

## North Dakota Housing Stabilization Program

[View Required Documents](#)



# NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES

*ND Housing Stabilization Program-Eviction  
Prevention*

*Applicant Front End User Guide*

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# SUBMIT AN EVICTION PREVENTION APPLICATION

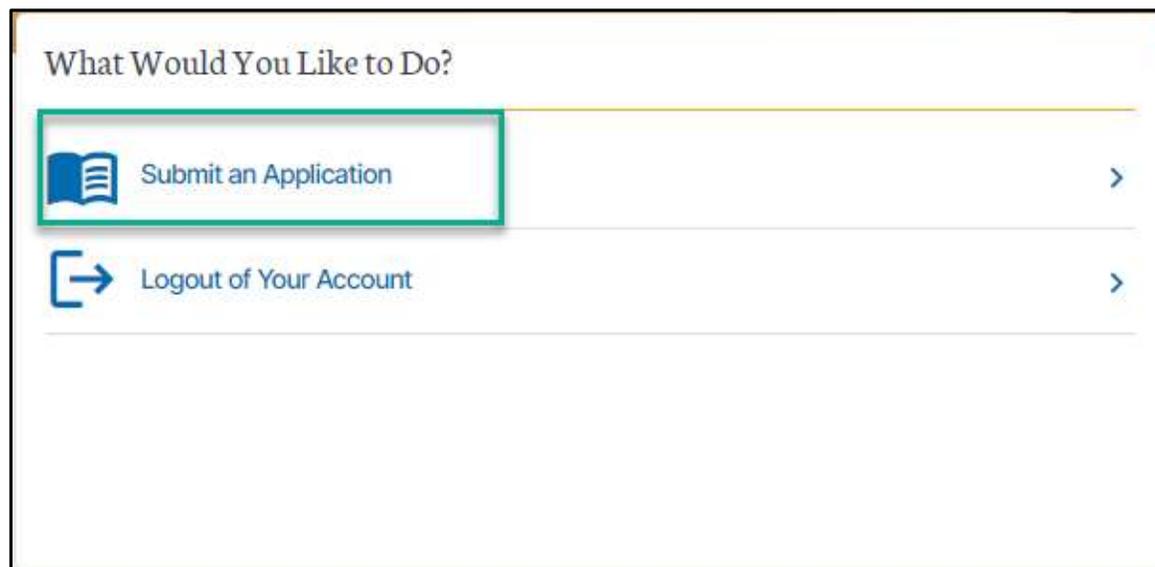
## ENTER APPLICATION PORTAL

**ND Housing Stabilization Program Portal URL:**

[https://ndhousingstability.servicenowservices.com/nd\\_housing\\_stability](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.



# EVICTON PREVENTION APPLICATION OVERVIEW

**The following are Eligibility requirements to submit an Eviction Prevention application for the ND Housing Stabilization Program:**

- Households who are at imminent risk of eviction
  - Imminent risk of eviction is defined as an individual or household with a 3-day eviction notice, lease termination notice, or an eviction hearing scheduled within the next 30 days
- Households who have experienced a financial hardship during the pandemic
- Must be at or below income limit of 30% Area Median Income (AMI)
- Current renter with a valid lease agreement

# REQUIRED DOCUMENTS – EVICTION PREVENTION 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 eviction prevention applications:**

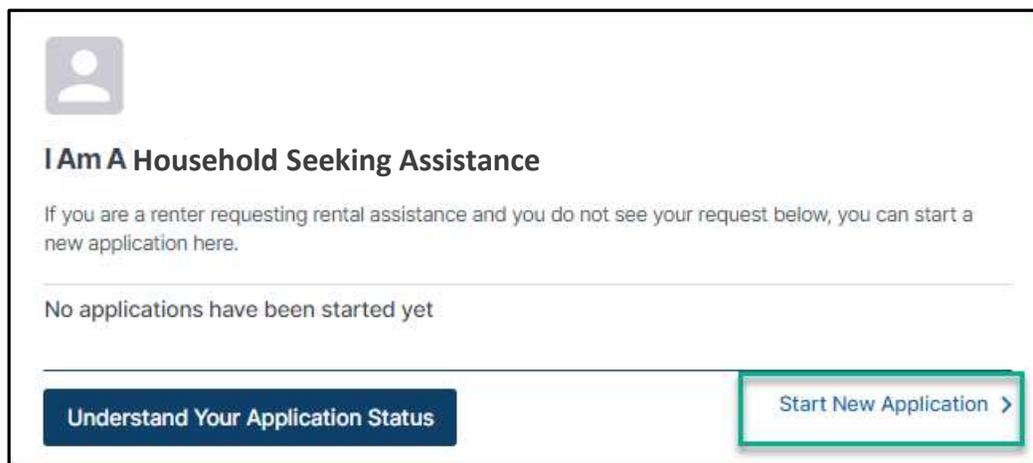
1. Government-issued photo ID
2. At least one of the following forms of proof of current income for all adults in the household:
  1. Most recent tax return
  2. 1099 form
  3. Two (2) most recent paystubs
3. Copies of any past-due amount to a previous housing provider or utility company that is causing a barrier to finding housing
4. Current valid lease agreement
5. Ledger
6. 3-day notice, lease termination, or eviction court date



# START A NEW APPLICATION

## Step 2: Start a New Application

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



The screenshot shows a user interface for starting a new application. At the top left is a grey person icon. Below it is the heading "I Am A Household Seeking Assistance". Underneath is a paragraph: "If you are a renter requesting rental assistance and you do not see your request below, you can start a new application here." Below this is a horizontal line and the text "No applications have been started yet". At the bottom, there are two buttons: "Understand Your Application Status" on the left and "Start New Application >" on the right. The "Start New Application >" button is highlighted with a green border.

# START A NEW APPLICATION

## Step 3: Start a New Application

A window pops up with the STATE's definition of homelessness. Click the dropdown and select **No**. If you are currently experiencing homelessness, select yes and follow the guide for the Re-Housing application.

★ 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' to any of these questions, you will be asked to provide documentation of homelessness or self-attest your current situation.

**Are you currently experiencing homelessness? \***

-Select- ▼

# START A NEW APPLICATION

## Step 4: Start a New Application

Once you have answered **No** to the “Are you currently experiencing homelessness?” question, 2 additional questions will pop up. Please answer these questions appropriately for your current situation.

An option to start a new application will appear on the bottom when the questions have been answered. If you have not receive a 3-day notice or an eviction court date you will not be eligible to submit an eviction prevention application.

**Are you currently experiencing homelessness? \***

**Have you received a written 3-day notice/Notice to Quit? \***

**Have you received an eviction court date? \***

**Start New Application**

# COMPLETE ELIGIBILITY

**Step 5:** Complete Eligibility questions to help identify ability to meet the ND Housing Stabilization Program criteria.

The following questions are asked to determine program eligibility.

- Is your household experiencing an imminent risk of homelessness (ex. Eviction Court Date, 3 Day Notice, or Lease Termination)?
- Select the total number of household members that are currently residing with you
- 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?

Is your household experiencing an imminent risk of homelessness (ex. Eviction Court Date, 3 Day Notice, or Lease Termination)?\*

Yes

No

Please indicate how many household members currently reside in your household \*

-Select- ▼

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 6:** Complete Eligibility questions to help identify ability to meet Income (AMI).

The following questions 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?
- Please select the county where you currently reside

The “Household income meets AMI eligibility requirements: (AMI Calculation)” section will automatically populate based on your responses.

**What was your total annual income for the previous year? \***

**What is your estimated annual household income for this current year? \* ?**

**Please select the county where you currently reside \***

**Household income meets AMI eligibility requirements: (AMI Calculation) \***

N/A

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

## COMPLETE ELIGIBILITY

**Step 7:** 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

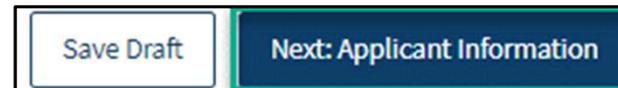
No financial hardship experienced

Other (please describe)

## COMPLETE ELIGIBILITY

**Step 8:** 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

Thank you applying for the ND Housing Stability Program. Based on the information you provided in the Pre-Eligibility survey, it appears that you will NOT likely be eligible to receive assistance through the ND Housing Stability Program.

To be eligible, households need to meet the following criteria:

- 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.
- Can demonstrate a risk that your household is homeless or at risk of homelessness.
- Can report household income that is no more than [30% of the Area Median Income](#).

If you feel you received this notice in error, please call our helpline at 701-328-1907 and one of the ND Rent Help staff may be able to offer more in depth assistance.

# COMPLETE APPLICANT INFORMATION

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

1. Your answers from the previous application section will carry over to this page. Depending on your responses, you will be required to **upload documentation** such as a 3-day notice or eviction court date documents.
2. Enter the **total amount that you currently owe** to your housing provider
3. Upload a **recent ledger**

**Have you received a written 3-day notice/Notice to Quit? \***

Yes

No

**Upload 3-day notice/Notice to Quit \***

[Add Document](#)

**Have you received an eviction court date? \***

Yes

No

**Amount Owed \***

**Upload Recent Ledger \***

[Add Document](#)

# COMPLETE APPLICANT INFORMATION

**Step 10:** On the Applicant Information page provide details about your living situation and household.

1. Enter your current address and click **Validate Address**. If your address does not validate the first time, click the validate address button again and then click **Re-try** in the pop-up box, click validate again and then select **Use My Address** from pop-up box
2. Select how many bedrooms your unit has.
3. If your mailing address is different from your residence address (ex. PO box), select yes and enter your mailing address. Otherwise, select no and move forward with the application.

Provide the physical address of the rental property/unit for which assistance is being requested.

Renter address line 1 \*

Address line 2:

City: \*

State: \*

Zip code: \*

**Validate Address**

How many bedrooms does the rental unit have? \*

Is your mailing address the same as your residence address? \*

Yes

No

## COMPLETE APPLICANT INFORMATION

**Step 11:** On the Applicant Information page provide details about your living situation and household.

1. Confirm the number of people in your household
2. Add household members and their information (including yourself) by clicking the Add Household Member button.

**Please confirm the number of people in your household. \***

1

No household members have been added.

**Add Household Member**

# COMPLETE APPLICANT INFORMATION



**Step 12:** 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

First Name: *	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name: *	<input type="text"/>
Suffix:	<input type="text"/>
Relationship: *	<input type="text" value="-Select-"/>
Is this the head of household? * ⓘ	<input type="radio"/> Yes <input type="radio"/> No
Date of Birth: *	<input type="text" value="Select Date"/>
Age: *	

*Household Member information continues on the next page.*

# COMPLETE APPLICANT INFORMATION



## Step 13: 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.

**Sex:**\*

Male

Female

Prefer not to say

**Ethnicity; are you of Hispanic, Latino, or Spanish origin?\***

-Select- ▼

**Race (select one or more):\***

No values selected

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

Other

White

Multi-racial

Prefer Not to Answer

**Marital Status:**\*

-Select- ▼

**Employment Status:**\*

-Select- ▼

**SSN:**

SSN should be 9 digits and entered in this format "XXXXXXXXXX"

Save

# COMPLETE APPLICANT INFORMATION

**Step 14:** 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 15:** 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 16:** 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 17:** 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 18:** 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

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

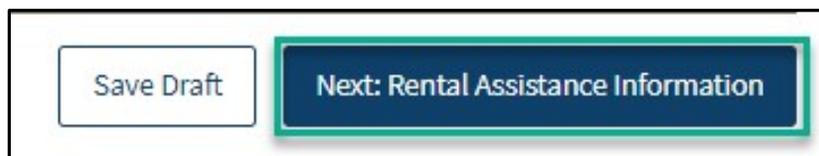
...in certain programs can SPEED UP

...the federal state level

## COMPLETE APPLICANT INFORMATION

**Step 19:** Review completed Applicant Information and move on to the **Rental Assistance Information** page.

- Once complete, click **Next: Rental Assistance Information** button to move on to the next page.
- Click **Save Draft** to save the application in its current state and complete later.



# COMPLETE RENTAL ASSISTANCE INFORMATION

**Step 20:** On the Rental Assistance Information page, provide information related to your Housing Provider and rental information.

- Select from the drop-down list in response to the question **Is your Housing Provider an Individual or a Company?**
  - a) If **Individual** is selected, enter the Housing provider's Information
  - b) If **Company** is selected,
    - a) Select the Company from the drop-down list
      - a) If the Housing Provider is not on the list, select **Other** and enter the Housing Provider's information
- Select **Yes** or **No** in response to the question **Is your Housing Provider an immediate family member?**
- Click the **Add Document** button to upload the signed lease agreement

Is your Housing Provider an Individual or a Company? \*

Company ▾

-Select-  
 Individual  
 Company

Is your Housing Provider an Individual or a Company? \*

Company ▾

Select Company \* ⓘ

-Select- ▾

-Select-  
 Alliance  
 Bismarck Rentals  
 Campbell

Is your Housing Provider an immediate family member? \*

Yes  No

Please provide a formal rental agreement signed and dated by yourself and your housing provider? \*

Add Document

# COMPLETE RENTAL ASSISTANCE INFORMATION

## Step 21:

- Select the date in response to the question **Date Rental Agreement Began**
- Select the date in response to the question **Date Rental Agreement is Scheduled to end**
- Select **Yes** or **No** in response to the question **Is your rental agreement month-to-month?**
- Select the date in response to the question **When is your first rent payment due?**
- Enter the total monthly rent amount excluding any additional fees paid to your Housing Provider
- Select **Yes** or **No** in response to the question **Do you pay your Housing Provider additional fees such as renter's insurance, garage, service fee, pet, or any other charge indicated in the lease**
  - If **Yes** is selected, enter the monthly amount for each applicable fee
  - If **No** is selected, proceed to the next question

**Date Rental Agreement Began:\***

Select Date

**Date Rental Agreement is Scheduled to end:\***

Select Date

**Is your rental agreement month-to-month?\***

Yes  No

**When is your first rent payment due?\***

Select Date

**How much is the monthly rent amount excluding any additional fees paid to your Housing Provider?\***

1000.00

**Do you pay your Housing Provider additional fees such as renter's insurance, garage, service fee, pet, or any other charge indicated in the lease?\***

Yes  No

Please enter the costs for any recurring monthly charges:

**Garage Fee:\***

0.00

**Service/Admin Fee:\***

0.00

# COMPLETE RENTAL ASSISTANCE INFORMATION

## Step 22:

- Select **Yes** or **No** in response to the question **Are utilities included in the monthly rent cost?**
  - If **Yes** is selected, enter the monthly amount for each applicable fee
  - If **No** is selected, proceed to the next question

Are utilities included in the monthly rent cost? \*

Yes  No

**Step 23:** Click the **Add Month** button to submit a request for up to 3 months of rent.

In the new pop-up window that opens:

- Please select the month and year for which you are seeking rental assistance
  - Total monthly rent amount
  - Amount provided by another Federal, State, or Local program: Indicate **amount of assistance received** that month from a benefits program.
  - Total renter portion of unpaid rent (not including late fees): This field auto-populates based on responses above.
  - Is this amount past due?
  - Late fees (if applicable)
  - Assistance requested from this program: This field auto-populates based on **sum of Late Fees and Unpaid rent**.
- Press **Save** to be redirected to the previous page.
  - Repeat for additional months by pressing **Add Month**.

Step 23

Please click the Add Month button to submit a request for up to 3 months of rent

No months have been added

**Add Month**

Edit Month

Please select the month and year for which you are seeking rental assistance:

-Select- -Select-

Total monthly rent amount: \*

0.00

Amount provided by another Federal, State, or Local program:

0.00

Total renter portion of unpaid rent (not including late fees): \*

0.00

Is this amount past due? \*

Yes  No

Assistance requested from this program: \*

0.00

\*The assistance requested from the Program shall not duplicate any other federal, state, or local assistance for the same costs or same periods

**Save**

Step 23

# COMPLETE RENTAL ASSISTANCE INFORMATION

**Step 24:** Review completed Rental Assistance Information and move on to the **Additional State Assistance** page.

- Once complete, click **Next: Additional State Assistance** button to move on to the next page.
- Click **Save Draft** to save the application in its current state and complete later.
- Click **Back: Applicant Information** to return to the previous page



A horizontal navigation bar containing three buttons. The first button on the left is labeled "Back: Applicant Information". The second button in the middle is labeled "Save Draft". The third button on the right is labeled "Next: Payment Information".

## COMPLETE ADDITIONAL STATE ASSISTANCE INFORMATION

**Step 25:** Complete the following questions to provide household information

These questions are asked to see if your household may qualify for other state assistance.

1. Do you or a member of your household have a disability (diagnosed or undiagnosed)?
2. Do you or a member of your household have a diagnosis of substance use disorder, mental illness, or brain injury?
3. Are you or a member of your household currently looking for employment?

Do you or a member of your household have a disability (diagnosed or undiagnosed)? \*

Yes

No

Do you or a member of your household have a diagnosis of substance use disorder, mental illness, or brain injury? \*

Yes

No

Are you or a member of your household currently looking for employment? \*

Yes

No

## COMPLETE ADDITIONAL STATE ASSISTANCE INFORMATION

**Step 26:** Review completed Additional State Assistance Information and move on to the **Payment Information** page.

- Once complete, click **Next: Payment Information** button to move on to the next page.
- Click **Save Draft** to save the application in its current state and complete later.
- Click **Back: Applicant Information** to return to the previous page

Back: Rental Assistance Information

Save Draft

Next: Payment Information

# COMPLETE PAYMENT INFORMATION

**Step 27:** Review the Payment Information statement and press **Next: Certification**



## Payment Information

*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

**i** This program is designed to make payments directly to Housing Providers.

However, in the rare instances your housing provider may be unresponsive or unwilling to accept direct payments from the State and you MAY be eligible to receive payment assistance directly. If you are approved for direct payment as a renter, payment will be mailed to the mailing address provided in the Applicant information page.

It is required that all direct payments are then turned over to the Housing provider within immediate receipt of payment. Failure to turn over payments to your housing provider, will result in disbarment with ND Housing Stability Program and immediate return of payments to ND Housing Stability Program.

Back: Additional State Assistance

Save Draft

Next: Certification

# COMPLETE CERTIFICATION

## Step 28: Review the Payment Information statement and press **Next: Certification**

- Read/Review
- Click the **checkbox next to I have read and understand the acknowledgements**
- Press **Electronically Sign**

**Certification**

*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 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 disbarment from participating in other current or future assistance programs administered by DHS.
- I/We understand that this is an application for assistance and signing this application does not bind the program to offer rental or utility assistance nor does it bind me/us to accept any assistance offered.
- I/We understand that reasonable efforts will be made to make payments directly to my/our Housing Provider or utility provider. In the event that payments are made directly to me/us (for example, due to the Housing Provider declining to participate in the program), any funds issued to me/us under the program must be paid toward any applicable outstanding rental and utility obligation. I/We have no objection to inquiries from the State, the U.S. Department of Treasury or designees, for the purpose of verifying the facts herein stated. I/We have reviewed, 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.
- I/We understand the Letter of Commitment Rules of Use and NDRH Rent Limits.
- I/We understand that any lease agreement made outside of the parameters listed on the NDRH Letter of Commitment, will not be approved for payment.

I have read and understand the acknowledgements above \*

**Electronically Sign**

## Step 29: Review and accept Authorization to Release Information.

- Read/Review the **Authorization to Release Information Statements**
- Click the **Review Authorization Document** button
- In the window that opens, review and confirm the information populated is correct.
- Click the **Accept Document** button

**AUTHORIZATION TO RELEASE INFORMATION**

- Your signature on this form authorizes the program to use this authorization and the information obtained with it, to administer and enforce rules and policies, to determine eligibility for assistance, for coordination of services, and for purposes of research and evaluation.
- Any individual or organization, including any governmental agency may be asked to release information to support determination of eligibility for assistance. Information may be requested from, but is not limited to, the following persons and/or entities: courts, law enforcement agencies, Housing Provider, past and present employers, Social Service Agencies, utility companies, and other reasonably deemed commercial, non-profit and governmental third parties.
- By signing this form, I authorize the above persons, agencies, firms or corporations to make available any documents or record related to the program for inspection and copying.
- I hereby authorize the program to publish information regarding me/my household (not including personally identifiable information) and any awards which I may receive as part of its public transparency and accountability efforts. Information published may include but is not limited to the number of eligible households that receive funding, the type of assistance provided, acceptance rate of applicants, average funding provided per household, household income levels, and average number of monthly rental or utility payments that were covered by funding.

**Review Authorization Document**

sfri01059.pdf 1 / 1 82%

**AUTHORIZATION TO DISCLOSE INFORMATION**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LEGAL DIVISION  
SFN 1069 (9-2023)

**PRIVACY STATEMENT:** Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. The Department will not disclose treatment or your agreement to authorize disclosure of your health information. The Department may, however, require that you authorize disclosure of your health information if needed to make a determination about your eligibility for benefits or enrollment in a Department health plan.

Name of Client (Last, First, Middle Initial)	Social Security Number	Date of Birth
army test	111223333	1994-08-03
Previous Names Used		
Street Address	City	State
123 MAIN ST	WARWICK	ND
		ZIP Code
		58381

**CLIENT RELEASE AND SIGNATURE**  
I, Hereby Authorize:

**Decline and Cancel** **Accept Document**

# COMPLETE CERTIFICATION

## Step 30: Submit application.

- a. Prior to submitting the application, you may review content of any previous page by selecting **Back: Payment Information**.
- b. Once ready, press **Submit** to complete application.

**ACKNOWLEDGEMENTS**

- 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 understand that this is an application for assistance and signing this application does not bind the program to offer rental or utility assistance nor does it bind me/us to accept any assistance offered.
- I/We understand that reasonable efforts will be made to make payments directly to my/our Housing Provider or utility provider. In the event that payments are made directly to me/us (for example, due to the Housing Provider declining to participate in the program), any funds issued to me/us under the program must be paid toward any applicable outstanding rental and utility obligation. I/We have no objection to inquiries from the State, the U.S. Department of Treasury or designees, for the purpose of verifying the facts herein stated. 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.
- I/We understand the Letter of Commitment Rules of Use and NDRH Rent Limits
- I/We understand that any lease agreement made outside of the parameters listed on the NDRH Letter of Commitment, will not be approved for payment.

I have read and understand the acknowledgements above \*

Electronically Sign

**AUTHORIZATION TO RELEASE INFORMATION**

- Your signature on this form authorizes the program to use this authorization and the information obtained with it, to administer and enforce rules and policies, to determine eligibility for assistance, for coordination of services, and for purposes of research and evaluation.
- Any individual or organization, including any governmental agency may be asked to release information to support determination of eligibility for assistance. Information may be requested from, but is not limited to, the following persons and/or entities: courts, law enforcement agencies, Housing Provider, past and present employers, Social Service Agencies, utility companies, and other reasonably deemed commercial, non-profit and governmental third parties.
- By signing this form, I authorize the above persons, agencies, firms or corporations to make available any documents or record related to the program for inspection and copying.
- I hereby authorize the program to publish information regarding me/my household (not including personally identifiable information) and any awards which I may receive as part of its public transparency and accountability efforts. Information published may include but is not limited to the number of eligible households that receive funding, the type of assistance provided, acceptance rate of applicants, average funding provided per household, household income levels, and average number of monthly rental or utility payments that were covered by funding.

Accepted

---

Back: Payment Information

Save Draft

Submit

## SUBMISSION VERIFICATION

**Step 31:** Review confirmation message that appears as a banner at the top of the screen.

✓ 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.

# 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](mailto:dhserb@nd.gov)*