone: _____

___ Yes ___ No 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: _____

___ Yes ___ No 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: _____



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

ACCOUNT/ASSET INFORMATION CONTINUED

ACCOUNT INFORMATION

Yes No **33) Does any household member have a Trust Account?**

Institution Name: _____ Name(s) on Account: _____

Is this account Revocable or Non-Revocable Trust Account? _____ Contact Phone _____

Yes No **34) Does any household member have any Treasury Bills or Government Savings Bonds?**

Which household member: _____

Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____

Yes No **35) Does any household member have cash on hand or safe deposit boxes?**

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

Yes No **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? _____

Yes No **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 Sitting Bull College.

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:

SBC 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

Printed Name/College ID #:	Printed Name/College ID #:
Other Names Used:	Other Names Used:
<i>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.</i>	<i>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.</i>

Sign Here >>

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

ACCOUNT RECEIVABLE OFFICE

Acct., Rec, Technician (Finance Office)	Current Debt: \$ _____	Current Debt: \$ _____
	Prior Debt: \$ _____	Prior Debt: \$ _____
	Signature/date:	Signature/date:

REGISTRAR OFFICE

Registrar (Registrar's Office)	Enrollment Status:	Enrollment Status:
	* Has HOH completed application for enrollment for upcoming term? _____	* Has Adult 1 completed application for enrollment for upcoming term? _____
	* Is HOH on/going on Academic Suspension Yes No	* Is Adult 1 on/going on Academic Suspension Yes No
	* Student Status: Freshman Sophomore Junior Senior Master	* Student Status: Freshman Sophomore Junior Senior Master
	Signature/date:	Signature/date:

FINANCIAL AID OFFICE

Director (Financial Aid Office)	Is HOH on/going on Financial Aid Suspension? Yes No	Is Adult 1 on/going on Financial Aid Suspension? Yes No
	Does HOH have Financial Aid to pay rent? Yes No Maybe	Does Adult 1 have Financial Aid to pay rent? Yes No Maybe
	Signature/Date:	Signature/Date:

SBC Housing Office Use Only	Date Received:	Date Received:
	Time:	Time:
	Application Complete?:	Application Complete?:
	Initials:	Initials:

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
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.	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 Here >>	

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Acct., Rec, Technician (Finance Office)	Current Debt: \$ _____	Current Debt: \$ _____
	Prior Debt: \$ _____	Prior Debt: \$ _____
	Signature/date:	Signature/date:

REGISTRAR OFFICE

Registrar (Registrar's Office)	Enrollment Status:	Enrollment Status:
	* Has Adult 2 completed application for enrollment for upcoming term? _____	* Has Adult 3 completed application for enrollment for upcoming term? _____
	* Is Adult 2 on/going on Academic Suspension Yes No	* Is Adult 3 on/going on Academic Suspension Yes No
	* Student Status: Freshman Sophomore Junior Senior Master	* Student Status: Freshman Sophomore Junior Senior Master
	Signature/date:	Signature/date:

FINANCIAL AID OFFICE

Director (Financial Aid Office)	Is Adult 2 on/going on Financial Aid Suspension? Yes No	Is Adult 3 on/going on Financial Aid Suspension? Yes No
	Does Adult 2 have Financial Aid to pay rent? Yes No Maybe	Does Adult 3 have Financial Aid to pay rent? Yes No Maybe
	Signature/Date:	Signature/Date:

SBC Housing Office Use Only	Date Received:	Date Received:
	Time:	Time:
	Application Complete?:	Application Complete?:
	Initials:	Initials:

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**

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.



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Signature: _____

Date: _____

Financial Aid Director

Phone #: **701-854-8013**

**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: _____

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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: _____

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Professional License: State _____ Type _____ Number _____

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Signature: _____ Date: _____