

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

North Dakota Rent Help (NDRH) Front End User Guide – Housing Provider Application

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 Housing Provider Profile and Application, 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 Housing Provider 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!



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Department of Human Services



If you are a housing provider who may need to complete this application for multiple properties and/or multiple renters, you can create a housing profile to help streamline certain areas of the application.

Step 1: From the main Application Page, Under the I am a Housing Provider, select Create a Housing Provider Profile.

Am a Housing Provider	*Confirm you are looking at the Housing Provider portion of the login page	Need Multiple Applications? Create a Housing Provider Profile	- Ste
f you are a housing provider requ	esting rental assistance for one	of your renters and do not see a corresponding request below,	
ou can start a new application h	ere!		
Search by Renter last name			
	Sul	bmit	
Request 0011766 >			
sherman north dakota		•••	
320 N 4TH ST			
April 2020 - April 2020			



Step 2: From the Housing Provider Profile creation page, under the My Properties section, select Add Property



Step 2

Step 3

Step 4

畾

My Properties

Address line 1*

***Step 3:** Enter details for the property you are a Housing Provider for.

HOUSING PROVIDER PROFILE

- a. Provide the **address** of the property.
- b. Provide the **city** the property is in.
- c. Provide the **state** the property is in (if not North Dakota, the property is ineligible).
- d. Provide the **zip code** of the property.
- e. Enter the property name (if applicable).

***Step 4:** Select 'Yes' or 'No' to answer the question, "As the housing provider, are you also the property owner?"

*Steps 3 & 4 will need to be completed for all properties that the Housing Provider is requesting assistance for.

City	
State *	
North Dake	vta 🗸 🗸
Zip code *	
Zip code	
Property nar	ne (if applicable)
Property n	ame
Yes	

You have no saved Properties

Address line 1 (No apartment, suite, or unit numbers)



Depending on the answer to Step 4, Housing Providers will follow two paths outlined as 4a and 4b below.

*Step 4a: Upload a proof of ownership document. Click submit.

***Step 4b:** Select whether the property owner is an individual or a business (subsequent information to be entered is nearly identical regardless of the selection). Complete information about the property.

- i. Enter individual name or company/business legal name
- ii. Enter property owner phone number
- iii. Enter property owner email
- Enter property owner address iv.
- Enter property owner city ν.
- Enter property owner state vi.
- Enter property owner zip code vii.
- Click "Validate address" viii.
- Click "Submit" ix.

*Steps 3 & 4 will need to be completed for all properties that the Housing Provider needs to complete an application for.

As the housing provider, are you also the property owner?* ○ No Yes Please upload proof of ownership of the property (for example, mortgage statement) Add Document Cancel Request Submit

Step 4a

Step 4b

Is the property owner Individual

Property Owner phon

Property Owner emai

Property Owner Addre

Address line 2:

City*

State: * -Select-

Zip code:*

Validate Address Submit

Cance

Name

 \cap

an individual or business? *	Is the property owner an individual or business?*
Business	O Individual O Business
	Company legal name: *
e number: *	Property Owner phone number: *
;•	Property Owner email: *
ss:*	Property Owner Address: *
	Address line 2:
	City*
	State: *
~	-Select-
	Validate Address
I Request	Submit Cancel Request



***Step 5:** Click "Add Company/Contact" under the "My Companies and Contacts" section of the Housing Provider Profile Page





Step 6 : Enter details for the property you are a Housing Provider for.

- 1. Provide the **Supplier ID.**
- 2. Provide the Company ID.

Step 7 : Select 'Individual' or 'Company' to answer the question, "As a housing provider do you operate as an individual or company?"

	You have no saved Companies
	To receive payments, all Housing Providers and Utility Service Providers must be a supplier with the Office of Management and Budget. If you have not yet registered to be a vendor, please follow the steps below. STEP 1: Create a Supplier Account (This step is completed only 1 time.) Register as a vendor on the ND Office of Management and Budget's Supplier Registry at https://bit.ly/2yK2Zba **Housing Providers: Be sure to enter "COVID-ERB" in the Special Program Code area of the registry form. **Utility Service Providers: Be sure to enter "COVID-ERBU" in the Special Program Code area of the registry form. Please allow 5 to 10 business days for OMB to process your request and send your Supplier ID. STEP 2: Return to your ND Rent Help application to complete You will need both your supplier ID and the company ID you chose during your supplier registration. Approved payments will be made directly to you, the supplier, either via check or ACH, depending on the method you chose when registered with OMB Supplier ID *
ep 6	Company ID •
ep 7	Validate IDs As a housing provider do you operate as an individual or company?*

Step 8: Select whether the property owner is an individual or a company(subsequent information to be entered is nearly identical regardless of the selection). Complete information about the property.

- Enter individual first name and last name or company legal i. name
- Enter individual phone number or company phone number ii.
- iii. Enter individual email address or company email address
- iv. Enter company contact first name and last name (for company)
- Enter company contact phone number (for company) ν.
- Enter individual SSN or TIN (for individual) vi.

Step 8a*:

- Select Yes or No to answer the question, "Do you have a valid i. driver's license?"
- Enter driver license number and state or provide another form of ID. ii.
- iii. Click Add Document to upload a copy of your identification.
- iv. Click Submit.

	S	tep 8a
	Organization and a same arrend a method. Organization and a same arrend a method. Driver's license number:*	Do you have a valid driver's license? •
		Do you have a valid State ID, US Passport, or Military ID?*
	Driver's license state:* -Select-	Please upload a copy of your identification *
*Steps 8a is only required if Individual is	Please upload a copy of your identification * Add Document	Add Document
selected on Step 8.	Submit Cancel Request	Submit Cancel Request

Department of Human Services

Step 8

As a housing provider do you operate as an individual or company

First Name*						
Last Name: *						
Phone Numb	er: *					
Email addres	s:*					
SSN or TIN:						
						_
As a housing	provider do you op I O Company gal name *	erate as an indiv	idual or company	?*		
As a housing Individu: Company leg	provider do you op Company gal name *	erate as an indiv	dual or company	?*		
As a housing Individu. Company leg Company ph	provider do you op al Ocompany gal name *	erate as an indiv	dual or company	?•		
As a housing Individu. Company leg Company pl Company on	provider do you oj el Ocompany gal name *	ierate as an indiv	idual or company	?*		
As a housing Individu. Company leg Company ph Company en	provider do you oj el Ocompany gal name * one *	erate as an indiv	dual or company	?*		
As a housing Individu. Company leg Company ph Company en Company en Company co	provider do you oj provider do you oj company pal name * one * sail * intact first name *	erate as an indiv	dual or company	?•		
As a housing Individu Company leg Company pt Company or Company co	provider do you oj provider do you oj company jal name * one * hall * ntact first name *	verate as an indiv	dual or company	?*		
As a housing Individu Company lee Company ph Company en Company co	provider do you oj provider do you oj company jal name * one * iali * intact first name * intact last name *	erate as an indiv	dual or company	?*		
As a housing Individu. Company leg Company pt Company or Company co Company co Company co Company co Company co Company co	provider do you oj provider do you oj company jal name * one * 	erate as an indiv	idual or company	?*		
As a housing Individu Company lef Company ph Company or Company co	provider do you op al O Company sal name * tail * ntact first name * ntact last name *	erate as an indiv	idual or company	?*		
As a housing Individu. Company lef Company pr Company co Co Company co Co Company co	provider do you op al O Company sal name * one * sail * ntact first name * ntact last name *	erate as an indiv	idual or company	?•		
As a housing Individu. Company lef Company pt Company or Company co	provider do you op al O Company sal name * one * sail * ntact first name * ntact last name * ntact phone numbr	erate as an indiv	idual or company	?* 		



HOUSING PROVIDER APPLICATION

HOUSING PROVIDER APPLICATION

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: From the main Application Page, **Under the I am a Housing Provider**, select Start a New Application

Step 2: Confirm the prompt about regarding the State supplier note, click I have a Supplier ID, Continue.

Confirm you are looking at the Housing Provider portion of the login page Need Multiple Applications? Create a Housing Provider Profile If you are a housing provider requesting rental assistance for one of your renters and do not see a corresponding request below, you can start a new application here! Search by Renter last name Submit	To receive payments, all Housing Providers and Utility Service Providers must be a supplier with the Office of Management and Budget. If you have not yet registered to be a vendor, please follow the steps below. STEP 1: Create a Supplier Account (This step is completed only 1 time.) Register as a vendor on the ND Office of Management and Budget's Supplier Registry at <u>https://bit.ly/2yK2Zba</u> **Housing Providers: Be sure to enter "COVID-ERB" in the Special Program Code area of the registry form. **Utility Service Providers: Be sure to enter "COVID-ERBU" in the Special Program Code area of the registry form. Please allow 5 to 10 business days for OMB to process your request and send your Supplier ID.
Request 0011766 > sherman north dakota 1320 N 4TH ST April 2020 - April 2020 Draft ③ Start New Application >	STEP 2: Return to your ND Rent Help application to complete You will need both your supplier ID and the company ID you chose during your supplier registration. Approved payments will be made directly to you, the supplier, either via check or ACH, depending on the method you chose when registered with OMB Cancel I have a Supplier ID, Continue.
Step 1	Step 2

HP APPLICATION: PRE-ELIGIBILITY

5 Certification

Step 1: Provide the physical address of the rental property/unit for which assistance is being requested. This will be used to match with your tenants.

4 Payment Information

- a. Provide the address of the property
- b. Provide the city the property is in

3 Rental Information

- c. Provide the **state** the property is in (if not North Dakota, the property is ineligible)
- d. Provide the zip code of the property
- e. Click the "Validate Address" button

Step 2: Is your renter an immediate family member?

Step 3: What type of assistance are you seeking (Check all that apply)?

a. Past due rent.

Pre-Eligibility

Contact Information

b. Current or future rent.

Step 4: Have you received an email confirmation from the Program that your renter submitted an application? Select "Yes" or "No."

Step 5 (If applicable): Enter the 7-digit renter application number from the email notification.

i. This information is requested to expedite the application match with a renter application.

Step 1	Provide the physical address of the rental property/unit for which assistance is being requested: *
•	Address line 2:
	Please enter Apt/Suite/Unit number if applicable.
	City*
	State:*
	North Dakota
	Zip code:*
	Validate Address
	County (will autopopulate upon address validation):*
	Is your renter an immediate family member?*
Step 2>	Ves No
	What type of assistance are you seeking (check all that apply)?
Step 3>	Past due rent
	Current or future rent
-	Have you received an email confirmation from the Program that your renter submitted an application?*
Step 4>	Yes No
	Please enter the 7-digit renter application number from the email notification. You may still proceed with the application without the 7-digit renter application number, however it may cause delays in processing
Stop E	your application
Step 5	

HP APPLICATION: CONTACT INFORMATION

4 Payment Information 5 Certification

3 Rental Information

2 Contact Information

Pre-Eligibility



Step 6: Enter and validate Supplier and Company ID Supplier ID* Step 6 a. Enter your Supplier ID b. Company ID: Enter your Company ID Company ID* c. Press Validate IDs Step 7: If set up with a Housing Provider Profile, select the Nickname Validate IDs (Location ID) for the rental unit you are applying for. Select nickname Step 7 -Select ~ Step 8: Complete Contact Information . a. Identify if Housing Provider operates as an Individual or As a housing provider do you operate as an individual or company? * 💿 Step 8a Individual Company **Company.** Fill out only the applicable fields listed below. b. Company Legal Name Company legal name: * 🕐 First name: * c. Company Phone Step 8 d. Company Email Last name: Company phone: * e. First /Last name or Company Contact Firs/Last Name Phone number or Company Contact Phone f. Company email:* Phone number: ' Email address or Company Contact Email address g. Re-enter Company email: * h. SSN or TIN Re-enter Phone number: Driver's license number İ. Company contact first name: ' Email address. Driver's license state k. Alternate proof of identification Company contact last name: ' Re-enter Email address: ' Add Document to upload driver's license or alternate proof of identification SSN or TIN: * Company contact phone number: * Re-enter Company contact phone number: Re-enter SSN or TIN: Company contact email: Do you have a valid driver's license?* Ves No Re-enter Company contact email: * Please upload a copy of your identification: Add Document

Dakota Be Legendary."

Step 9: Identify if as the housing provider, are you also the property owner.

Note: If **No**, you must complete the following section in order to ensure application is processed.

a. Is the property owner an individual or business

2 Contact Information 3 Rental Information 4 Payment Information 5 Certification

- b. Provide Address and Press Validate Address
- c. Provide Phone Number and Email Address

Pre-Eligibility

d. Press Add Document and upload proof of ownership

Step 10: Review completed Contact Information and Click Next: Rental Information.

Step 9	As the housing provider, are you also the property owner?*
·	Ves No
	Is the property owner an individual or business?*
	Individual Business
	Property Owner Address: *
	Address line 2:
	City*
	State:*
	-Select- 🗸
	Zip code: *
	Validate Address
	Property Owner phone number:*
	Re-enter Property Owner phone number:*
	Property Owner email: *
	Re-enter Property Owner email: *
	Please upload proof of ownership of the property (for example, mortgage statement, pdf of property tax statement, and/or deed) *
	Add Document
	Step IV

HP APPLICATION: RENTAL INFORMATION



Step 10: Complete the following Renter information to identify the type of rental assistance required.

4 Payment Information

- a. Does the renter in this rental unit receive rental assistance from a Federal, State, or Local program
- b. Select the type of rental assistance the renter in this rental unit receives
- c. Renter first name

2 Contact Information

3 Rental Information

Pre-Eligibility

- d. Renter last name
- e. Renter email address
- f. Has an eviction notice been issued to the renter
- g. If an eviction notice has been issued Add Document
- h. Date original rental agreement was signed
- i. Date current rental agreement was signed
- j. Is the rental agreement month-to-month
- k. What is the monthly rent amount per the current rental agreement: Input a numerical value
- I. Date your current rental agreement end

Step 11: Attach a signed copy of the rental agreement(s) that covers all months you are seeking assistance.

Step 10	Does the renter in this rental unit receive rental assistan	nce from a Federal, State, or Local program?*
	Please select the type of rental assistance the renter in t	this rental unit receives.*
	-Select-	~
	Renter first name: *	
	Renter last name: *	
	Renter email address:* ⑦	
	Re-enter Renter email address: *	
	Renter phone number(Optional):	
	Has an eviction notice been issued to the renter?*	
	Date original rental agreement was signed: *	
	Select Date	
	Date current rental agreement was signed:*	
	Select Date	
	Is the rental agreement month-to-month?*	
	What is the monthly rent amount per the current rental	agreement? *
	0.00	
Step 11	Please attach a signed copy of the rental agreement(s) t Add Document	hat covers all months you are seeking assistance: *

HP APPLICATION: RENTAL INFORMATION



Step 12: If applicable, identify any utilities assistance required.

4 Payment Information

2 Contact Information

3 Rental Information

- a. Select **Add Month** to enter a rental amount for each month assistance is required for.
- b. Complete all fields in the **Edit Month** table to identify monthly rent amounts, associated late fees, and amount covered by the renter and/or a Federal, State, or Local program.
- c. Select **Add Document** to upload proof of utilities included in the resident's rent statement.
- d. Press Save to return to the prior screen.

Step 13: Review Month table and repeat step 12 for as many months as required.

- a. Edit or delete and entry by selecting the pencil icon.
- b. Once all expenses have been entered, Click **Next: Payment Information** to move on to the next page.

Month	Past Due	Unpaid Rent	Assistance From Other Federal/State Programs	Requested	Edit
February 2021	Yes	30.00	0.00	35.00	1
Total		30.00	0.00	35.00	
Add Month					
Back: Contact I	nformation		Save Draft Next: P	ayment Inform	ation

Step 12a	If utilities are included in your monthly amount collected from rent considered as rent. If utilities are NOT included in amount collected utilities on their own, then only include rent in this section. Select amount of assistance requested by month.	er, then all amounts are I from renter, and the renter pays 'Add Month'' below to enter the
	No months have been added	
	Add Month	
Step 12b	🖹 Edit Month	×
	Please select the month and year for which you are seeking rental assistance:	
	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): *	
	Is this amount nast dua?*	
	Yes No	
	Assistance requested from this program:*	
	0.00	
	Place unlead a completered attraction to a lodger	
	rease upload a copy of resident s rent statement or ledger.	
n 12	Add Document	
<u></u>	*The assistance requested from the Program shall not duplicate any other federal, state, or local assistance for the same costs or same periods	,
	Save	

HP APPLICATION: PAYMENT INFORMATION	Dakota Be Legendary."
Payment Information	*Denotes required field
All payments will be made based on information provided to the OMB registry.	
Back: Rental Information	Save Draft Next: Certification

Step 1: Review Statement and press "Next: Certification."

3 Rental Information 4 Payment Information 5 Certification

1 Pre-Eligibility

2 Contact Information

HOUSING PROVIDER APPLICATION: CERTIFICATION

Certification

Pre-Eligibility

Step 1: Review statements and click on each checkbox.

Step 2: Press "Electronically Sign" to sign.

Step 3: Review and complete for each section.

Step 4: When all section have been completed, press Submit.

Please read the following statements carefully and	only attest to those statements that relate to you and your application:
I/We attest that all information provided in	this application is correct and complete to the best of my/our knowledge.*
I/We attest that there is a current rental ob	ligation for the rental unit and periods submitted in this application for the program. $ullet$
I/We attest that I have a current rental oblight	gation for the rental unit and over the monthly period(s) for which assistance is sought under this application.
Signed By	Signed Date
Mag Test	10/11/2021

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 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 agree that any funds issued to me/us under the program will be applied towards the retirement of any rental obligation from renter household referenced in this application.
 - I/We have no objection to inquiries 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.

I have read and understand the acknowledgements above

.u by 500	10/11/2021		
ates last	10/11/2021		

AUTHORIZATION TO RELEASE INFORMATION

· Your signature on this form authorizes the program to use this authorization and the information obtained with it, to administer the program and enforce rules and policies associated with the program

Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from but is not limited to: courts, law enforcement agencies, 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 a valiable any documents or record related to the program for inspection and copying.

I hereby authorize the program to publish information regarding me/my business or my organization and any awards which I may receive on a public website as part of its public transparency and accountability efforts

I have read and understand the acknowledgements above

Electronically Sign

PAYMENT ACCEPTANCE AND ACKNOWLEDGEMENTS FOR HOUSING PROVIDER

I/We understand that the Renter must be still living in the rental property for which assistance is requested.*

As an applicant and housing provider of the program, I agree to accept the amount paid under the program as payment in full for the monthly period(s) covered by the program, including late fees, interest, or other rental charges.

I agree not to pursue that portion of any pending non-payment eviction complaint for which the Program has made payment.

I agree that I shall not file an eviction action for nonpayment of rent for 60 days after the rental assistance period.*

Electronically Sign

Be Legendary.



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