



LAKE COUNTY HOUSING ASSISTANCE OFFICE

Housing Assistance Programs Provided by

Lake County Community Housing Organization and City of Ronan Housing Authority



21 2nd Avenue P.O. Box 146 Ronan, MT 59864 Telephone 406-676-5900 TTY-TDD: 711 Fax: 406-676-5903
Toll Free: 877-237-5900 E-mail: sharonkj@bresnan.net <http://www.lakecountyhousing.org>

HOME BUYER NOTICE TO APPLICANTS

PLEASE READ AND SIGN THIS PAGE PRIOR TO COMPLETING THE ATTACHED APPLICATION.

Federal regulation establishes administrative procedures for imposing civil penalties and assessments against persons who file false claims or statements while applying for housing benefits. This regulation, which implements the Program Fraud Civil Remedies Act of 1986, applies to all applicants or public housing programs, including tenants and homebuyers. The *Program Fraud Remedies* regulations apply to any person or persons who misrepresents or omits information from applications for housing, income verifications, re-examination of information, family compositions or ages of family members, etc., they may be investigated by the HUD Inspector General and they may be subject to the following penalties:

- (1) Up to \$5,000 for filing such a claim; or
- (2) Up to \$5,000 plus up to twice the amount of benefits which were fraudulently received; and
- (3) In any case, whether or not benefits were actually received by the individual/family, or any other remedy which may be prescribed by law will still apply. (This means that the fines do not preclude criminal charges or legal actions against the person(s) committing the fraud.)

Some of the areas where such fraud may occur:

- = Families reporting less than all sources of income, (e.g., only reporting husbands income when both spouses are working; or not reporting all or part of part-time income or other seasonal income).
- = Families listing more dependents than are eligible or who live in the household.
- = Families misrepresenting age to either get benefits for "elderly" or claim children as dependents after they reach age 18.
- = Families not reporting all assets, such as bank accounts, real estate/homes owned.

"I have read and understand these regulations."

Head of Household's (Applicant's) Signature

Date

Co-Applicant's Signature

Date



APPLICATION FOR HOUSING

Return to Lake County Housing Office

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Date & Time Application Received in Office: _____

PLEASE PRINT CLEARLY (Use Dark Blue or Black Ink, and **DO NOT** leave anything Blank)

Name: _____ Soc. Sec. #: _____

Spouse's/Co-Tenant's Name: _____ Soc. Sec. #: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone #'s: (Home): _____ (Work): _____ (Message): _____

(Cell): _____

Current Rent: \$ _____ Utilities: \$ _____ (Heat, Lights, Water, Sewer)

Personal Information: Age: _____

Are you a U.S. Citizen? Yes No

If No, Alien Registration #: _____ Country: _____

Tribal Member? Yes No If Yes, What Tribe? _____

Persons Who Will be Living in the Household (HH) Unit:

Family Number (1-8)	Name: <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Social Security Number	Sex: M/F	Birth date: Month, Date, Year	Full-Time Student: Y/N	Race	Ethnicity
1								
2								
3								
4								
5								
6								
7								
8								

Race codes:

- 1 = White
- 2 = Black or African American
- 3 = Asian
- 4 = American Indian or Alaskan Native
- 5 = Native Hawaiian or Other Pacific Islander
- 6 = American Indian or Alaskan Native and White
- 7 = Asian and White
- 8 = Black or African American and White
- 9 = American Indian or Alaskan Native and Black or African American
- 10 = Other Multi-racial (balance of individuals reporting more than one race)

Ethnicity codes:

- H = Hispanic or Latino
- N = Non Hispanic or Latino

The Information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applicants on the basis on race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information. You are not required to furnish this information, but you 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, ethnicity, and sex of an individual applicant on the basis of visual observation or surname, national origin and sex of individual applicants on the basis of visual observation or name.

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Do you or any other members of your household require special accommodations in your housing such as no stairs, wheel chair accessibility, etc? Yes No If yes, what accommodations are required?

Are you or any members of your household a veteran? Yes No

If Yes, give name: _____

INCOME

"Income" is defined on the attached "Income Guidelines", and must be stated for each member of the household, age 18 and over.

Wage or pay period (How often received): Multiply GROSS INCOME by:

- Hourly..... 2,080
- Daily (assuming 5 day work week)260
- Weekly52
- Bi-Weekly (every 2 weeks)26
- Semi-Monthly24
- Monthly12

Family Number (1-8)	<u>Name of Income Source</u> (Name of Employer, Assistance Program, Etc.)	GROSS INCOME Per Pay Period (Before Deductions)	Multiply By Put # Multiplying by (Use Chart Above)	TOTAL ANNUAL GROSS INCOME
GRAND TOTAL				

Please list all Assets (See Attachment for list of different types of Assets)

<u>Type:</u>	<u>\$ Value:</u>	<u>Location:</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

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What assistance is the family currently receiving (Check all that apply)?

- AFDC UNEMPLOYMENT SOCIAL SECURITY TANF
- SSI SSD FOOD STAMPS FUEL ASSISTANCE
- OTHER(Name) _____

Assets:

Checking or Savings Account#: _____ Name of Bank:

Balance: \$ _____

Liabilities:

Name of Company:

Monthly Payment:

Unpaid Balance:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

"I declare that the information that I have provided is full, true and complete to the best of my knowledge and are given under the penalty of perjury. I hereby authorize for obtaining any and all information necessary for the purpose of verifying the statements made. Furthermore, I also hereby grant permission to release information necessary in assisting me in obtaining other services for which I may be eligible."

Head of Household's Signature

Date

Co-Applicant's Signature

Date



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INCOME GUIDELINES

(Effective March 20, 2010)

EXTREMELY LOW INCOME (30% OF MEDIAN INCOME)

FAMILY SIZE	INCOME LIMIT
1	\$11,400
2	\$13,000
3	\$14,650
4	\$16,250
5	\$17,550
6	\$18,850
7	\$20,150
8	\$21,450

(50% OF MEDIAN INCOME)

FAMILY SIZE	INCOME LIMIT
1	\$19,000
2	\$21,700
3	\$24,400
4	\$27,100
5	\$29,300
6	\$31,450
7	\$33,650
8	\$35,800

(60% OF MEDIAN INCOME)

FAMILY SIZE	INCOME LIMIT
1	\$22,800
2	\$26,040
3	\$29,280
4	\$32,520
5	\$35,160
6	\$37,740
7	\$40,380
8	\$42,960

Information About Your Income and Assets

Changes in household income, family composition and child care expenses in the amount of \$100.00 or more per month must be reported to the Ronan Housing Authority **within 10 days of the date of the change**. A re-certification appointment will be scheduled to determine your portion of the rent.

1. **Employment Income** For every member of your family who works, provide the following information:
 - = Name, address, telephone number of the employer.
 - = Current rate of regular pay and overtime pay and the number of hours per week normally worked (three month's current pay stubs).
 - = Information about any changes you expect in your pay or the number of hours worked during the next twelve months.
 - = Other type of income you expect to receive from employment, such as tips, commissions, profit-sharing programs, etc.
 - = Self-Employment: Last year's income tax, current years earnings and expenses.
 2. **Benefits and Support Income** If any member of your family receives any of the following types of income, provide name, address and telephone number of the source of the income, and information about the amount received:
 - = Unemployment Compensation
 - = Social Security
 - = Supplemental Social Security
 - = Social Security Disability
 - = Welfare or other public assistance
 - = Regular support from family members or friends
 - = Alimony
 - = Child Support
 - = Pension
 - = Disability Income
 - I. **Amounts in Savings and Checking Accounts** (including Christmas Clubs, Certificates of Deposit, IRA and Keough Accounts) provide the account number for all accounts and the balance in your accounts.
 - II. **Real Estate You Own** Provide information about the current value of the property. If you own property and rent item provide the address of the property, information about how much income you receive and what expenses you have for the property. (Last year's Schedule E from your income tax forms has this information.)
 - III. **Stocks, Bonds, Trusts, Other Investments** Provide account numbers and statements on value of investments and information about income from investments.
 - IV. **Life Insurance Policies** Provide name of company and policy numbers.
 - V. **Educational Grants and Scholarships** If any member of your family receives an educational grant or scholarship, provide information about the amount of the assistance and the purposes for which the assistance can be used, and the name, address and telephone number of the institution providing the assistance.
 - VI. **Recreational Vehicles:** Are considered assets, but regular cars are not
- Other Income** For any other type of income your family has, provide the name, address and telephone number of the source of the income and information about the amount of the income.



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AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We have applied for a second mortgage loan for down payment assistance from the Ronan Housing Authority (“RHA”). As part of the application process, RHA may verify information contained in my/our program application and in other documents required in connection with the loan.

I/We authorize you to provide to Ronan Housing Authority any and all information and documentation that they request. Such information includes, but is not limited to:

- Employment history and income
- Bank, money market and similar account balances
- Credit history
- Copies of income tax returns
- Rental payment record verification

The information is for the confidential use of the Ronan Housing Authority in determining me/our eligibility for down payment assistance, or to confirm information I/we have supplied.

Your prompt reply is appreciated.

I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.

Borrower’s Signature

Social Security Number

Current Address

City, State, Zip

Co-Borrower’s Signature

Social Security Number

Current Address

City, State, Zip

Date