

North Dakota Housing Stabilization Program

[View Required Documents](#)



NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES

ND Housing Stabilization Program

Applicant Front End User Guide

September 8, 2023

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SUBMIT A HOUSING STABILITY APPLICATION

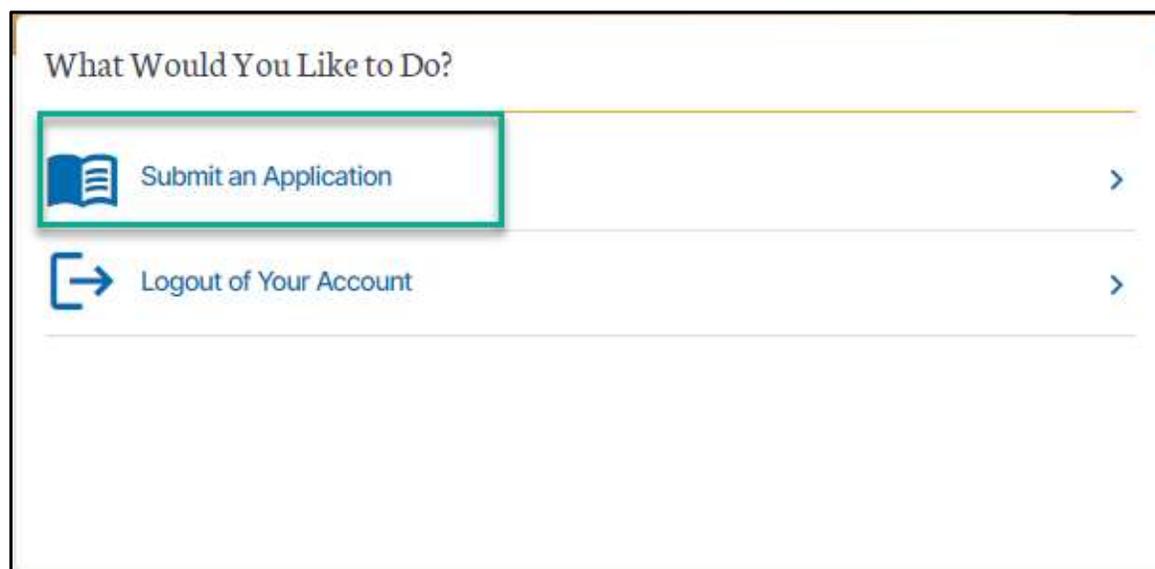
ENTER APPLICATION PORTAL

ND Housing Stabilization Program Portal URL:

https://ndhousingstability.servicenowservices.com/nd_housing_stability

Step 1: Enter the Application Portal.

- After logging in, you will be redirected to the home page.
- Click the **'Submit an Application'** button.



HOUSING STABILITY APPLICATION OVERVIEW

The following are Eligibility requirements to submit a Housing Stability application for the ND Housing Stabilization Program:

1. Is experiencing homelessness or at imminent risk of homelessness.
2. Can report household income that is no more than 30% of the area median income
3. At least one member has experienced a hardship related directly, or indirectly, to the COVID-19 pandemic such as qualifying for unemployment, increased expenses or reduced income since March 13, 2020.

REQUIRED DOCUMENTS – HOUSING STABILITY APPLICATION

Click the **View Required Documents** button to view the documents to have when you apply for the ND Housing Stabilization Program.

Below are documents required for housing stability applications:

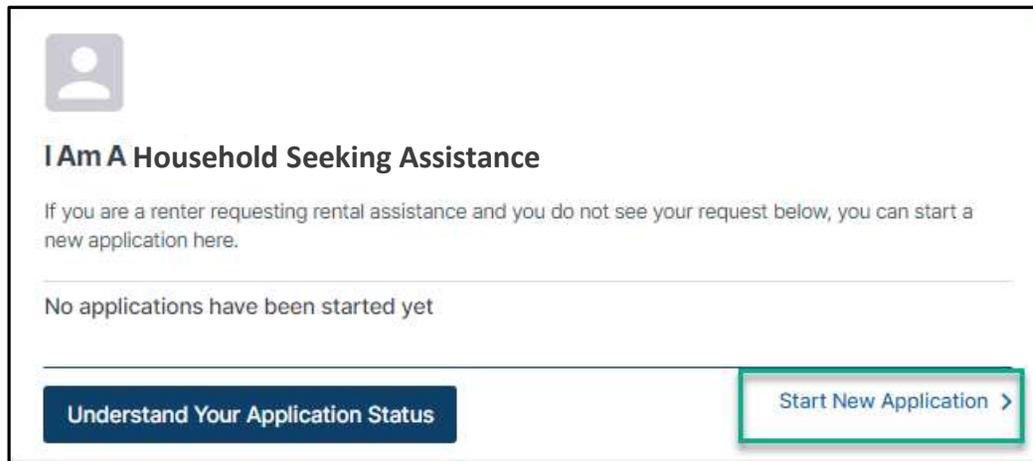
1. Government-issued photo ID
2. At least one of the following forms of proof of current income for all adults in the household:
 1. 2022 tax return
 2. 1099 form
 3. Two (2) most recent paystubs
3. Copies of any past-due amount to a previous housing provider or utility company that is causing a barrier to finding housing



START A NEW APPLICATION

Step 2: Start a New Application

On the Housing Stability Application page, click **Start New Application**.



START A NEW APPLICATION

Step 3: Start a New Application

A window pops up with the STATE's definition of homelessness. Click the **Yes, I am currently experiencing homelessness** button to begin the application process.



★ Are you currently experiencing homelessness? ×

Are you or anyone in your household experiencing homelessness?

Homelessness is defined as an individual or family who lacks a fixed, regular, and adequate nighttime residence. This includes a living situation where you are temporarily doubled up with another household.

If you answer 'Yes', you will be asked to provide documentation of homelessness or self-attest your current situation.

Yes, I am currently experiencing homelessness

COMPLETE ELIGIBILITY

Step 4: Complete Eligibility questions to help identify ability to meet the ND Housing Stabilization Program criteria.

The following questions are asked to determine program eligibility.

- Are you experiencing homelessness or at imminent risk of homelessness?
- Select the total number of household members that will be residing with you at the time you find stable housing
- Since March 13, 2020, have you or any member of your household qualified for or been approved for unemployment benefits?
- Have you or a household member been unemployed for the last 90-day period or longer?

1 2 3

Eligibility

If for any reason you need to stop or log out, please scroll down and click on the Save Draft button at the bottom right of your screen, and all the information entered will be saved for the next time you log back into your application.

***Denotes required field**

Are you experiencing homelessness or at imminent risk of homelessness? *

Yes No

Please indicate how many household members will be residing with you at the time you find stable housing *

Since March 13, 2020, have you or any member of your household qualified for or been approved for unemployment benefits? *

Yes No

Have you or a household member been unemployed for the last 90-day period or longer? *

Yes No

COMPLETE ELIGIBILITY

Step 5: Complete Eligibility questions to help identify ability to meet Income (AMI).

The following question are asked to determine if your household meets the **<30% AMI Eligibility threshold:**

- What was your total annual income for the previous year?
- What is your estimated annual household income for this current year?

<p>What was your total annual income for the previous year? *</p> <input type="text" value="0.00"/>
<p>What is your estimated annual household income for this current year? * ?</p> <input type="text" value="0.00"/>

NOTE: In the income field, enter 0 if you do not have any source of income.

COMPLETE ELIGIBILITY

Step 6: Complete the following to help identify if the you meet **COVID-related hardship** eligibility criteria.

- Identify from the items below any COVID-related hardship(s) you or a household member have experienced since March 13, 2020.
- **Click the checkbox for all COVID-related hardships that apply.**
- In the text box, **Please describe how COVID-19 has impacted your household.**

Please describe in your own words how COVID-19 has impacted your household. *

Reduction in overall household income:

Worked fewer hours and/or hours worked were less regular

Laid-off/furloughed

Employer closed temporarily

Employer closed permanently

Loss of contracts and/or other self-employment income

Significant costs or out-of-the-ordinary expenses:

Costs related to child care or school disruptions

Caregiving for other family members

Medical expenses or costs related to overall health care

Funeral expenses

Housing costs

Other hardship:

Extended time off to care for children/family member

Extended time off due to personal health/COVID

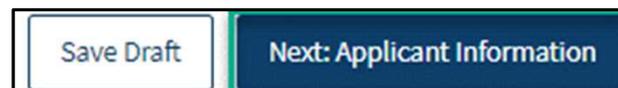
No financial hardship experienced

Other (please describe)

COMPLETE ELIGIBILITY

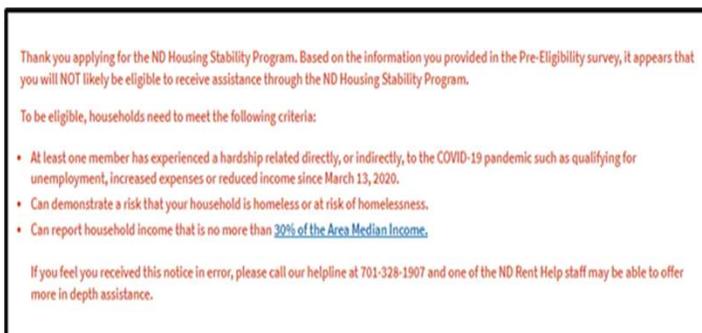
Step 7: Review completed Eligibility information and move on to Applicant Information section of the application.

- If you wish to complete the remainder of the application later, click the **Save Draft** button.
- If you wish to continue to complete the Applicant Information portion of the application, click the **Next: Applicant Information** button.



Upon clicking **Next: Applicant Information**, if you have been deemed eligible for program assistance, you will be directed to the next page.

If you have been deemed ineligible, an error notification will alert you to the reason you do not meet eligibility criteria (e.g., **This program only applies to Primary Residences** or **Must reside in North Dakota**).



COMPLETE APPLICANT INFORMATION

Step 8: On the Applicant Information page provide details about your living situation and household.

1. Select from the drop-down to respond to the question **What is your living situation?**
2. Enter an explanation of your current living situation in the text box below **Please describe your current living situation**
3. Select **Yes or No** in response to the question **Can you provide information that shows documentation of your current living situation/homelessness?**
 - a) Click **Yes** if you have documents and click the **Add Document** button to upload your documentation.
 - b) If you are unable to provide documents, click **No**; in the text box provided, provide an explanation for not having any documentation and click the check box next to the statement **I/we attest that one or more members of my/our household are currently experiencing homelessness and that the above description of my/our current living situation is accurate.**

COMPLETE APPLICANT INFORMATION

Step 9: On the Applicant Information page provide details about your living situation and household.

1. Select **Yes** or **No** in response to the question **Is there anyone in your household that is pregnant or an infant?**
2. Select **Yes** or **No** in response to the question **Are you seeking assistance due to concern for your safety, fear of violence, or abuse from someone staying with you?**
3. Select **Yes** or **No** in response to the question **Are you a United States Veteran?**

Is there anyone in your household that is pregnant or an infant? *

Yes No

Are you seeking assistance due to concern for your safety, fear of violence, or abuse from someone staying with you? *

Yes No

Are you a United States Veteran? *

Yes No

COMPLETE APPLICANT INFORMATION



Step 10: Click the **Add Household Member** button to complete household member information for each individual living in your household.

NOTE: The number of household members entered must match the number entered on the Eligibility page.

Household Member Information Required

- First Name
- Last Name
- What is the Relationship of this household member to the head of Household (drop-down selection)
- DOB (Calendar selection)
- Age will be calculated based on DOB entered

Please click the Add Household Member button below to answer questions for each member of your household.

No household members have been added.

Add Household Member

First Name: *

Middle Name:

Last Name: *

Suffix:

Relationship: *

-Select- ▼

Is this the head of household? * ⓘ

Yes No

Date of Birth: *

Select Date

Age: *

Household Member information continues on the next page.

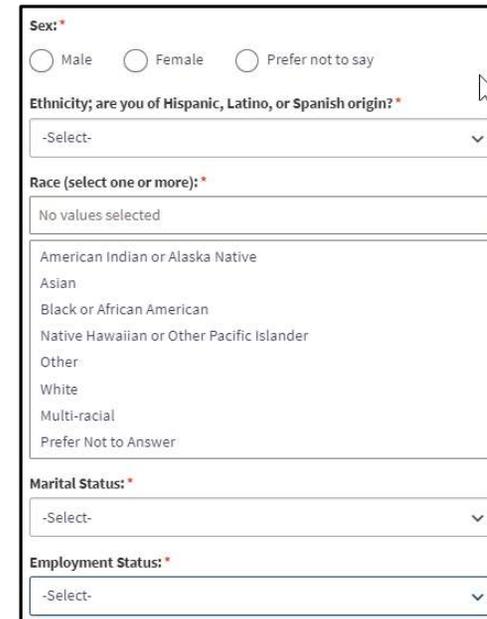
COMPLETE APPLICANT INFORMATION

Household Member Information Required

- Sex
- Ethnicity; are you of Hispanic, Latino, or Spanish origin? (Drop-down selection)
- Race
- Marital Status (Drop-down selection)
- Employment Status (Drop-down selection)
- What is your current or most recent occupation?
 - **NOTE:** If “Other” is selected, enter occupation details in the text box that populates
- Total income for previous year for this household member only
- Total income for previous year for this household member only
- Last month's income
- Prior month's income
- Social Security Number
- Add Document for Proof of Income

NOTE: In the income fields, enter 0 if you do not have any income.

Once all fields are completed, review information and click **Submit** to save the household member information.



The screenshot shows a web form with the following fields:

- Sex:** Radio buttons for Male, Female, and Prefer not to say.
- Ethnicity; are you of Hispanic, Latino, or Spanish origin? ***: A dropdown menu currently showing "-Select-".
- Race (select one or more): ***: A list box with "No values selected" at the top and the following options: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, Other, White, Multi-racial, and Prefer Not to Answer.
- Marital Status: ***: A dropdown menu currently showing "-Select-".
- Employment Status: ***: A dropdown menu currently showing "-Select-".

COMPLETE APPLICANT INFORMATION

Step 11: Review completed Household Member information in the Household member table.

- **To add another Household Member**, click the **Add Household Member** button
- Once household member information is completed, the **Total** amounts for **Income**, **Most Recent Month's Income**, and **Prior Month's Income** will be updated to reflect the total amounts across all household members.
- The number of household members identified as living in the housing unit must match what was submitted on the Eligibility page. **If an inconsistent number is entered, the you will be instructed to resolve the information.**
- **To edit the household member information**, click on the **pencil icon** to reopen the household member record. Within the record, you may delete the household member by clicking the **Delete** button on the bottom of the page.

Please click the Add Household Member button below to answer questions for each member of your household.

Name:	Head of Household	Relationship:	Date of Birth:	Sex:	Last years income	Last Mo. Income	Prior Mo. Income	Edit
Amy Test	Yes	Self	1980-09-10	Female	1,500.00	1,000.00	1,000.00	
amy tester	No	Child	2023-09-11	Male				
Total					1,500.00	1,000.00	1,000.00	

You have claimed 1 household members live in the rental unit, but have entered 2 above. Please Add/Remove household members, or edit the number of people in your household.

[Add Household Member](#)

COMPLETE APPLICANT INFORMATION

Step 12: Provide contact information for your Housing Facilitator or Case Worker if applicable.

- Select **Yes** or **No** in response to the question **Do you have a Housing Facilitator?**
 - If **Yes** is selected, enter the following information:
 - Housing Facilitator's First Name
 - Housing Facilitator's Last Name
 - Housing Facilitator's Agency
 - If **No** is selected, proceed to the next question
- Select **Yes** or **No** in response to the question **Are you working with a Case Worker from the Human Services Center or Human Services Zone?**
 - If **Yes** is selected, enter the following information:
 - Select the Case Worker's county from the drop-down list this will autofill the Case Worker's Zone
 - Case Worker's First Name
 - Case Worker's Last Name
 - Case Worker's Telephone Number
 - If **No** is selected, proceed to the next question

Do you have a Housing Facilitator?*

Yes No

What is your Housing Facilitator's First Name? *

What is your Housing Facilitator's Last Name? *

What agency does your Housing Facilitator work at? *

Are you working with a Case Worker from the Human Services Center or Human Services Zone? *

Yes No

Select Case Worker's County *

Case Worker's Zone * ?

What is your Case Worker's First Name? *

What is your Case Worker's Last Name? *

What is your Case Worker's Telephone Number? *

COMPLETE APPLICANT INFORMATION

Step 13: Provide contact information for the primary applicant. This information is needed for NDHS Case Reviewers to communicate regarding the application and for notifications to be enabled.

- Applicant's email address
- Re-enter Applicant's email address
- Applicant's phone number
- Re-enter Applicant's phone number
- Is this a cell phone number?

NOTE: If you selected **Yes** to is this a cell phone number, the following questions will be prompted:

- Would you like to receive updates to your application via text message?
- Select your carrier (Drop-down selection).

Please provide your contact information below. If you do not have an email address and/or phone number, enter an alternate contact where you can be reached.

Applicant email address: *

Re-enter Applicant email address: *

Applicant phone number: *

Re-enter Applicant phone number: *

Is this a cell phone number? *

Yes No

Would you like to receive updates to your application via text message? *

Yes No

Select your carrier: *

AT&T

COMPLETE APPLICANT INFORMATION

Step 14: Provide details about any Federal, State, or local government assistance programs that a household member is enrolled in.

- In response to the question **At any time since March 13, 2020, did you or a member of your household receive assistance from ANY of the following federal, state, or local government assistance programs?** select the check box for any benefit program(s) a household member receives assistance from.
- If a program is selected, Select Yes or No in response to the question **Can you provide documentation for your enrollment in any of the above assistance/benefits programs?**
 - If **Yes** is selected, upload benefits documentation by clicking the **Add Document** button
 - If **No** is selected, provide an explanation in text box provided and click the check box next to **I/we attest that the statement above is true.**

ND Rent Help can utilize income information that has already been verified by other federal programs to eliminate the need for you to provide detailed information in this application.

A recently completed income certification and participation in certain programs can SPEED UP your qualification and application for this program.

Please note that your confirmation of participation in any of the federal, state or local government assistance programs below does NOT negatively affect your eligibility for participation in the State program.

At any time since March 13, 2020, did you or a member of your household receive assistance from ANY of the following federal, state, or local government assistance programs?

LIHEAP

SSI (not SSA retirement or disability income)

WIC

Can you provide documentation for your enrollment in any of the above assistance/benefits programs? *

Yes No

Upload Benefits Documentation *

Add Document

COMPLETE APPLICANT INFORMATION

Step 15: Complete the following questions to provide proof of identification.

Select **Yes** or **No** to the question **Do you have a valid (or expired eight years or less) photo driver's license or photo identification card issued by North Dakota or another State?**

- If **Yes**, click Add Document to upload proof of identification
- If **No**, use the drop-down to select the type of identification that can be provided.
 - Click **Add Document** to upload a copy of your selected identification

Do you have a valid (or expired eight years or less) photo driver's license or photo identification card issued by North Dakota or another State? *

Yes No

Please upload a copy of your photo identification *

Add Document

Do you have a valid (or expired eight years or less) photo driver's license or photo identification card issued by North Dakota or another State? *

Yes No

Please select a type of identification you can provide (may require additional validation procedures or potential delay) * ⓘ

-Select- ▼

- Select-
- International Passport or Passport Card
- U.S. Permanent Resident Card
- Alien Registration Receipt Card
- U.S. Government and Military Dependent ID
- University, College, or High School ID Card with photograph
- Verifiable Employer-Issued ID Card with Photograph
- Work Authorization

...n verified by other federal information in this application.

...in certain programs can SPEED UP

...the federal state level

COMPLETE APPLICANT INFORMATION

Step 16: Complete the following questions to provide documentation of loss of income, significant cost and/or financial hardship.

Select from the drop-down list in response to the question **Can you provide documentation to demonstrate a loss of income, significant cost, and/or other financial hardship?**

NOTE: if you are unable to provide documentation:

- Document unavailable
- Provide an explanation in the text box provided
- Click the check box next to **I/we attest that one or more of my/our household members: qualified for State unemployment insurance (UI) benefits at any time after January 1, 2020, or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly due to the COVID-19 public health emergency.**

Can you provide documentation to demonstrate a loss of income, significant cost, and/or other financial hardship? *

Tax return information from 2019 and 2020

-Select-

- Unemployment benefit statement
- Unemployment Monetary Determination letter or payment history
- Monthly pay statements before AND after the impact of COVID-19
- Letter from employer showing a decrease in income
- Copies of medical, childcare, transportation, or other significant expenses your household has incurred as a result of COVID-19
- Approval letter for federal, state or local government assistance programs such as Medicare, SNAP, TANF
- Written attestation from your employer, caseworker or government agency
- Tax return information from 2019 and 2020
- Document unavailable

Can you provide documentation to demonstrate a loss of income, significant cost, and/or other financial hardship? *

Document unavailable

In detail, please explain why you cannot provide documentation of loss of income, significant cost, and/or other financial hardship *

I/we attest that one or more of my/our household members: qualified for State unemployment insurance (UI) benefits at any time after January 1, 2020, or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly due to the COVID-19 public health emergency. *

COMPLETE APPLICANT INFORMATION

Step 17: Complete the following questions to provide housing barrier information

If you have been unable to find housing, in response to the question **Why have you been unable to find housing?** select or more reasons

NOTE:

- If **Debt** is selected, click **Yes** or **No** in response to the question **Is the debt for past due rent owed or debt to a utility company?**
 - If **Yes** is selected, enter:
 - How much is owed
 - Select if the debt is for a previous Housing Provider, Utility Provider or Both
 - Enter the Account Number
 - Click the Add Document button to upload proof of rent owed
 - If **No** is selected, proceed to the next question
- If **Other** is selected enter an explanation in the text box provided

Why have you been unable to find housing:

No rental history

Court Eviction(s)

Large family (3+ children)

Single parent household

Sporadic employment history

No High school diploma/GED

Debts

Is the debt for past due rent owed or debt to a utility company? *

Yes No

How much is owed? *

0.00

Is this debt to a previous? *

-Select- v

Account number *

Add document *

Add Document

COMPLETE APPLICANT INFORMATION

Step 18: Select the county you would like to find housing in from the drop-down list

Please select the county where you would like to find stable housing *

-Select- ▾

Back: Eligibility Save Draft Next: Certification & Acknowledgement

Step 19: Review completed Applicant Information and move on to the **Certification and Acknowledgement** page.

- Once complete, click **Next: Certification & Acknowledgement** button to move on to the next page.
- Click **Save Draft** to save the application in its current state and complete later.
- Click **Back: Eligibility** to review or edit information completed on the prior page.

COMPLETE ACKNOWLEDGEMENT

Step 20: Review the Certifications & Acknowledgements page

1. Click the check boxes next to each Acknowledgement
2. Click the **Electronically Sign** button
3. Click **Submit** to submit the application

Certification & Acknowledgement

If for any reason you need to stop or log out, please scroll down and click on the Save Draft button at the bottom right of your screen, and all the information entered will be saved for the next time you log back into your application.

*Denotes required field

ACKNOWLEDGEMENTS

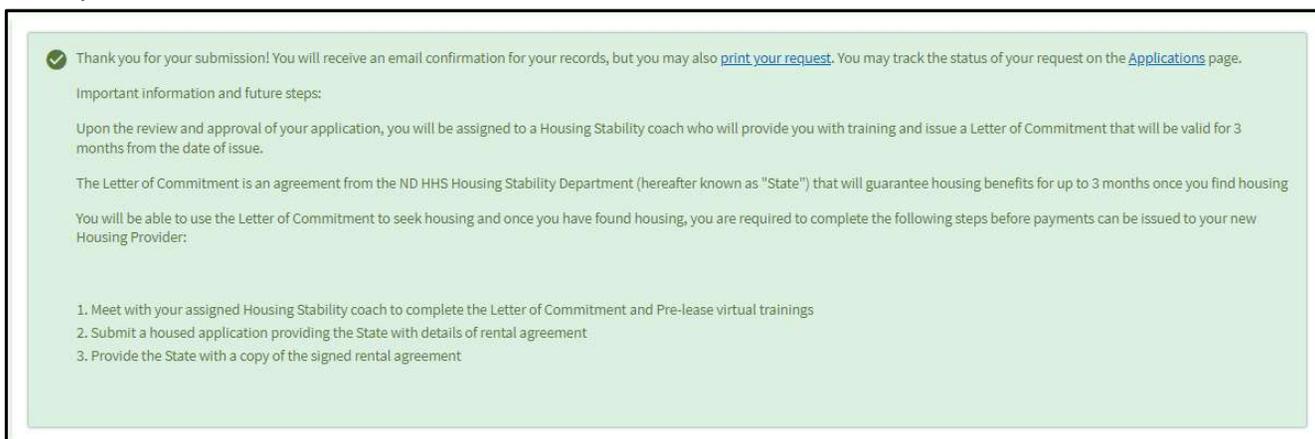
- I/We attest that all information provided in this application is correct and complete to the best of my/our knowledge.*
- I/We understand that I must complete all phone/teleconference meetings with either program staff or authorized program partners.*
- I/We understand that I must complete all education provided by the program which includes modules, virtual classes, etc.*
- I/We attest that one or more of my/our household members: qualified for State unemployment insurance (UI) benefits at any time after March 13, 2020, or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 public health emergency.*
- I/We attest that my/our household has not received, is not currently receiving and does not anticipate receiving assistance from another source of public or private subsidy or assistance that covers the same costs of rental or utility obligation submitted under the program.*
- I/We attest that the total amount of monthly income of all adult household members submitted in this application for the program is complete and accurate.*
- I/We understand that electronic submission of my/our application and electronic signature serves as written and signed attestations for the purpose of the program.*
- I/We declare under penalty of perjury that the foregoing is true and correct. I/we agree to provide, upon request, additional information, or documentation upon request to the Program Administrator.*
- I/We also understand that false statements or information will be grounds for denial of my/our application, termination of rental or utility assistance, recoupment of any funds disbursed and/or debarment from participating in other current or future assistance programs administered by DHS.*
- I/We have received, read and understand the program eligibility requirements, program guidelines and compliance requirements and hereby agree to abide by them for the duration in which they are enforced.*

Electronically Sign

Back: Applicant Information Save Draft Submit

COMPLETE ACKNOWLEDGEMENT

Step 21: After application submission, a notification is provided to the user confirming receipt of the request.



✓ Thank you for your submission! You will receive an email confirmation for your records, but you may also [print your request](#). You may track the status of your request on the [Applications](#) page.

Important information and future steps:

Upon the review and approval of your application, you will be assigned to a Housing Stability coach who will provide you with training and issue a Letter of Commitment that will be valid for 3 months from the date of issue.

The Letter of Commitment is an agreement from the ND HHS Housing Stability Department (hereafter known as "State") that will guarantee housing benefits for up to 3 months once you find housing.

You will be able to use the Letter of Commitment to seek housing and once you have found housing, you are required to complete the following steps before payments can be issued to your new Housing Provider:

1. Meet with your assigned Housing Stability coach to complete the Letter of Commitment and Pre-lease virtual trainings
2. Submit a housed application providing the State with details of rental agreement.
3. Provide the State with a copy of the signed rental agreement

ND Housing Stability - Application Successfully Submitted notification will be sent to the user confirming that the application has been submitted

ND HOUSING STABILITY SUPPORT INFORMATION

RESOURCES

ND Housing Stability Direct Support

For questions on system navigation or setting user preferences, contact the Supplier Registration Assistance Contact Center :

- *8:00am CT and 5:00 pm CT Monday through Friday at 701.328.1907*
- *Send an email to dhserb@nd.gov*