



Supplier Registration Assistance for ND Housing Stability Providers

[View Required Documents](#)

Get Started

The Supplier Registration Assistance Portal is intended to collect information to obtain of a Supplier ID through the ND Office of Management and Budget (OMB) Vendor Registry. Supplier IDs are required for the State of North Dakota to issue payments to Suppliers

This portal is operated by the Health and Human Services (HHS) North Dakota (ND) Housing Stability Division, however, the approvals or denial of a supplier account and ID number is a determination made by ND Office of Management and Budget (OMB) Vendor Registry.

What Would You Like to Do?

If you have already participated in either of the ND Housing Stability Programs (NDRH or NDHAF) please use your credentials to login. Otherwise, please create an account to get started.

[→ Login to Your Account](#)

[→ Create a New Account](#)


Be Legendary.™

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

*Supplier Registration Assistance for ND
Housing Stability Providers*

Front End User Guide

April 17, 2023

TABLE OF CONTENTS

Topic	Page
Front End User Guide Overview	3
First Time Login	4
Submit a New OMB Supplier ID Request	11
Vendor Registration Information for Individuals With SSN	18
Vendor Registration Information for Businesses With TIN	20
Complete Location Information	23
E-Sign & Submit Required Documents	29
Complete Acknowledgement	35
ND Housing Stability Support Information	41

FRONT END USER GUIDE OVERVIEW

Introduction:

This User Guide will provide step-by-step instructions for navigating the Supplier Registration Assistance for ND Housing Stability Providers portal, which can be utilized by Suppliers, Contact Center Staff, and other stakeholders who require familiarity with the public facing aspect of the application portal.

Audience:

This User Guide is intended for any potential ND Housing Stability Supplier end-users.

FIRST TIME LOGIN

SUPPLIER REGISTRATION OVERVIEW

In order to receive payments, all Housing Stability vendors (Housing Providers, Mortgage companies, Utility Service Providers, and Contractors) must be registered as a Supplier with the Office of Management and Budget.

This portal is operated by the Health and Human Services (HHS) North Dakota (ND) Housing Stability Division; however, the approvals or denial of a Supplier account and ID number is a determination made by ND Office of Management and Budget (OMB) Vendor Registry.

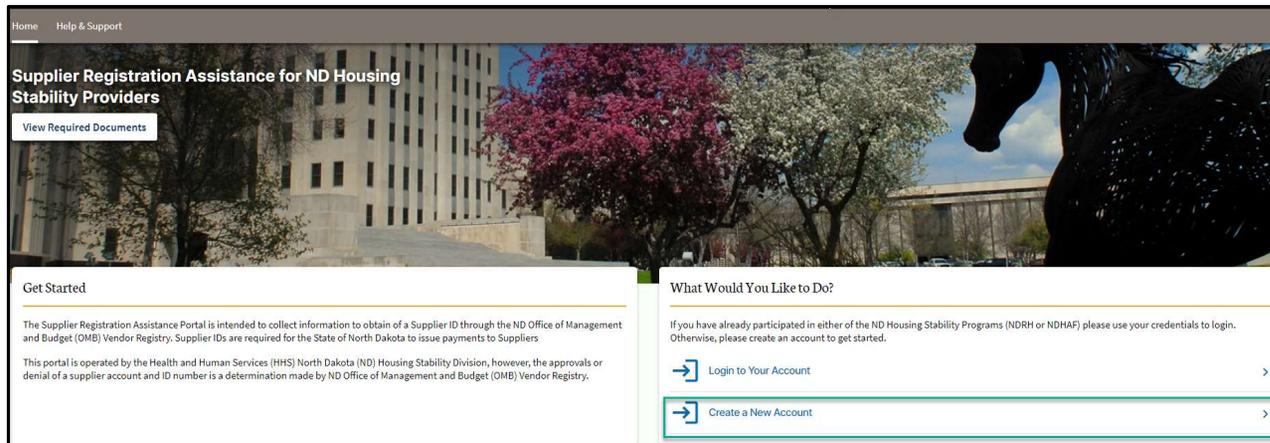
If you do not currently have an account for either the ND Rent Help (NDRH) program or ND Homeowner Assistance Fund (NDHAF) program and/or registered as a Supplier with the ND OMB Registry create a new account. Otherwise, if you have an account for the NDRH and NDHAF programs, login using your credentials to submit Supplier requests.

FIRST TIME LOGIN

Supplier Registration Assistance for ND Housing Stability Providers URL:
[Home - ND Housing Stability Supplier Registration Assistance \(servicenowservices.com\)](https://servicenowservices.com)

When accessing the website, you will be asked to login. As a first-time user, you will have to create a new account.

Step 1a: In the “**What Would You Like to Do**” section, select “**Create a New Account**” to be directed to the ND Housing Stability Account Registration page.



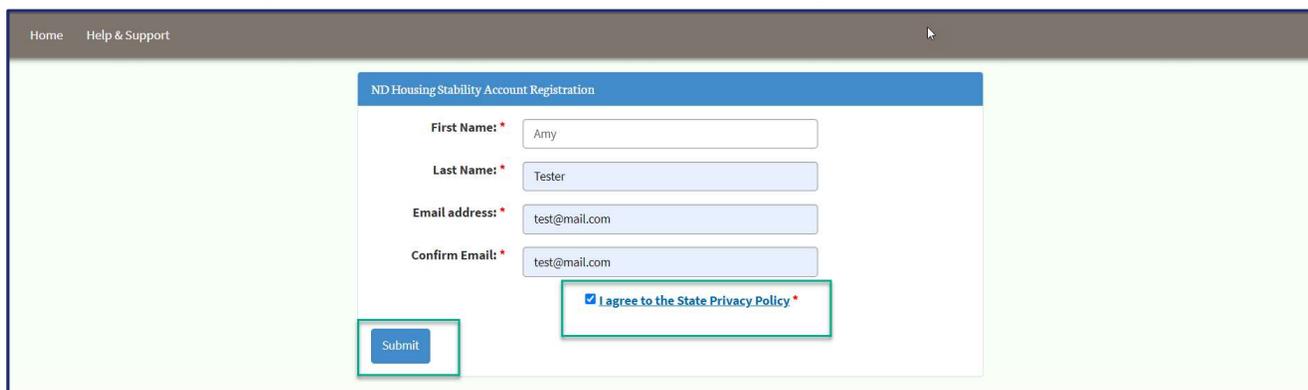
FIRST TIME LOGIN

Step 1b: You will be redirected to the account registration page, where you will be required to enter the following information to register an account:

- Your **First Name**
- Your **Last Name**
- Your **Email Address**
- Confirm **Email**

- Click the **check box** next to agree to the State Privacy Policy
- Click **Submit**

Note: If you currently have an account with either the NDRH or NDHAF programs, you will be redirected to use your current account credentials to login.

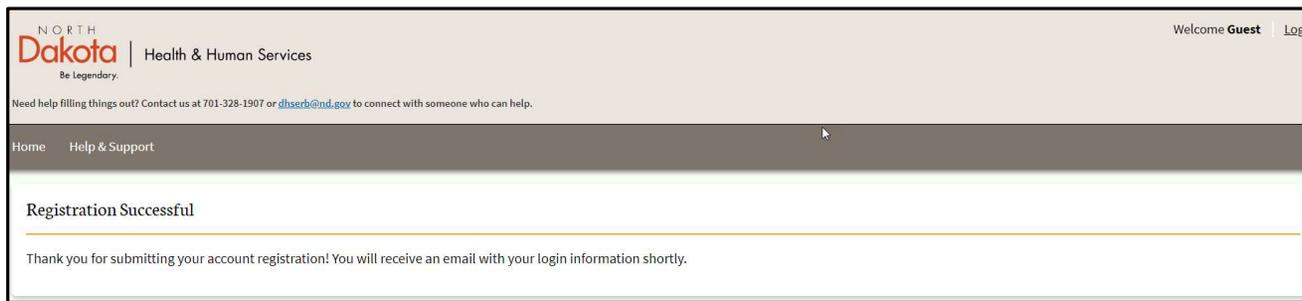


The screenshot shows a web browser window with a navigation bar at the top containing "Home" and "Help & Support". The main content area features a registration form titled "ND Housing Stability Account Registration". The form includes four input fields: "First Name:" with the value "Amy", "Last Name:" with "Tester", "Email address:" with "test@mail.com", and "Confirm Email:" with "test@mail.com". Below these fields is a checkbox labeled "I agree to the State Privacy Policy" which is checked. A blue "Submit" button is located at the bottom left of the form area.

FIRST TIME LOGIN

Step 2: After submitting account information, the following page opens.

You will also receive an email notification **North Dakota Housing Stability Supplier Registration – You Are Now a Registered User** with registration credentials and confirming that the registration was successful.



FIRST TIME LOGIN

Step 2a: Once credentials are received via the email notification, return to the home screen, and use credentials from the notification to log in.

Email notification will provide:

- **Link to the supplier portal website**
- **User ID**
- **Temporary password**

Enter your username and temporary password into the Log In form.

Click **Login**.



The screenshot shows a 'LOG IN' form with two input fields: 'User name' and 'Password'. Below the 'Password' field is a blue link labeled 'Forgot Password?'. At the bottom right of the form is a blue button labeled 'Log in', which is highlighted with a red rectangular border.

FIRST TIME LOGIN

Step 2b: Follow reset password instructions to complete first time login.

- Enter the password you were given in your email in **Current Password**.
- Enter a new password and confirm it in the **New Password** and **Confirm new Password** fields.
 - The password must be between 8 - 40 characters long and contain at least 1 digit(s), 1 uppercase letter(s), 1 lowercase letter(s) and 0 special character(s).
- Click **Submit**.

System administrator requires you to change your password

Change Password

User name:
John.Doe

Current Password:

New password:

Confirm New Password:

Submit

You have now successfully created a new account and are ready to begin the next step!

SUBMIT A NEW OMB SUPPLIER ID REQUEST

NEW OMB SUPPLIER ID REQUEST OVERVIEW

To request a new OMB Supplier ID, you would need to submit a new request. The following are OMB Vendor Registry Required documents to submit a new request:

1. W-9
2. ACH Authorization form if you are requesting ACH Payments. Provide the one of the following supporting documents:
 1. Voided Check
 2. Bank Letter

Click on the View Requirement Documents button to view a sample of these documents



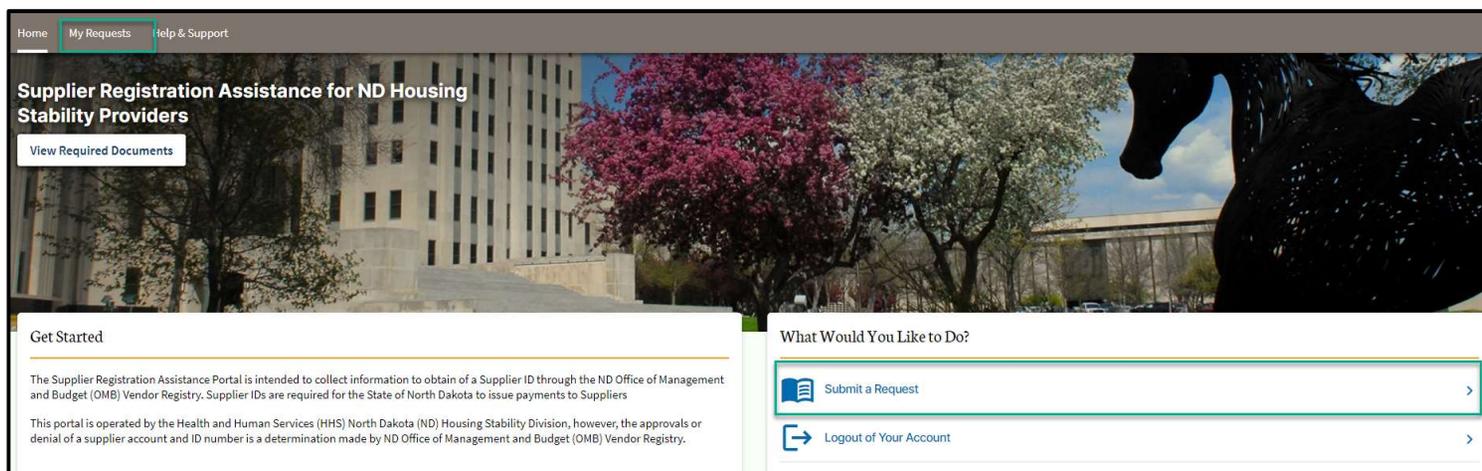
ENTER SUPPLIER REQUEST PORTAL

Supplier Registration Assistance for ND Housing Stability Providers URL:

[Home - ND Housing Stability Supplier Registration Assistance \(servicenowservices.com\)](https://servicenowservices.com)

Step 1: Enter the Supplier Request Portal.

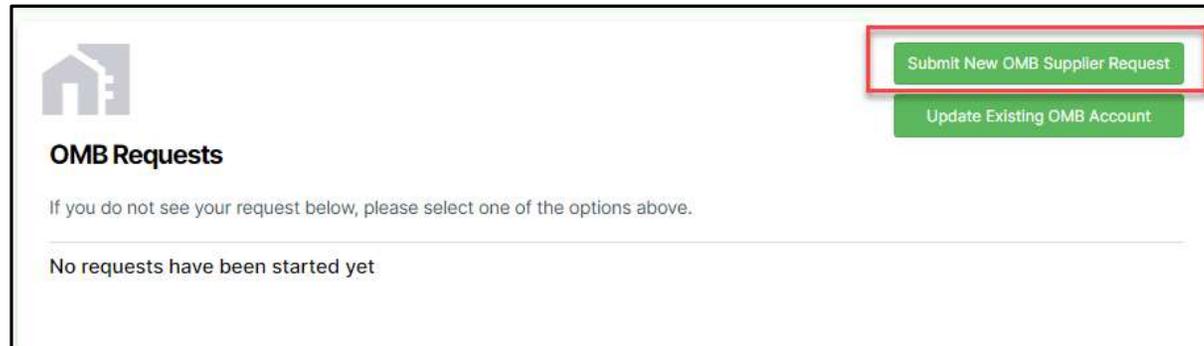
- After logging in, you will be redirected to the home page.
- Click **'Submit a Request'** in the What Would You like to Do? Section or the **'My Requests'** tab.



SUBMIT A NEW OMB SUPPLIER ID REQUEST

Step 2: Submit a new OMB Supplier ID request

On the OMB Requests page, click **Submit New OMB Supplier Request**.



ENTER CONTACT INFORMATION

Step 3: On the Supplier Information Page, in the **Contact Information** section, provide the following details:

1. **Full Name** of the person filling out this form
2. **Contact Email Address** for the person filling out this form
3. **Contact Phone Number** of the person filling out this form
4. Select **Yes** or **No** in response to the question **Do you want to identify an authorized contact besides yourself ?**
 - a) If **Yes** is selected, provide the following details:
 - i. Authorized User's Name
 - ii. Authorized User's Email
 - iii. Authorized User's Telephone Number

NOTE: Identifying an authorized contact will give the contact permission to share information and make changes to your account, individual, business, or banking information with your consent.

The screenshot shows a web form titled "Supplier Information" with a progress indicator showing "1 Supplier Information" and "2 Documentation". Below the title, there is a note: "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 you." The "Contact Information" section contains three text input fields: "Full Name of the person filling out this form*", "Contact Email Address for the person filling out this form*", and "Contact Phone Number of the person filling out this form*". At the bottom of this section is a question: "Do you want to identify an authorized contact besides yourself?" with radio buttons for "Yes" and "No".

This close-up shows the question "Do you want to identify an authorized contact besides yourself?" with the "Yes" radio button selected. Below the question is a blue informational box that reads: "Identifying an authorized contact will give the contact permission to share information and make changes to your account, individual, business, or banking information with your consent." Underneath this box are three text input fields: "Authorized User's Name*", "Authorized User's Email*", and "Authorized User's Telephone Number*".

COMPLETE VENDOR REGISTRATION INFORMATION

Step 4a: Complete Pre-Eligibility questions to help identify the type of business you represent

1. Select **Yes** or **No** in response to the question **Do you currently have, or have you ever tried to register as an Individual or Business with the North Dakota OMB/ Vendor Registry with the information you will be providing?**
2. Select the type of business you represent from the drop-down list in response to the question **What type of business do you represent?**
 - If you are a **Housing Provider**, select **Housing Provider to receive rental payments from the ND Rent Help program**
 - If you are a **Mortgage Company or Mortgage Servicer**, select **Mortgage Company/Mortgage Servicer (business or individual) to receive mortgage payments from the ND Homeowner Assistance Fund program**
 - If you are **Utility Provider, Contractor or Other type of supplier**, select **Other/Utility Vendor/ Contractor**

Vendor Registration

Do you currently have, or have you ever tried to register as an Individual or Business with the North Dakota OMB/ Vendor Registry with the information you will be providing? *

Yes No

What type of business do you represent? *

-Select- ▼

What type of business do you represent? *

Housing Provider to receive rental payments from the ND R ▼

Individuals or Sole Proprietors should enter your Social Security Number. Businesses should enter the Tax Identification Number (FEIN) used to file with IRS.

Are you registering as an Individual (with a SSN) or a Business (with a TIN)? *

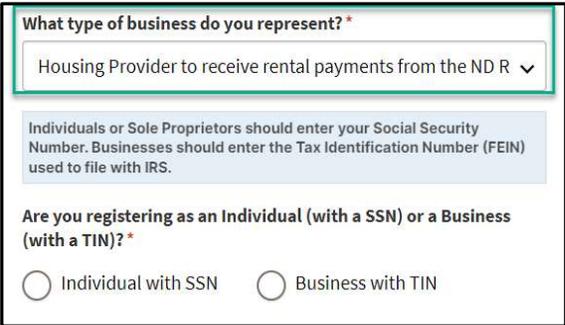
Individual with SSN Business with TIN

COMPLETE VENDOR REGISTRATION INFORMATION

Step 4a (Continued.): Complete Pre-Eligibility questions to help identify the type of business you represent

- 1. Upon the selection of the type of business you represent, select **Individual with SSN** if you are registering as an Individual or **Business with TIN** if you are registering as a Business

NOTE: Individuals or Sole Proprietors should enter your Social Security Number. Businesses should enter the Tax Identification Number (FEIN) used to file with IRS.



The screenshot shows a registration form with the following elements:

- A dropdown menu titled "What type of business do you represent?*" with the selected option "Housing Provider to receive rental payments from the ND R" and a downward arrow.
- A light blue informational box containing the text: "Individuals or Sole Proprietors should enter your Social Security Number. Businesses should enter the Tax Identification Number (FEIN) used to file with IRS."
- A question: "Are you registering as an Individual (with a SSN) or a Business (with a TIN)?*" followed by two radio button options: "Individual with SSN" and "Business with TIN".

VENDOR REGISTRATION INFORMATION: INDIVIDUALS WITH SSN

COMPLETE VENDOR REGISTRATION INFORMATION (INDIVIDUALS WITH SSN)

Step 4b : Complete Vendor Registration questions for Individuals with SSN: **Individual Housing Provider | Individual Mortgage Holder | Individual Utility Provider | Individual Contractor**

In the Individual Housing Provider | Individual Mortgage Holder | Individual Utility Provider | Individual Contractor section that opens, provide the following details:

1. **Full Name** (as shown on your income tax return)
2. **Email**
 - **NOTE:** This will be the default email address to which all OMB correspondence associated with this account will be sent. OMB suggests using an "info email account" for at least one contact's email address in the event a contact is absent or leaves the company
3. **Address, City, State and Zip Code**
4. Click the **Validate** button to validate your address
5. Enter your **9-digit** Social Security Number
6. Select your **Tax Classification** from the drop-down list
7. Enter a **PIN** between **4 - 6 digits**
 - **NOTE:** This will be referred to as your Company Identification Number and should be kept private and retained for your records

Individual Housing Provider | Individual Mortgage Holder | Individual Utility Provider | Individual Contractor

Full Name (as shown on your income tax return) *

Email *

This will be the default email address to which all OMB correspondence associated with this account will be sent. OMB suggests using an "info email account" for at least one contact's email address in the event a contact is absent or leaves the company

Address line 1 * ?

Address line 2:

VENDOR REGISTRATION INFORMATION: BUSINESS WITH TIN

COMPLETE VENDOR REGISTRATION INFORMATION (BUSINESS WITH TIN)

Step 4c : Complete Vendor Registration questions for a Business with TIN: **Business Housing Provider | Mortgage Company | Utility Provider | Contractor Company**

In the Business Housing Provider | Mortgage Company | Utility Provider | Contractor Company section that opens, provide the following details:

1. **Full Name** of the Company (as shown on your income tax return)
2. Select **Yes** or **No** in response to “**Does this Company have an otherwise identified DBA name?**”
 1. If **Yes** is selected, enter the **DBA Name** in the text box that opens
3. **Email**
 - **NOTE:** This will be the default email address to which all OMB correspondence associated with this account will be sent. OMB suggests using an "info email account" for at least one contact's email address in the event a contact is absent or leaves the company
4. **Address, City, State and Zip**
5. Click the **Validate** button to validate your address
6. Enter your **9-digit** Tax Identification Number (TIN)
7. Select your **Tax Classification** from the drop-down list
8. Enter a **PIN** between **4 - 6 digits**
 - **NOTE:** This will be referred to as your Company Identification Number and should be kept private and retained for your records

Business Housing Provider | Mortgage Company | Utility Provider | Contractor Company

Full Name of the Company (as shown on your income tax return) *

Does this Company have an otherwise identified DBA name? *

Yes No

DBA Name *

Email *

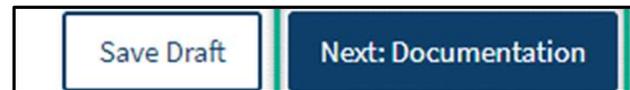
This will be the default email address to which all OMB correspondence associated with this account will be sent. OMB suggests using an "info email account" for at least one contact's email address in the event a contact is absent or leaves the company

Address line 1 * [?](#)

COMPLETE VENDOR REGISTRATION INFORMATION (INDIVIDUALS WITH SSN)

Step 5: Review the completed information and move on to the Documentation page 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 application, click the **Next: Documentation** button.



COMPLETE LOCATION INFORMATION

COMPLETE LOCATION INFORMATION

Step 6: Enter payment information for each Location that you will be receiving payments for. Click the **Add Location** button to complete payment information for each of your Locations

Location Information Required

- Select the **Address** you would like payments sent to from the drop-down list.
 - **NOTE:** If you would like payments sent to another address, select **Other**, enter and validate the address
- Click the check box next to **Please confirm this is the address you want physical checks or payment advice sent to.** to confirm your mailing address
- **Location Nickname** (Maximum of 30 characters)
 - **NOTE:** Location Nickname is a unique way to identify your property or complex. You can use the city where property is located or any label to help you identify this property.

We are now going to ask you for more information about where you would like payments sent should you be approved for an OMB Supplier account.

Please Enter Location Information Below: *

No locations have been entered. Select "Add Location" to get started.

Add Location

Add Location

Where would you like your payments sent? * ?

-Select-

Please confirm this is the address you want physical checks or payment advice sent to. *

Location Nickname * ?

Would you prefer to receive ACH payments or a physical check? *

ACH Payment Physical Check

Please verify the information provided is true and correct. *

Location information continues on the next page.

COMPLETE LOCATION INFORMATION

Location Information Required

Additional question for Business Housing Providers

- Select **Yes** or **No** in response to the question **Do you manage more than one property?**
 - If **Yes** is selected:
 - i. Select **Yes** or **No** in response to the question **Do payments for renters need to be sent to different addresses or transferred into different bank accounts?**
 - ii. If **Yes** is selected, **Please Explain Further** in the text box provided
 - iii. If **No** is selected, proceed to the next question
 - If **No** is selected, proceed to the next question

✚ Add Location
✕

Where would you like your payments sent? * ?

-Select-

Please confirm this is the address you want physical checks or payment advice sent to. *

Location Nickname * ?

Do you manage more than one property? *

Yes No

Do payments for renters need to be sent to different addresses or transferred into different bank accounts? *

Yes No

Please Explain Further *

Would you prefer to receive ACH payments or a physical check? *

ACH Payment Physical Check

Please verify the information provided is true and correct. *

Location information continues on the next page.

COMPLETE LOCATION INFORMATION

Location Information Required

- Select either **ACH Payment** or **Physical Check** for your preferred payment type
 - If **ACH Payment** is selected, complete the following:
 1. Bank Name
 2. 9-digit Routing Number
 3. Account Number
 4. Select the Type of bank account from the drop-down list
 5. Select the email address to receive payment advise from the drop-down list. If you want to enter an alternate email address select “**Other**” and enter the email in the text box
 6. Select **Upload ACH Form or E-Sign ACH Form** to submit the ACH Authorization form
 - i. If you have a completed and signed ACH form, select Upload ACH Form and click the Add Document button

Would you prefer to receive ACH payments or a physical check? *

ACH Payment Physical Check

Bank Name *

Routing Number *

Account Number *

Type of bank account *

-Select- ▼

Please select the email address where you would like your payment advice sent *

-Select- ▼

Would you like to upload an ACH Authorization Form or Electronically Sign? *

Upload ACH Form E-Sign ACH Form

Please upload ACH Supporting Documents. This may include a voided check or a bank letter. [Download Sample Bank Letter.](#) *

Please verify the information provided is true and correct. *

Would you like to upload an ACH Authorization Form or Electronically Sign? *

Upload ACH Form E-Sign ACH Form

Please upload your ACH Authorization Form for this location. *

Location information continues on the next page.

COMPLETE LOCATION INFORMATION

Location Information Required

- If **ACH Payment** is selected, complete the following:
 7. Upload ACH Supporting Documents
 - i. A Voided Check OR
 - ii. A Bank Letter
 8. Click the checkbox next to **Please verify the information provided is true and correct.**
 9. Click the **Save** button

- If **Physical Check** is selected:
 1. Click the checkbox next to **Please verify the information provided is true and correct.**
 2. Click the **Save** button

Please upload ACH Supporting Documents. This may include a voided check or a bank letter. [Download Sample Bank Letter.](#) *

Please verify the information provided is true and correct. *

Would you prefer to receive ACH payments or a physical check? *

ACH Payment Physical Check

Please verify the information provided is true and correct. *

Location information continues on the next page.

COMPLETE LOCATION INFORMATION

Step 7: Review completed Location information in the Location table and E-Sign required documents.

- **To add another Location**, click the **Add Location** button
- Once Location information is completed, the **Nickname**, **Location Address**, **Payment Type**, and **ACH Authorization** for all **Locations** entered.
- If the **E-Sign ACH Form** option is selected for the ACH Authorization form submission, there will be a button to **Click to View and E-sign** the document.
- **To edit the Location information**, click on the **pencil icon** to reopen the Location record. Within the record, you may update Location details or delete the Location record by clicking the **Delete** button on the bottom of the page.

Nickname	Address	Payment Type	ACH Authorization	View/Edit
Location Nickname	123 MAIN ST 2217 PRAIRIE WOOD LANE WARWICK, North Dakota 58381	ACH Payment	Click to View and E-Sign	
Location Nickname 2	123 MAIN ST 2217 PRAIRIE WOOD LANE WARWICK, North Dakota 58381	Physical Check	N/A	
Location Nickname 3	123 MAIN ST 2217 PRAIRIE WOOD LANE WARWICK, North Dakota 58381	ACH Payment	N/A	

E-SIGN & SUBMIT REQUIRED DOCUMENTS

E-SIGN AND SUBMIT REQUIRED DOCUMENTS

Step 8a: Review and E-Sign ACH Authorization form(if applicable)

- If the **E-Sign ACH Form** option is selected for the ACH Authorization form submission, on the Location Table, click the **Click to View and E-sign button**

Nickname	Address	Payment Type	ACH Authorization
Location Nickname	123 MAIN ST 2217 PRAIRIE WOOD LANE WARWICK, North Dakota 58381	ACH Payment	Click to View and E-Sign
Location Nickname 2	123 MAIN ST 2217 PRAIRIE WOOD LANE WARWICK, North Dakota 58381	Physical Check	N/A

- In the **ACH Authorization Form View and Sign** window that opens:
 - Review the pdf document and confirm payment information details entered for the Location is correct
 - Use your mouse pad to sign in the **Signature box**
 - Click the **Accept Signature** button to submit

E-SIGN AND SUBMIT REQUIRED DOCUMENTS

Upon successful submission of the **ACH Authorization** form, you will be able to view and download the signed ACH document in the Location table

Nickname	Address	Payment Type	ACH Authorization
Location Nickname	123 MAIN ST 2217 PRAIRIE WOOD LANE WARWICK, North Dakota 58381	ACH Payment	View/Download Signed ACH
Location Nickname 2	123 MAIN ST 2217 PRAIRIE WOOD LANE WARWICK, North Dakota 58381	Physical Check	N/A

NOTE: Once the ACH Authorization form is signed, you can only view the details.

- If for any reason, you would like make changes to the Location record before submitting your request, follow these steps:
 1. Click on the view icon
 2. Scroll to the bottom of the page and click the Delete button and exit
 3. On the Documentation page, click the Add Location button and create a new location record.

Nickname	Address	Payment Type	ACH Authorization	View/Edit
Location Nickname	123 MAIN ST 2217 PRAIRIE WOOD LANE WARWICK, North Dakota 58381	ACH Payment	View/Download Signed ACH	
Location Nickname 2	123 MAIN ST 2217 PRAIRIE WOOD LANE WARWICK, North Dakota 58381	Physical Check	N/A	

[Delete](#)
[Cancel](#)

We are now going to ask you for more information about where you would like payments sent should you be approved for an OMB Supplier account.

Please Enter Location Information Below:

Nickname	Address	Payment Type	ACH Authorization	View/Edit
Location Nickname	123 MAIN ST 2217 PRAIRIE WOOD LANE WARWICK, North Dakota 58381	ACH Payment	View/Download Signed ACH	
Location Nickname 2	123 MAIN ST 2217 PRAIRIE WOOD LANE WARWICK, North Dakota 58381	Physical Check	N/A	
Location Nickname 3	123 MAIN ST 2217 PRAIRIE WOOD LANE WARWICK, North Dakota 58381	ACH Payment	N/A	

[Add Location](#)

E-SIGN AND SUBMIT REQUIRED DOCUMENTS

Step 8b: Review and E-Sign W-9 form.

- On the bottom of the Documentation page, select **Upload a completed W-9 document** or **Electronically sign a W-9** to submit the W-9 form
 - If you have a **completed and signed W-9** form, select Upload a **Completed W-9 document** and click the **Add Document** button

Would you like to upload a completed W-9 document or electronically sign a W-9? *

Upload a completed W-9 document Electronically sign a W-9

Would you like to upload a completed W-9 document or electronically sign a W-9? *

Upload a completed W-9 document Electronically sign a W-9

W-9 Upload

- Follow the steps below to **electronically sign the W-9 form**:
 - Select **Electronically sign a W-9**
 - Click the **Click to View and E-Sign** button

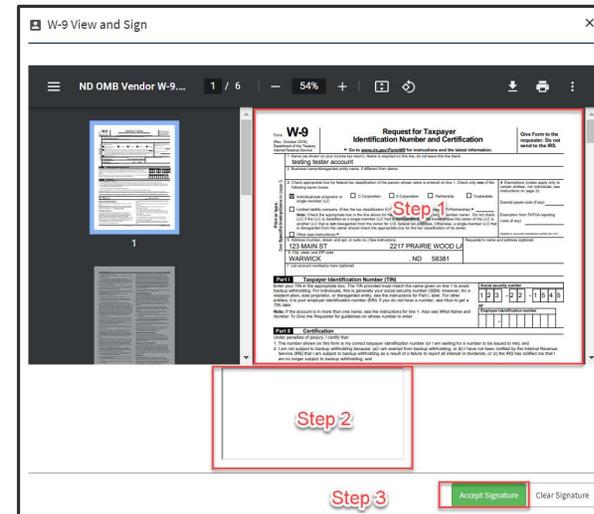
Would you like to upload a completed W-9 document or electronically sign a W-9? *

Upload a completed W-9 document Electronically sign a W-9

E-SIGN AND SUBMIT REQUIRED DOCUMENTS

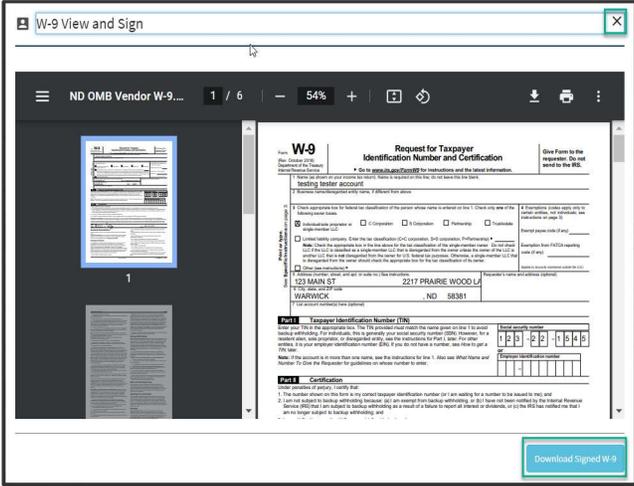


3. In the **W-9 View and Sign** window that opens:
 1. Review the pdf document and confirm your business details entered on the Supplier Information page is correct
 2. Use your mouse pad to sign in the **Signature box**
 3. Click the **Accept Signature** button to submit



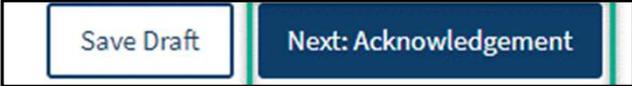
E-SIGN AND SUBMIT REQUIRED DOCUMENTS

Upon successful submission of the **W-9** form, you will be able to view and download the signed W-9 document. Click the **Download Signed W-9** button or click **X** to exit the window



Step 9: Review the completed information and move on to the Documentation page 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 application, click the **Next: Acknowledgement** button.



COMPLETE ACKNOWLEDGEMENT

COMPLETE ACKNOWLEDGEMENT

Step 10: Review the Acknowledgements page

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

Home My Requests Help & Support

New OMB Application
Request 0087573 Last Saved:
2023-04-18 11:41am

1 Supplier Information 2 Documentation 3 Acknowledgement

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

Please read the following statements carefully and only attest to those statements that relate to you and your application:

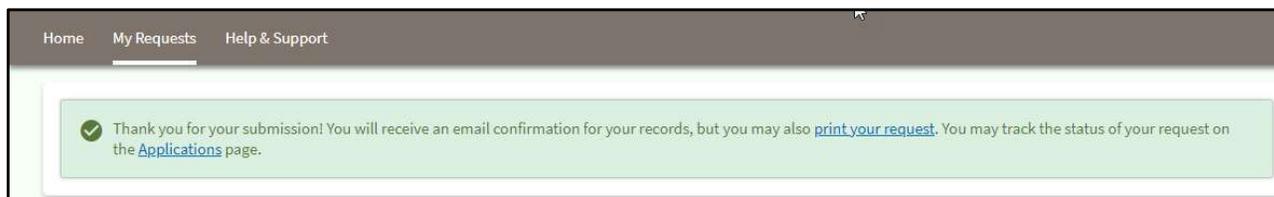
- I acknowledge that submitting an application for a Supplier ID does not guarantee payment from the ND Housing Stability Program.*
- I acknowledge that the Supplier Registration Assistance for ND Housing Stability Providers portal is operated by HHS ND Housing Stability, however all determinations regarding Supplier ID registration and changes to supplier accounts are made by the ND Office of Management and Budget Vendor Registry.*

Electronically Sign

Back: Documentation Save Draft Submit

COMPLETE ACKNOWLEDGEMENT

Step 11: After application submission, a notification is provided to the user confirming receipt of the request.



North Dakota Housing Stability Supplier Registration – Request for OMB Supplier ID Successfully Submitted notification will be sent to the user confirming that a request has been submitted

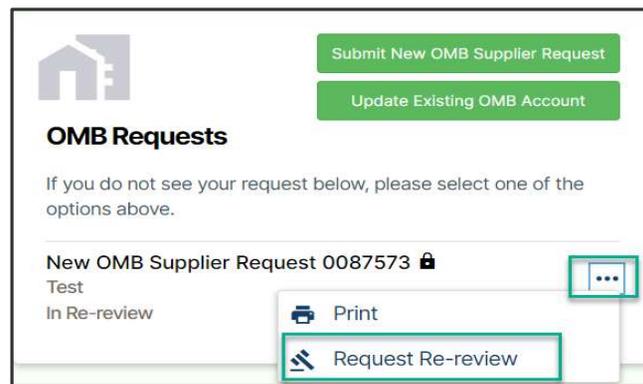
UPDATE DOCUMENTATION IN RE-REVIEW

UPDATE DOCUMENTATION IN RE-REVIEW

In the event you need to resubmit missing information or documentation to complete your request, you will receive a **North Dakota Housing Stability Supplier Registration – Additional Information Required for Your OMB Supplier Request** notification confirming that the request is in the “Re-Review” Status.

Step 1: Follow the instructions in the notification and navigate to the **My Requests** dashboard to access an application in Re-Review Status.

- Click on the ellipses (...) next to the Supplier Request in the **Re-Review Window** status.
- From the drop-down, select **Request Re-Review**.



UPDATE DOCUMENTATION IN RE-REVIEW

Step 2: Enter the reason for requesting a re-review and upload applicable documentation as directed by the Re-Review Notification.

The screenshot shows a web form titled "Re-review Request" with the sub-header "Request 0087573". Below the title is a text input field with the prompt "Please enter justification for your re-review *". Underneath is a section for attachments with the prompt "Please attach any documentation for your re-review:" and a blue "Add Document" button. At the bottom right of the form are two buttons: a grey "Cancel" button and a blue "Submit" button. Both the "Add Document" and "Submit" buttons are highlighted with a red rectangular border.

Click **Submit**.

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*