



# 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: 1-877-237-5900 E-mail: [housing@ronan.net](mailto:housing@ronan.net) <http://www.lakecountyhousing.org>

## APPLICANT'S INFORMATION

(IMPORTANT: DO NOT TEAR THIS SHEET OFF OF THE APPLICATION)

PLEASE READ CAREFULLY

WHEN FILLING OUT THE APPLICATION PLEASE PRINT CLEARLY AND DO NOT  
LEAVE ANY QUESTIONS BLANK!

To be considered for housing, you must complete the application completely and return it to the Housing Office **along with verification of your income and current phone numbers for references, including previous landlords and creditors.** The Housing Office **cannot** accept an application that is not complete, so please do not leave any questions unanswered. **All** references will be checked. Applications must be updated every six months or you will be removed from the waiting list. All applicants must also attend a Tenant Education class, and you will be notified by mail when it is your turn to attend (attending does not guarantee you assistance, nor does it mean there is an opening).

**Remember to sign the application wherever asked.** The person(s) who signs the application should be the same person(s) who would sign the lease as head of household and/or spouse/co-applicant if you are selected. When signing the application, you are certifying that the information is correct. You also give the Housing Office permission to contact your employer or other sources of income to verify your income information. **Please sign the attached "Authorization to Release Information" forms.** Credit checks will be implemented to verify any past due rental amounts and utilities that are owed to another housing authority, landlord or utility company in connection with Section 8, TBRA Programs or any other low-rent housing program to conform with the family obligations, and any utilities owed. **Also, a Criminal background screening will be done. All adult family members will be required to sign the consent form attached.**

In order to qualify for most programs offered through the Housing Office, your total gross annual family household income (gross means before taxes or any other deductions taken out) may not exceed 80% (60% in some cases) of the median household income for Lake County as established by the Federal Office of Housing and Urban Development (HUD)(See attached *Income Guidelines*). Selection is made from a waiting list that is maintained on a first-come, first-served basis utilizing the date and time your application is received. When your name is next on the waiting list, you will be notified by mail, so it is important that you keep us informed of any address changes.

**The following programs are administered through the Lake County Housing Assistance Office:**

- **HUD Section 8 Vouchers:** Offered within a 10 mile radius of Ronan. You can receive assistance where you are currently living if within the jurisdiction or you can find another place.
- **Tenant-Based Rental Assistance (TBRA):** Dependent on funds available annually if granted through the Montana Dept. of Commerce. When funds are available, these funds may be used to subsidize rent anywhere in Lake County for a minimum of 6 (six) months and a maximum of two (2) years or twenty-four (24) months. You can receive assistance where you are currently living if within jurisdiction or you can find another place.
- **Apartments:** One, two and three-bedroom apartments for low-income families, elderly (62 years of age or over) and handicapped persons. There are twenty-four (24) units located in Polson (22 of them come with rental assistance); fort-eight (48) units located in Ronan. In the Main Street Apartments there are eight (8) units that are Tax Credit housing which means you have to be student and income eligible to live there. Twenty-one (21) of the 48 units in Ronan are elderly that come with rental assistance and eight (8) elderly units located in St. Ignatius come with rental assistance provided by USDA Rural Development. Should you accept a unit in the housing program, you will be required to pay a \$300.00 Security Deposit, and bedroom size does not matter it is the same amount. A power deposit as required by Mission Valley Power Co., and your first month's rent prior to occupancy. We also manage the Sparrow Lane housing in Pablo. There are two phases with eighteen(18) 3-bedroom houses each for a total of 36 houses. These are Tax Credit houses which means you have to be student and income eligible to live there. They do not come with rental assistance. They are all three bedroom units. Depending on the unit's designation of 50or 60% Income Limit, the rents are \$471.00 and \$565.00 respectfully and the Security Deposit is the same as the rent.



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## NOTICE TO APPLICANTS

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

**PLEASE KEEP THIS PAGE ATTACHED TO 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

\_\_\_\_\_  
Spouse/Co-Applicant’s Signature

\_\_\_\_\_  
Date



**APPLICATION FOR HOUSING**  
Return to Lake County Housing Office

21 - 2nd Avenue P.O. Box 146 Ronan, MT 59864

Phone: 406-676-5900 Toll Free: 877-237-5900 TTY-TDD: 711 Fax: 406-676-5903

E-Mail: [housing@ronan.net](mailto:housing@ronan.net) <http://www.lakecountyhousing.org> 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: \_\_\_\_\_

**Type of Housing Assistance Requested (Check all that apply):**

Location (Check Box)	Family Housing (Our Apts.)	Elderly Housing (62 or Older, or Handicapped or Disabled)	Handicapped Accessible	Rental Assistance in Private Housing
Polson <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pablo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ronan <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charlo <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
St. Ignatius <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: Within Lake County (Name): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Number of Bedrooms Needed (Please Check Only One):**

1     2     3     4     5

**Application for Housing**  
**Page 2**

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? \_\_\_\_\_

Explain your present living arrangements: \_\_\_\_\_

Are you about to be without housing? Yes  No  If Yes, When? \_\_\_\_\_

If Yes, explain reason: \_\_\_\_\_

Is your current dwelling substandard? Yes  No  If Yes, explain reason: \_\_\_\_\_

Have you ever lived in Public Housing or received any other Housing Assistance. Yes  No  If Yes, from Whom and When? \_\_\_\_\_

Have you ever been evicted from Public Housing? Yes  No  If Yes, when? \_\_\_\_\_

Do you owe any money to a utility company, Housing Authority, or prior landlord?? Yes  No  If Yes, how much? \_\_\_\_\_

Have you made any payment arrangements with them? Yes  No

**Persons Who Will be Living in the Household (HH) Unit: Please enter yourself first (applicant)**

Family Number (1-8)	Name: First, Middle Initial, Last	Relationship to Head of Household	Social Security Number	Sex: M/F	Birth date: Month, Date, Year	Full-Time Student: Y/N	Race (Use only one code listed below)	Ethnicity (Use only one code listed below)
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

**Application for Housing  
Page 3**

**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  
 Weekly .....52  
 Bi-Weekly (every 2 weeks) .....26  
 Semi-Monthly .....24  
 Monthly .....12

Family Number (corresponds with listing of members in the household)	Name of Income Source (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
			<b>GRAND TOTAL</b>	

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

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

**REFERENCES:** Please provide three creditors, must include your current and previous landlords. Information must include name, address w/city, phone number. (Provide account # if applicable):

<b>Name:</b>	<b>Address (include city &amp; state &amp; Zip):</b>	<b>Phone:</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

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

**“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**

\_\_\_\_\_  
**Spouse/Co-Applicant’s Signature**

\_\_\_\_\_  
**Date**

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 applicants on the basis of visual observation or surname. national origin and sex of individual applicants on the basis of visual observation or name.

**Ethnicity (Select only one):**     **Hispanic or Latino**       **Non-Hispanic or Latino**

**Race (Select only one):**

- 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)**

**Gender:**     **Male**       **Female**

## Information About Your Income and Assets

Changes in household income, family composition and child care expenses in the amount of \$200.00 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, and 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 year's 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

Other

3. **Amounts in Savings and Checking Accounts** (including Christmas Clubs, Certificates of Deposit, IRA and Keough Accounts, etc.) provide the account number for all accounts and the balance in your accounts.
4. **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.)
5. **Stocks, Bonds, Trusts, Other Investments** Provide account numbers and statements on value of investments and information about income from investments.
6. **Life Insurance Policies** Provide name of company and policy numbers.
7. **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.
8. **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.
9. **Recreational Vehicles:** Are considered assets, but regular cars are not.



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## INCOME GUIDELINES (Effective March 20, 2007)

### EXTREMELY LOW INCOME (30% OF MEDIAN INCOME)

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

### VERY LOW INCOME (50% OF MEDIAN INCOME)

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

### LOW INCOME (80% OF MEDIAN INCOME)

<u>FAMILY SIZE</u>	<u>INCOME LIMIT</u>
1	\$22,800
2	\$26,040
3	\$29,280
4	\$32,520
5	\$35,160
6	\$37,740
7	\$40,380
8	\$42,960
9	\$54,750
10	\$57,850



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## Authorization for the Release of Information

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

USDA, Rural Development, Rural Housing Services  
Low-Income Rental Indian Housing  
Low-Income Rental Public Housing  
Low-Income Housing Tax Credit

Section 8 Housing Assistance Payments Program  
Tenant-Based Rental Assistance (TBRA) Program  
First-Time HomeBuyer Program

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs:

Child Care Expenses  
Credit History  
Criminal Activity  
Family Composition  
Employment, income, Pensions and Assets  
Federal, State, Tribal or Local Benefits  
Handicapped Assistance Expenses  
Identity and Marital Status

Social Security Benefits  
Residences and Rental History  
Child Support Benefits  
Student Status  
Utilities  
Medical Expenses  
Social Security Numbers

Individuals or Organizations that May Release Information:

Governmental Organizations  
Law Enforcement Agencies  
Utility Companies

Pharmacies  
Physicians/Dentists  
Landlords

Credit Bureau  
Employers

### Conditions:

I agree that photocopies of this authorization may be used for the purpose stated above. I also understand that this authorization will be in effect for the term of assistance received.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

\_\_\_\_\_  
Signature, **Head of Household**

\_\_\_\_\_  
Signature, **Co-Tenant**

\_\_\_\_\_  
Print name, **Head of Household & Date**

\_\_\_\_\_  
Print name, **Co-tenant & Date**

\_\_\_\_\_  
Social Security number of Head of Household

\_\_\_\_\_  
Social Security number of Co-Tenant

\_\_\_\_\_  
Physical address of unit

\_\_\_\_\_  
City



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## Law Enforcement Records Check Consent Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Maiden or other names used  \_\_\_\_\_ Sex \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic

### Race (Select only one):

- 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)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License or ID card number \_\_\_\_\_ State \_\_\_\_\_

Alien Registration #: \_\_\_\_\_ Country: \_\_\_\_\_

The Lake County Housing Assistance Office applicant screening policy states that any applicant can be denied assistance if they have been *arrested or convicted* of a drug-related crime, crime of violence, crime against persons or exhibit a history of alcohol abuse or any other activity that could be a potential hazard to other tenants.

I authorize the Lake County Housing Assistance Office to obtain a record of my criminal history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Processor \_\_\_\_\_

Date Record Searched: \_\_\_\_\_ Record:  Yes  No  Warrant  Protective order



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November 2004

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

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Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties For Committing	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information you may be:</p> <ul style="list-style-type: none"><li>Evicted from your apartment or house</li><li>Required to repay all overpaid rental assistance you received</li><li>Fined up to \$10,000</li><li>Imprisoned for up to 5 years and/or</li><li>Prohibited from receiving further assistance</li></ul> <p>Your state and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your questions or find out what the answer is.
Completing The Application	<p>When you answer application questions, you must include the following information:</p> <p>Income</p> <ul style="list-style-type: none"><li>• All sources of money you or any member of your household receives (wages, welfare payments, alimony, social security, pension, etc.)</li><li>• Any money you receive on behalf of your children (child support, social security for children, etc.)</li><li>• Income from assets (interest from a savings account, credit union, or certificates of deposit, dividends from stock, etc.)</li><li>• Earning from second job or part time jobs</li><li>• Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul> <p>Assets</p>

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any forms unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes such as increases of pay and/or benefits, damage or loss of job and/or benefits, etc. for all household members.
- Any move in or move out of a household member; and,
- All assets that you or your household members own and any assets that were sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting to make Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you false statements; report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:

HUD-OIG HOTLINE (GFI)  
 451 Seventh Street S.W.  
 Washington, DC 20410

