



# **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.*

<b>Name:</b>	Land Line #:
<b>Current Mailing Address:</b>	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**

**Administration?** Which type:  SS  SSI  Other **AMT: \$** \_\_\_\_\_

Who receives payments from the Social Security Office? \_\_\_\_\_ **PER:** \_\_\_\_\_

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

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.	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 >>**

\*\*\*\*\* 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><b>Enrollment Status:</b></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    Master</p> <p>Signature/date:</p>	<p><b>Enrollment Status:</b></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                      Master</p> <p>Signature/date:</p>
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**Director  
(Financial Aid Office)**

<p>Does HOH have financial aid available to pay rent? Yes    No    Maybe    N/a</p> <p>Is HOH on/going on Financial Aid Suspension?</p>	<p>Does Adult 1 have financial aid available to pay rent? Yes    No    Maybe    N/a</p> <p>Is Adult 2 on/going on Financial Aid Suspension?</p>
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**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>__WIA                      \$ _____ Confirmed</p> <p>__PELL                      \$ _____ 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>__WIA                      \$ _____ Confirmed</p> <p>__PELL                      \$ _____ Confirmed</p> <p>__Other                      \$ _____ Confirmed</p> <p>__Other                      \$ _____ Confirmed</p> <p>Signature/date:</p>
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**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.	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.
<b>Sign Here &gt;&gt;</b>	

\*\*\*\*\* 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)

<b>Enrollment Status:</b> * 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              Master Signature/date:	<b>Enrollment Status:</b> * 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                      Master Signature/date:
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Director  
(Financial Aid Office)

Does Adult 2 have financial aid available to pay rent? Yes    No    Maybe    N/a Is Adult 2 on/going on Financial Aid Suspension?	Does Adult 3 have financial aid available to pay rent? Yes    No    Maybe    N/a Is Adult 3 on/going on Financial Aid Suspension?
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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 ___ WIA                      \$ _____ Confirmed ___ PELL                      \$ _____ Confirmed ___ Other                      \$ _____ Confirmed ___ Other                      \$ _____ Confirmed Signature/date:	Applied for these Scholarships: ___ HED                      \$ _____ Confirmed ___ WIA                      \$ _____ Confirmed ___ PELL                      \$ _____ Confirmed ___ Other                      \$ _____ Confirmed ___ Other                      \$ _____ Confirmed Signature/date:
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**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.

\_\_\_\_\_  
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**

**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: \_\_\_\_\_

**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.

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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: \_\_\_\_\_