

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

North Dakota Rent Help (NDRH) Front End User Guide – Application for Individuals Experiencing Homelessness

October 11, 2021

*Intended for Internal Audience Only

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FRONT END USER GUIDE OVERVIEW

FRONT END USER GUIDE OVERVIEW

Introduction:

This User Guide will provide step-by-step instructions for navigating the Renter portal and Application for Individuals Experiencing Homelessness, which could be utilized by Application Counselors, Contact Center Staff and other stakeholders who require familiarity with the public facing aspect of the application portals.

Audience:

This User Guide intended for any potential Renter and Housing Application end-users (e.g., Applicants, Application Counselors, Contact Center staff, Housing Providers, etc.,).



ACCESSING THE PORTAL

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Department of Human Services



https://ndhousingstability.servicenowservices.com/nd_rent_help

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

Step 1: In the menu, select Register New Account.

NORTH Dakota Be Legendary. Need Help? Please call (701) 328-1907.		Welcome Guest Login
Home Program Overview Register New Account Help & Support		Language English 🗸
ĸ	LOGIN User name Password Forgot Password ? Login	
Find a summary of tenant rights in North Dakota at the <u>State Attorney General's w</u> State, please call (701) 328-1907.	ebsite. For information about resources available to assist North Dakotans during th	e COVID-19 pandemic visit <u>https://helpishere.nd.gov</u> . To speak to someone at the



NORTH Dakota Be Legendary."

Step 2: You will be redirected to the account registration page, where you will be required to enter the following information in order to register an account.

- a. Provide your First name in First Name.
- b. Provide your Last name in Last Name.
- c. Provide email address in Email.
- d. Confirm email again in Confirm Email.
- e. Press Submit.

N O R Dak Need Help? Please	CTH OTO e call (701) 328-	Be Legendo	ary.		Welcome Guest <u>Login</u>
Home Progra	am Overview	Register New Account	Help & Support		Language English 🗸
Account Regist	tration				
→ [Firs	t Name *]
C	Las	t Name *]
C		Email *]
C	Confirm	n Email *]
				I agree to the State Privacy Policy *	
Submit					
Find a summary COVID-19 pander	of tenant right mic visit <u>https:</u>	s in North Dakota at the <u>St</u> //helpishere.nd.gov. To spe	<u>ate Attorney Genera</u> eak to someone at t	I <u>'s website</u> . For information about resources ar he State, please call (701) 328-1907.	vailable to assist North Dakotans during the



Step 3: Complete registration by selecting the following:

- a. Agree to the State Privacy Policy.
- b. Press Submit.

Home Program Overview Register New Accourt	nt Help & Support	Language <mark>English 🗸</mark>
Account Registration		
First Name *		
Last Name *		
Email *		
Confirm Email *		
	□ <u>I agree to the State Privacy Policy</u> *	
Submit		

c. Following submission, a **banner confirming account creation** will appear at the top of your screen.





Step 4: You will be sent an email to the email address you provided with your login information. Once you receive this email, return to the home screen.

- a. Login using the username and password you received in the email.
- b. Press Login.

N O R T H Dakota Be Legendary. Need Help? Please call (701) 328-1907.		Welcome Guest Login
Home Program Overview Register New Account Help & Support		Language English 🗸
	LOGIN User name john.doe Password Forgot Password ?	s
Find a summary of tenant rights in North Dakota at the <u>State Attorney General's v</u> State, please call (701) 328-1907.	<u>vebsite</u> . For information about resources available to assist North Dakotans during th	e COVID-19 pandemic visit <u>https://helpishere.nd.gov</u> . To speak to someone at the



Step 5: Follow reset password instructions to complete first time login.

- a. Enter the password you were given in your email in **Current Password**.
- b. Enter a new password and confirm it in the **New Password** and **Confirm new Password** fields.
- c. 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).
- d. Press **submit.**

① System administrator requires you to change your password	×
Change Password	
User name:	
John.Doe	
Current Password:	
New password:	
Confirm New Password:	
Submit	
	Ċ

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



APPLICATION FOR INDIVIDUALS EXPERIENCING HOMELESSNESS

ENTER APPLICATION PORTAL

ND Rent Help Portal URL:

https://ndhousingstability.servicenowservices.com/nd rent help

Step 1: Enter the Application Portal

- a. After logging in, you will be redirected to the home page.
- b. Press 'Enter Application Portal' or on 'Applications' in the menu.



STARTING A NEW RENTER APPLICATION



Step 2: Start a New Application

- a. On the application page, you will see two sections. On the left-hand side is the **I Am A Renter** section. As we are creating a new renter application, this is the section we will need.
- b. In the I am a Renter section, press Start New Application.

Dakota Be Legendary.	Welcome <u>John Doe</u> Logout
Need Help? Please call (701) 328-1907.	
Home Program Overview Applications Help & Support	Language English 🗸
IAm A Renter If you are a renter requesting rental assistance and you do not see your request below, you can start a new application here! No applications have been started yet Step 2 Start New Application >	Image: Start New Application >
Find a summary of tenant rights in North Dakota at the <u>State Attorney General's website</u> . For information about resources av State, please call (701) 328-1907.	railable to assist North Dakotans during the COVID-19 pandemic visit <u>https://helpishere.nd.gov</u> . To speak to someone at the

STARTING A NEW RENTER APPLICATION



Step 3: Answer prompt to determine you are currently experiencing homelessness.

- a. You will be prompted with the following question regarding homelessness.
- b. Press Yes, I am not currently experiencing homelessness.
 - i. A version of the application that considers the specific barriers an individual experiencing homelessness is available to better facilitate application completion. By selecting **Yes** the applicant will be routed to this application.





Step 4: Describe current living situation to prove or Self-Attest to homelessness. This is required to consider the applicant eligible due to housing instability criteria.

a. Please describe current living situation.

3 Payment Information

Eligibility

Applicant Information

- b. Can you provide information that shows documentation of current living situation/homelessness.
 - i. If Yes, then press **Add Document** and upload the appropriate document.
 - ii. If No, then provide more information in the text field and **Self-Attest** by clicking the checkbox.

1	2	3	4
Eligibility: On this pa living situation and n	ge, we will gather inforn eeds.	nation to better under	stand your current
Please describe your curre	ent living situation. * 🧿		
Can you provide informati	on that shows documentation	of your current living situa	tion/homelessness?* 🧿
Yes No			
Please upload supporting	documentation of your curren	t living situation.	
Add Document			
Can you provide information	on that shows documentation	of your current living situa	tion/homelessness?* 🧿
Please describe the circum	istance that is preventing you	from providing proof of yo	ur current living situation *
I/we attest that one of that the above descri	or more members of my/our ho option of my/our current living	ousehold are currently expe situation is accurate. *	eriencing homelessness and

4 Certification

3 Payment Information

Eligibility

2 Applicant Information



Step 5: Complete all remaining Pre-Eligibility questions to help identify ability to meet Area MedianIncome (AMI), COVID Hardship, and Risk of Housing Instability criteria.Step 5

The following questions are required by Treasury guideless to confirm the applicant meets the **<80% AMI Eligibility threshold**.

- a. How many family members (are included in the household/current living situation)?
- b. What was your total annual household income for 2020?
- c. What is your estimated annual household income for 2021?
- d. Please select the county where you currently reside?

Note: This is required to be able to calculate AMI, for individuals experiencing homelessness, they may Self-Attest to residing in a county.

- e. Household income meets AMI eligibility requirements:
 - i. This will auto populate based on the above responses.

-Select-	~
What was your total annual house	hold income for 2020?* 📀
0.00	
What is seen actionated as well be	
two months and multiply by 6) *	usehold income for 2021? (Add your monthly income for the last
0.00	usehold income for 2021? (Add your monthly income for the last
0.00 Please select the county where ye	usehold income for 2021? (Add your monthly income for the last
Output Select	usehold income for 2021? (Add your monthly income for the last u currently reside *
What is your estimated annual not two months and multiply by 6) * 0.00 Please select the county where your -Select- Household income meets AMI elige	usehold income for 2021? (Add your monthly income for the last u currently reside* v bility requirements:

Step 6: The following questions are asked to establish the applicant meets **COVID-related hardship** eligibility criteria and determine application prioritization.

- a. Since March 13, 2020, have you or any member of your household qualified for or been approved for unemployment benefits?
- b. Have you or a household member not been employed for the last 90-day period or longer?
- c. Since March 13, 2020, have you or a household member experienced a COVID-related hardship? Please select all COVID-related hardships that apply.
 - i. If "Other (please describe)" is selected, a text box will be generated for the applicant to describe how COVID-19 has resulted in financial hardship.

Note: Applicants may select as many COVID-related hardships as are applicable. Selecting no COVID-related hardships will not disqualify the application based solely on this response.

Sinc appr	e March 13, 2020, have you or any member of your household qualified for or been roved for unemployment benefits? *
0	Yes 🔘 No
Have	e you or a household member not been employed for the last 90-day period or longer?
0	Yes 🔘 No
Sinc harc	e March 13, 2020, have you or a household member experienced a COVID-related Iship? Please select all COVID-related hardships that apply.
Red	uction 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
Sign	ificant costs or out-of-the-ordinary expenses:
	Costs related to child care or school disruptions
\Box	Caregiving for other family members
	Medical expenses or costs related to overall health care
	Funeral expenses
\Box	Housing costs
Othe	er hardship:
	Extended time off to care for children / family member
	Extended time off due to personal health / COVID
	Other (please describe)
~	Other (please describe)
Plea: uner	se describe in detail how COVID-19 has impacted you through qualification of nployment benefits, reduction in income, significant costs incurred, and/or other financial

Step 6

4 Certification

3 Payment Information

Applicant Information

1 Eligibility



- d. Are you using the assistance of a Housing Facilitator?
- e. Can you provide documentation to demonstrate a loss of income, significant cost, and/or other financial hardship?
- f. Press "Add Document" to upload documentation in the acceptable file formats: PDF, JPG, JPEG, GIF, PNG, TIF.

Note: If you select "Documentation unavailable", you will be asked to describe the situation preventing you from providing documentation and attest to the accuracy of the statement.

Are you using the assistance of a Housing Facilitator?*
O Yes O No
Can you provide documentation to demonstrate a loss of income, significant cost, and/or other financial hardship?*
Unemployment benefit statement 🗸 🗸
Please upload documentation:*
Add Document
Step 6
In detail, please explain why you cannot provide documentation of loss of income, significant cost, and/or other financial hardship. *
I/we attest that the statement above is true. *
Please review and confirm the self-certification statement below:
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. *



a. If you wish to complete the remainder of the application later, **Press Save Draft**.

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Eligibility

b. If you wish to continue to complete the Applicant information portion of the application, **Press Next: Applicant Information.**

Upon pressing **Next: Applicant Information,** if you have been deemed eligible for ERAP assistance you will be directed to the next page. <u>If the applicant has been deemed</u> <u>ineligible</u>, you will receive an error notification alerting you that the information you provided disqualifies your for-program assistance.

			Step	7	Save Draft	Next: Applicant	Information
Home	Program Overview	Applications	Help & Support	Housing Provider	Profile	Language	English 🗸
Thank will N	< you applying for ND OT likely be eligible t	Rent Help. Bas o receive assist	ed on the informa ance through ND I	ntion you provided Rent Help.	in the Pre-Eligibility	r survey, it appea	ars that you
To be	eligible, households	need to meet t	ne following criter	ria:			
• At le	east one member has unemployment, incr	s experienced a eased expenses	hardship related	directly, or indirect the since March 13, 2	ly, to the COVID-19 ; 2020.	pandemic such a	s qualifying
• Can	demonstrate a risk t	hat your house	hold may experie	nce housing instab	ility or homelessnes	is.	
• Can	report household in	come that is no	more than <u>80% o</u>	f the Area Median I	ncome.		
lf yo be a	ou feel you received t able to offer more in	his notice in en depth assistanc	ror, please call our e.	r helpline at 701-32	8-1907 and one of t	he ND Rent Help	staff may

NORI

Relationship vi. DOB Middle Name vii. Age (Auto populated based on DOB)

complete household member information for

each individual living in your household. Is this the head of household First Name?

4 Certification

3 Payment Information

Step 8: Identify household information for each

Household Member identified on the Pre-

Press Add Household Member to

viii. Sex

Eligibility page.

а.

i.

ii.

iii.

iv.

V.

19

- Ethnicity ix.
- Race (Multiple select if more than one apply) Х.
- Marital Status xi.

2 Applicant Information

xii. **Employment Status**

Middle Name

Last Name

Suffix

- Current or most recent occupation xiii.
- 2020 total annual income for the household xiv. member only
- Last month's income XV.
- Prior month's income xvi.
- xvii. Social Security number (Optional)

Edit Household Member

Is this the head of household?*

() No

() Yes

First Name

Last Name

Relationship

Select Date

~

-Select-

DOB*

Age: *

Sex

🔿 Male

-Select

Suffix

Applicant Inform out regarding you	nation: On this pa ar application and	ge, we will gather I submission stat	: more in-depth co us.	ntact information	so we can reach
, at regarding y of	ar opprised to in the			*Deno	tes required field
io household membe	rs have been added				
ou must enter yours	elf as a household mer	nber			
Add Household Mor		Ste	n 8		
Add Household Mer	nber	010	,		

×

Race (select one of more):*

Black or African American Native Hawaiian or Other Pacific Islander

Prefer Not to Answe

Employment Status:

Last month's income: '

Prior month's income:

Marital status: '

-Select-

-Select-

0.00

0.00

0.00

American Indian or Alaska Native

~

~

Providing a Social Security Number is encouraged, as it will allow for faster

2020 total annual income for this household member only:

No values selected

Asian

Other

White Multi-racial

verification of program eligibility and application processing. SSN: Female Prefer not to say XXX-XX-XXXX or XXXXXXXX Ethnicity; are you of Hispanic, Latino, or Spanish origin?* Save Household Member Table continued next page -**Department of Human Services**



Householder Member Table (continued)

3 Payment Information

Applicant Information

- xviii. Can you provide income documentation
 - i. Add Document or explain why you cannot provide income documentation and Self-Attest to accuracy.

4 Certification

 Press Save to add submit household member information. You will be redirected to the previous page.

	Can you provide income documentation (for example, copy of rorm 1040 as filed with the IRS for the household for CY 2020 (first two pages only); 2020 W-2s, income statement or pay stubs from prior two months) for this household member? * ??
Step 8	Add Document
	Can you provide income documentation (for example, copy of Form 1040 as filed with the IRS for the household for CY 2020 (first two pages only); 2020 W-2s, income statement or pay stubs from prior two months) for this household member? * ⑦ ○ Yes ◎ No Please explain why you cannot provide income documentation: *
	Please review and confirm the self-attestation statement below: Due to the above reasons, I/we am/are unable to provide documentation of income. I/we attest that the information provided is accurate and complete to the best of my/our knowledge*

_

....

<u>Be Legendary</u>

Step 9: Review completed Household Member information in the Household member table. As a verification measure, applicants will be required to repeat Step 1 until all household members identified as living in the housing unit in the Pre-Eligibility page are identified.

3 Payment Information

Note: If an inconsistent number of household members is identified by the Household Member table, an error message will appear instructing the applicant on how to resolve the inconsistent data.

Step 10: Identify any past due rent or utilities. These questions are asked to inform case reviewers of an assistance amounts required to be paid to former housing and utility providers.

- a. Do you owe any past due rent?
- b. How much is the past rent owed?
- c. Do you owe any past due utility?
- d. How much is the past due utility owed?

	2 Applicant Information	3 Rental Assist Information	^{tance} 4	Utilities	5	Payment Information	6 Certification	
Applicant Informati application and subr	on: On this page, we nission status.	will gather mo	ore in-depth	contac	rt information	n so we can reach	out regarding yo	ur
Name	Head of Household	Relationship	DOB	Sex	2020 Income	Last Mo. Income	*Denotes require Prior Mo. Income	ed field Edit
Household Member Test	Yes	Self	1988-02-04	Male	50,000.00	4,000.00	3,500.00	1
Tabat					50 000 00	4 000 00	2 500 00	





Step 11: Provide contact information for the primary applicant. Guidance is included to support applicants in getting paired with an Application Counselor.

4 Certification

- a. Applicant email address
- b. Re-enter Applicant email address

3 Payment Information

- c. Applicant phone number
- d. Re-enter Applicant phone number
- e. Is this a cell phone number?

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

- f. Would you like to receive updates to your application via text message?
- g. Select your carrier.

Note: The program is configured to send automated update notifications to your email address. Limited notifications may be sent to you via phone. To ensure that you receive any messages delivered at any time you are unable to pick up the phone, we encourage that you have a voicemail box configured to receive messages. Phone and data charges may apply. If carrier is unable to be identified, the applicant will not be able to receive text messages. Please provide your contact information below. If you do not have an email address and/or phone number, enter the contact information for your Application Counselor below. If you do not have an Application Counselor, please call (701) 328-1907 to be paired with an Application Counselor who will assist with your submission. You may save your current application as a draft and continue filling out this information once paired with a counselor.

Applicant email address: *

Step 11

 Re-enter Applicant email address:*

 Applicant phone number:*

 Re-enter Applicant phone number:*

 Is this a cell phone number?*

 Yes
 No

 *Note: The program is configured to send automated update notifications to your email address.

 Limited notifications may be sent to you via phone. To ensure that you receive any messages delivered at any time you are unable to pick up the phone, we encourage that you have a voicemail

box configured to receive messages. Phone and data charges may apply.





4 Certification

LIHEAP* i.

Applicant Information

- ii. SSI*
- iii. WIC*
- Head Start* iv.
- Child Care Assistance* V.
- vi Medicaid*
- vii. Housing Choice Voucher*
- viii. HUD 202 Rental Subsidy*
- HUD 811 Rental Subsidy* ix.
- USDA Rural Development Rent Assistance* Χ.

3 Payment Information

- xi. SNAP
- xii. TANF
- xiii. Unemployment

*Documentation is required to verify enrollment status in program

- Can you provide documentation for your enrollment in any а. of the above assistance / benefits programs?
- If Yes, press Add Document to upload at least one form b. of documentation.
- If No, describe the circumstance preventing you from C. providing proof of enrollment and Self-Attest to the accuracy of the statement.





Can you provide documentation for your enrollment in any of the above assistance / benefits programs? *	
In detail, please explain why you cannot provide documentation of the benefit you are enrolled in. *	
I/we attest that the statement above is true.*	/





Step 12

Step 13: Provide proof of identification. Do you have a valid (or expired eight years or less) photo driver's license or photo identification card issued by the State or another State jurisdiction Yes O No Do you have a valid photo driver's license? Driver's license number: If Yes, provide: Driver's license state: Driver's license number. i. -Select Please upload a copy of your identification: ii. Driver's license state. Add Document Do you have a valid State ID, US Passport of Military ID? If No, select None of the Above. Step 13 ii. A listing of acceptable IDs will generate. Acceptable identification includes: Do you have a valid State ID, US Passport, or Military ID? Certificate of Naturalization i. None of the Above ii. Certificate of Citizenship Please select a type of identification you can provide (may require additional validation procedures or potential delay):* 🗇 iii. U.S. Permanent Resident Card (Green Card) Work Authorization Trusted Traveler IDs (including valid Global Entry, FAST, iv. lease upload a copy of your identification: SENTRI, or NEXUS cards) Add Document Student IDs V.

Select a form of ID able to be provided. If no ID is

Valid Foreign Passport

Enhanced Tribal Card

- available, select "No ID to Provide."
- If applicable, press "Add Document" to upload e. documentation of your identification.

Native American Tribal Photo

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Applicant Information

а.

b.

d.

i.

İ.

vi.

vii.

viii.

Step 14: Review completed **Applicant Information** and move on to the **Payment Information page**.

a. If you wish to complete the remainder of the application later, press **Save Draft**.

4 Certification

b. If you wish to continue to complete the rental information portion of the application, press Next: Payment Information.





Applicant Information

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COMPLETE PAYMENT INFORMATION

4 Certification

3 Payment Information

2 Applicant Information

Step 15: Review the Payment Information statement and press Next: Certification

	2 Applicant Information	3 Payment Information	4 Certification
Payment Information			*Denotes required field
Important Payment Inform You will be able to use the	nation: Upon the review and approval of your application, you will Letter of Commitment to seek housing, Payment of this award wi	I be provided with a Letter of Commitment that will gua II be paid directly to a housing provider upon signing of	arantee receipt of housing benefits for up to 12 months. f a new rental agreement.
Back: Applicant Information			Save Draft Next: Certification
Find a summary of tenant rights in N someone at the State, please call (70	orth Dakota at the <u>State Attorney General's website</u> . For informati 1) 328-1907.	on about resources available to assist North Dakotans o	during the COVID-19 pandemic visit <u>https://helpishere.nd.gov</u> . To speak to

1 Eligibility

NORTH

Be Legendary.

COMPLETE CERTIFICATION

3 Payment Information

A Certification



Step 16: Review the Payment Information statement and press Next: Certification

a. Read/Review and check each statement.

2 Applicant Information

b. Press **Electronically Sign.**

Step 17: Submit application.

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

1 Eligibility	2 Applicant Information	3 Payment Information	4 Certification
Cartification			
Certification			*Denotes required field
Please read the following statement	its carefully and only attest to those statements that relate	to you and your application:	
I/We attest that all information	tion provided in this application is correct and complet	e to the best of my/our knowledge. *	
Electronically Sign			
ACKNOWLEDGEMENTS			
 I/We understand that electronic 	submission of my/our application and electronic signature	e serves as written and signed attestations for the purpose of	of the program.
 I/We declare under penalty of p 	rjury that the foregoing is true and correct. I/we agree to p	provide, upon request, additional information or document	ation upon request to the Program Administrator.
 I/We also understand that false other current or future assistance 	tatements or information will be grounds for denial of our e programs administered by DHS.	application, termination of rental or utility assistance, reco	supment of any funds disbursed and/or debarment from participating in
 I/We understand that this is an a 	pplication for assistance and signing this application does	s not bind the program to offer rental or utility assistance no	or does it bind me/us to accept any assistance offered.
I have read and understand	the acknowledgements above*		
	0		
Electronically Sign			
AUTHORIZATION TO RELEASE II	IFORMATION		
I have read and understand	the acknowledgements above *		
Electronically Sign			
APPLICATION STATUS MONITOR	ING		
Following this submission, you car	I monitor the status of your application by logging back in	to State Program online portal and navigating to the Applic	ations page.
Back: Payment Information			Save Draft Submit

SUBMISSION VERIFICATION



Step 18: Review confirmation message that appears as a banner at the top of the screen.

Home Program Overview Applications Help & Support Housing Provider Profile	Language English 🗸
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.	
Find a summary of tenant rights in North Dakota at the State Attorney General's website. For information about resources available to assist North Dakotans during the COVID-19 pandemic visit https://helpishere.nd.gov. To speak to someone 1907.	at the State, please call (701) 328-



NDRH SUPPORT INFORMATION

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Department of Human Services

RESOURCES



ND Rent Help

• The following applicant resources are available to you at https://www.nd.gov/dhs/info/covid-19/rent-help.html

Direct Support

- For questions on system navigation or setting user preferences, contact the
 - Call center at 701.328.1907 or dhserb@nd.gov