

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

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

October 11, 2021

*Intended for Internal Audience Only

TABLE OF CONTENTS



Торіс	Page
Front End User Guide Overview	2
Accessing the Portal	4
Renter Application	10
NDRH Support Information	39



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, 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 Application end-users (e.g., Applicants, Application Counselors, Contact Center staff, Housing Providers, etc.,).

NORI



ACCESSING THE PORTAL

4 October 11, 2021 | NDRH Front End User Guide

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 Welcome Guest Login Dakota Be Legendary. Need Help? Please call (701) 328-1907.			
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.

D	NORTH akota elp? Please call (701) 328	Be Legendo	ary.		Welcome Guest <u>Login</u>
Home	Program Overview	Register New Account	Help & Support		Language <mark>English 🗸</mark>
Accor	unt Registration				
	Firs	st Name *			
	Las	st Name *			
		Email *			
	Confir	m Email *			
				I agree to the State Privacy Policy *	
Sut	bmit				
				I <u>'s website</u> . For information about resources av he State, please call (701) 328-1907.	ailable 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.

NORTH 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	
	Ū

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



RENTER APPLICATION

10 October 11, 2021 | NDRH Front End User Guide

Department of Human Services

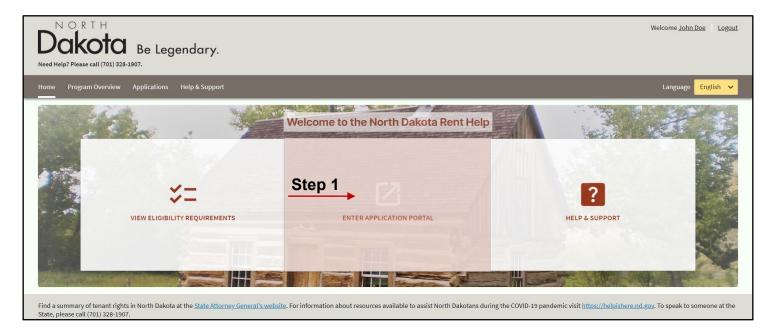
ENTER APPLICATION PORTAL

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.

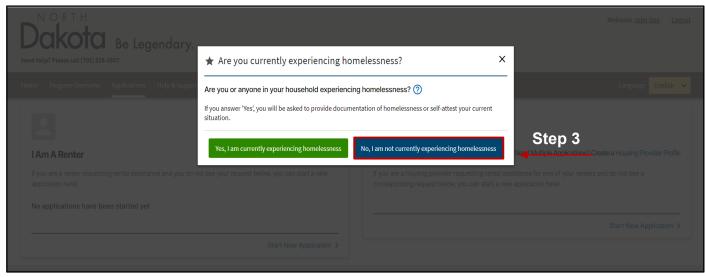
Dakota Be Legendary.	Welcome <u>John Doe</u> Logout
Need Help? Please call (701) 328-1907.	
Home Program Overview Applications Help & Support	Language English 🗸
IAm A Renter If you are a renter requesting rental assistance and you do not see your request below, you can start a new application here! No 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
javascript:void(0)	

STARTING A NEW RENTER APPLICATION



Step 3: Answer prompt to determine if you or anyone in your household are currently experiencing homelessness.

- a. You will be prompted with the following question regarding homelessness.
- b. If you are or anyone in your household experiencing homelessness, select **Yes** and move to the Application for Individuals 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.
- c. If you are not experiencing homelessness, press No, I am not currently experiencing homelessness.



Payment Information 6 Certification



Step 4: Provide the physical address of the rental property/unit for which assistance is being requested.

- a. Provide the address of the property.
- b. Provide the city the property is in.
- c. Provide the state the property is in.
- d. Provide the zip code of the property.
- e. Press Validate Address.

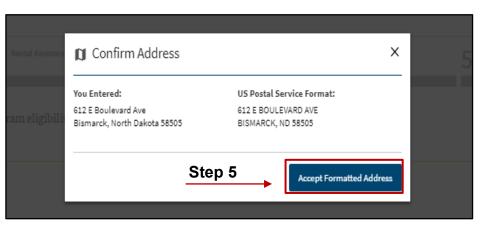
Applicant Information 3 Rental Assistance Information

Step 4

Step 5: Review address information in the Confirm Address pop-up and press **Accept Formatted Address**.

Note: The "County" field will auto-fill based on the zipcode identified by the validated address. Only property addresses within North Dakota will be considered as eligible for program assistance.

н	me Program Overview Applications Help & Support		
	Renter Application Request 0011813		
	1 ^{Pre-Eligibility}	2 Applicant Information	3 Rental Assistance Information
	Pre-Eligibility: On this page, we will gather infor	nation to understand your current situation and pr	ogram eligibility.
	Provide the physical address of the rental property/unit for	which assistance is being requested: *	
	612 E BOULEVARD AVE		
	Address line 2:		
	City*	1	
	BISMARCK]	
	State:*		
	North Dakota 🗸		
	Zip code:*		
L	58505		
	Validate Address		



Department of Human Services

Payment Information 6 Certification

2 Applicant Information 3 Rental Assistance Information



Step 6: Complete all remaining Pre-Eligibility questions to help identify ability to meet Area Median Income (AMI), COVID Hardship, and Risk of Housing Instability criteria.

The following questions are asked to determine physical attributes of the rental unit needed to **identify the HUD Fair Market Rate**.

- a. How many bedrooms does the rental unit have?
- b. Is your housing provider an immediate family member?
- c. How many individuals or household members live in the rental unit?
- e. Do you have a rental agreement with your housing provider? If you select Yes, an additional question (below) will be prompted.

As the applicant and renter, is your name on the a rental agreement for the rental property/unit?

The following questions are asked to determine if your household meets the **<80% AMI Eligibility threshold**.

- a. What was your total annual household income for 2020?
- b. What is your estimated annual household income for 2021?
- c. Household income meets AMI eligibility requirements:
 - i. This will auto populate based on the above responses.

↓ I I I I I I I I I I I I I I I I I I I
How many bedrooms does the rental unit have?*
-Select-
Is your housing provider an immediate family member?*
◯ Yes ◯ No
How many individuals or household members live in the rental unit? Note: Do not include roommates or other individuals who have a separate rental/sublease agreement with the housing provider? *
-Select-
Do you have a rental agreement with your housing provider? *
Yes No
What was your total annual household income for 2020?* 🕜
0.00
What is your estimated annual household income for 2021? (Add your monthly income for the last two months and multiply by 6) *
0.00
Household income meets AMI eligibility requirements:
N/A

Applicant Information 3 Rental Assistance Information

The following questions are asked to identify if 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.

↓
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 not been employed for the last 90-day period or longer?
Yes No
Since March 13, 2020, have you or a household member experienced a COVID-related hardship? Please select all COVID-related hardships that apply.
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
Other (please describe)
• Other (please describe)
Please describe in detail how COVID-19 has impacted you through qualification of unemployment benefits, reduction in income, significant costs incurred, and/or other financial hardship.*

Step 6

Department of Human Services

Applicant Information 3 Rental Assistance Information

The following questions are asked to identify if the applicant meets COVID-related hardship eligibility criteria and determine application prioritization.

- 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? A listing of acceptable forms of proof of documentation will generate for the applicant to select from.
- f. Press "**Add Document**" to upload documentation in the acceptable file formats: PDF, JPG, JPEG, GIF, PNG and TIFF.

Note: If "Documentation unavailable" is selected, applicant will be asked to **describe the situation** preventing them from providing documentation and **Self-Attest** to the accuracy of the statement.

The following question is intended to **match** Renter and Housing Provider **applications**.

 a. "Have you received an email confirmation from ND Rent Help (NDRH) that your housing provider submitted an application?"

Note: If yes is selected, the applicant may enter the **7-digit Housing Provider application number**. This will facilitate the renter application being properly matched and speed up processing.

Be Legendary."		
Are you using the assistance of a Housing Facilitator?*		
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		
Have you received an email confirmation from ND Rent Help (NDRH) that your housing provider submitted an application? *		
○ Yes ○ No		
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.* Have you received an email confirmation from ND Rent Help (NDRH) that your housing provider submitted an application?* Yes No		
<i>с с</i>		
Please enter the 7-digit housing provider application number from the email notification. You may still proceed with the application without the 7-digit housing provider application number, however it may cause delays in processing your application		

Payment Information

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

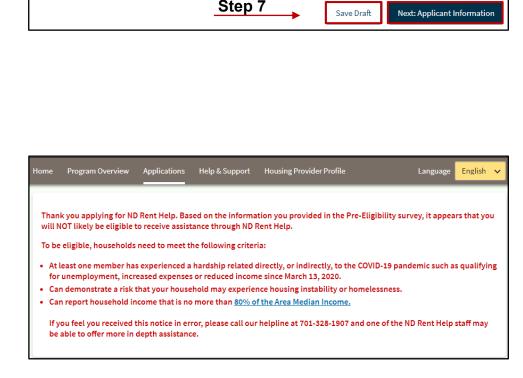
a. If you wish to complete the remainder of the application later, **Press Save Draft**.

Applicant Information 3 Rental Assistance Information

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 program assistance, you will be directed to the next page.

If the applicant has been deemed ineligible, an error notification will alert you that the information provided does not meet the qualification criteria.



5 Payment Information 6 Certification

Step 8: Identify household information for each Household Member identified on the Pre-Eligibility page.

- Press Add Household Member to а. complete household member information for each individual living in your household.
 - Is this the head of household (Yes or No) i.
 - ii. First Name
 - iii Middle Name

icant Information 3 Rental Assistance Information

- Last Name iv.
- Suffix V.
- vi. Relationship (Drop down selection)
- vii. DOB (Calendar selection)
- viii. Age (Auto populated based on DOB)
- ix. Sex
- Ethnicity Х.
- xi. Race (Multiple select if more than one apply)
- xii. Marital Status
- xiii. **Employment Status**
- Current or most recent occupation xiv.
- 2020 total annual income for the household XV. member only
- Last month's income xvi.
- xvii. Prior month's income
- xviii. Social Security number (Optional)

1 2 3	4 5 6
Applicant Information: On this page, we will gathe out regarding your application and submission sta	er more in-depth contact information so we can reach atus. *Denotes required field
No household members have been added You must enter yourself as a household member Add Household Member	ep 8
B Edit Household Member	X Race (select one of more):* No values selected
Is this the head of household?* Yes No First Name*	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander Other White
Middle Name:	Multi-racial Prefer Not to Answer Marital status: *
Last Name:*	-Select- v Employment Status:*
Suffix	-Select-
Relationship* -Select-	0.00 Last month's income: *
DOB* Select Date	0.00 Prior month's income: *
Age: *	0.00 Providing a Social Security Number is encouraged, as it will allow for faster
Sex* Male Female Prefer not to say	verification of program eligibility and application processing. SSN: D00-30-3000 or X00000000
Ethnicity; are you of Hispanic, Latino, or Spanish origin? * -Select-	Save

Household Member Table continued next page **Department of Human Services**

Payment Information 6 Certification

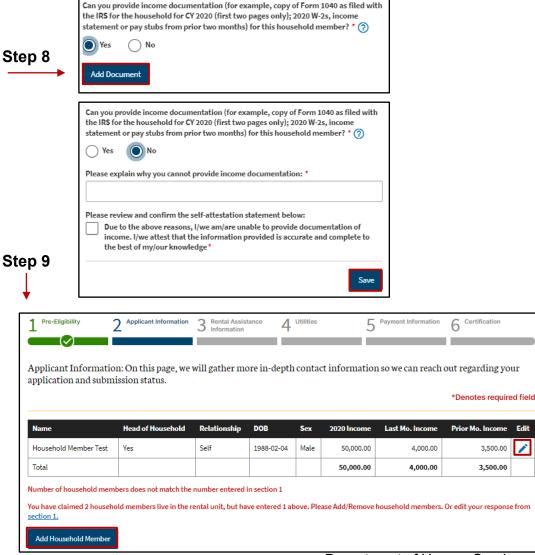
Householder Member Table (continued)

3 Information

- xviii. Can you provide income documentation
 - i. Add Document or explain why you cannot provide income documentation and Self-Attest to accuracy.
- Press Save to add submit household member information. You will be redirected to the previous page.

Step 9: Review completed Household Member information in the Household member table. 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.

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. A household member must be listed for **Relationship** – **Self** in order to continue.



 $N \cap R \perp$

Step 10

Step 10: Provide contact information for the primary applicant. This information is needed for NDRH Case Reviewers to communicate regarding the application and for notifications to be enabled.

a. Applicant email address

ant Information 3 Rental Assistance Information

- b. Re-enter Applicant email address
- 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.

\checkmark								
pplicant Informatic pplication and subm		will gather mo	ore in-depth	conta	ct information	a so we can reach	out regarding yo	
Name	Head of Household	Relationship	DOB	Sex	2020 Income	Last Mo. Income	Prior Mo. Income	Ed
Household Member Test	Yes	Self	1988-02-04	Male	50,000.00	4,000.00	3,500.00	/
Total					50,000.00	4,000.00	3,500.00	
pplication Counselor belo ssist with your submissio	w. If you do not have an							will
pplication Counselor belo ssist with your submissio pplicant email address: *	w. If you do not have an n. You may save your cu							will
lease provide your conta pplication Counselor belc ssist with your submissio pplicant email address: * e-enter Applicant email a pplicant phone number: *	w. If you do not have an n. You may save your cu ddress: *							will
pplication Counselor bel ssist with your submissio pplicant email address: * e-enter Applicant email a	w. If you do not have an n. You may save your cu ddress: *							will
pplication Counselor belo ssist with your submissio pplicant email address: * e-enter Applicant email a pplicant phone number: * e-enter Applicant phone n	w. If you do not have an n. You may save your cu ddress: * number: *							will
pplication Counselor belo ssist with your submissio pplicant email address:* e-enter Applicant email a pplicant phone number: '	w. If you do not have an n. You may save your cu ddress: * number: *							will
pplication Counselor belo ssist with your submissio pplicant email address: * e-enter Applicant email a pplicant phone number: e-enter Applicant phone n sthis a cell phone number	w. If you do not have an n. You may save your cu ddress: * number: * ?*	rrent application	as a draft and (will
pplication Counselor bede ssist with your submissio pplicant email address:* e-enter Applicant email a pplicant phone number; e-enter Applicant phone n this a cell phone number No No	w. If you do not have an n. You may save your cu ddress: * number: * ?*	rrent application	as a draft and (will

Department of Human Services



Step 11: Identify if an applicant receives any assistance from the listed Federal assistance programs. This may be used to demonstrate an applicant as "categorically eligible" to receive program assistance.

5 Payment Information 6 Certification

LIHEAP* i.

licant Information 3 Rental Assistance

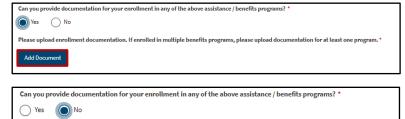
4 Utilities

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

* Documentation is required to verify enrollment status in program. SNAP, TANF, and Unemployment to be verified via system integration.

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

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. Please note that your confirmation of participation in any of the federal, state or local government assistance programs below does NOT ne your eligibility for participation in the State program A recently completed income certification and participation in certain programs can SPEED UP your gualification and application for this program At any time since March 13, 2020, did you or a member of your household receive assistance from ANY of the following SSI (not SSA retirement or disability income) WIC Head start Child Care Assistance Medicaid Housing Choice Voucher VASH housing youche HUD 202 rental subsidy HUD 811 rental subsidy USDA Rural Development Rent Assistance Supplemental Nutrition Assistance Program (SNAP Temporary Assistance for Needy Famililes (TANF Unemployment



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 11

Step 12

Step 13

Step 12: If applicable, **provide a remittance address** if the applicant's mailing address differs from the address of the rental property/unit for which assistance is being requested. This is identified to make sure any communication or program payments are sent to the correct address.

a. Provide the mailing address.

3 Rental Assis

- b. Provide the city.
- c. Provide the state.
- d. Provide the zip code of the property.
- e. Press Validate Address.
- f. Provide an explanation for why mailing address is different than rental address.

Step 13: Provide proof of identification.

- a. Do you have a valid photo driver's license?
 - i. If Yes, provide **Driver's license number** and **Driver's license state.** If no ...
- b. Do you have a valid State ID, US Passport of Military ID?
 - i. If No, select **None of the Above.**
 - ii. If Yes, provide ID number and documentation.

Is your mailing address the same as your residence address?	•
Ves No	
Mailing address line 1:*	
Address line 2:	
City*	
State:*	
-Select-	
Zip code:*	
Validate Address	
In detail, please provide an explanation for why your mailing	address is different from your rental unit address:*
	//

river's license state: *	
-Select-	~
Please upload a copy of your identification: *	
Add Document	
Add Document	
	ort or Military ID2 *
Do you have a valid State ID, US Pass	
	ort, or Military ID? * ~
Do you have a valid State ID, US Pass None of the Above	
Do you have a valid State ID, US Pass None of the Above	~
Do you have a valid State ID, US Pass None of the Above Please select a type of identification	ou can provide (may require additional validation procedures or potential delay)

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



- c. If selected **None of the Above** a listing of acceptable IDs will generate. Acceptable identification includes:
 - i. Certificate of Naturalization
 - ii. Certificate of Citizenship
 - iii. U.S. Permanent Resident Card
 - iv. Trusted Traveler IDs
 - v. Student IDs

mation 3 Rental Assistance Information

- vi. Valid Foreign Passport
- vii. Enhanced Tribal Card
- viii. Native American Tribal Photo
- d. Select the ID type able to be provided. If no ID type is applicable, select "**No ID to Provide.**"
- e. If applicable, press "Add Document" to upload documentation of your identification.

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

- a. If you wish to complete the remainder of the application later, press **Save Draft**.
- b. If you wish to continue to complete the rental information portion of the application, press Next: Rental Assistance Information.

24	October 11, 2021	NDRH Front End User Guide
	- , -	

Step 13 ↓		
Do you have a valid State ID, US Passpo	t, or Military ID? *	
None of the Above	~	
Please select a type of identification yo	can provide (may require additional validation procedures or potential delay	ı):* ⑦
Work Authorization	~	
Please upload a copy of your identifica Add Document	on:*	





Step 15: Determine if Applicant is seeking Rental Assistance. Applicants are permitted to seek utilitiesonly assistance, at which point they may select "No" and move on to the <u>Utilities</u> page. <u>Step 15</u>

a. Are you seeking Rental Assistance

3 Rental Assistance

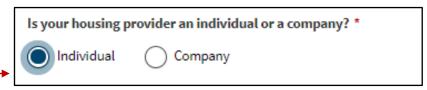
a. If Yes, detailed questions regarding rental assistance will populate. If No, the applicant will be asked if they are seeking assistance for other eligible expenses. See <u>Step 5: Identify "Other Expense"</u>.

Step 16: Provide Housing Provider information.

This is collected so that the Housing Provider may be contacted to submit a Housing Provider application for this rental unit. **Step 16**

- a. Is your housing provider an individual or a company: Select Individual or Company radio button.
 - a. Questions regarding housing provider contact information will generate based on the option you select.

					*Denotes required
Are you seeking Renta	l Assistance?*				
Yes No					
Applicants are eligible	for the following expenses	related to housing other	than Pent or Utilities and	l incurred due, directly or in	directly, to the novel
coronavirus disease (retated to nousing other	chan Kent of Outdes and	incurred due, directly of in	unecuy, to the nover
Past due Rent Owed Past due Rent in Coll	to Previous Housing Provider				
	ections				
Relocation Expenses Security Deposits					
Security Deposits Rental Application or	C				
	•				
Destaur Incomence (if					
Renters Insurance (if					
Utility Disconnection	and Reconnection Fee				
Utility Disconnection Utility Deposits		ese listed expenses*			
Utility Disconnection Utility Deposits	and Reconnection Fee	ese listed expenses*			







- i. Housing Provider First & Last Name **or** Company Legal Name
- ii. Housing Provider Phone Number **or** Company Phone
- iii. Housing Provider Email or Company Email
- iv. Re-Enter Housing Provider Email **or** Re-Enter Company email
- v. Housing Provider Mailing Address **or** Company Address
- vi. City
- vii. State
- viii. Zip code

3 Rental Assistance

c. Press Validate Address.

Step 17: Provide Rental Agreement Information.

- a. Is your rental agreement month-to-month?
 - a. If Yes, you will be asked to identify the **Date Rental Agreement Began.**
 - b. If No, you will be asked an additional question to identify the Date the Rental Agreement is Scheduled to End.

Note: Approved Applicants with a month-to-month agreement will be asked to re-certify their application every 3 months.

	Is your housing provider an individual or a company? *	Is your housing provider an individual or a company? *
	O Company	Individual Ocompany
	Housing provider first name*	Company legal name:* ③
Step 16	Housing provider last name: *	Company phone: *
	Housing provider phone number: *	Company email: *
	Housing provides empile	
	Housing provider email: *	Re-enter Company email: *
	Re-enter Housing provider email: *	
		Company address: *
	Housing provider mailing address line 1:*	
		Address line 2:
	Address line 2:	
		City*
	City*	
		State:*
	State:*	-Select-
		Zip code:*
	Zip code:*	
	Validate Address	Validate Address
ls your r	rental agreement month-to-month? *	Is your rental agreement month-to-month?*
Yes	No No	Ves No
Date Re	ntal Agreement Began *	Date Rental Agreement Began *
Select		Select Date
		Date Rental Agreement is Scheduled to End *

Step 17

Dakota Be Legendary.

NORTH Dakota Be Legendary.

b. Monthly rent amount

Applicant Information 3 Rental Assistance Information

- c. Does monthly rent include utilities
- d. Do you have a formal rental agreement with your housing Provider? This response will generate additional questions based on response.

If formal rental agreement exists:

- Can you provide a formal rental agreement?
 - i. If Yes, Add Document.
 - ii. If No, **Self-Attest** to rental obligation amount.

If no formal rental agreement:

- Can you provide written attestation by a Housing Provider to verify an agreement?
 - i. If Yes, Add Document.
 - ii. If No, **Self-Attest** to rental obligation amount.

	Monthly rent amount *		
Step 17	0.00		
	Does monthly rent include utilities?	* Note: Select Yes i cost is included in rent amount.	

If formal rental agreement:

If no formal rental agreement

Do you have a formal rental agreement with your housing provider?*	Do you have a formal rental agreement with your housing provider?* Yes No Can you provide a written attestation by a housing provider who can be verified as the legitimate owner or management agent of the unit or documentation that reasonably establishes a pattern of paying rent (for example, Bank statements, check stubs)? * Yes No
	Can you provide a written attestation by a housing provider who can be verified as the legitimate owner or management agent of the unit or documentation that reasonably establishes a pattern of
Can you provide a formal rental agreement with your housing provider? *	paying rent (for example, Bank statements, check stubs)? *
Yes No	Yes No
Please attach a signed copy of the rental agreement(s) that covers all month(s) you are seeking assistance: *	Please attach attestation documents:* Add Document
	Can you provide a written attestation by a housing provider who can be verified as the legitimate
Can you provide a formal rental agreement with your housing provider? *	owner or management agent of the unit or documentation that reasonably establishes a pattern of paying rent (for example, Bank statements, check stubs)? *
○ Yes No	Yes ONO
Note that by self-attesting to your rental obligation, rental assistance payment will be made up to a monthly maximum of 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides, as most recently determined by HUD and made available at: <u>https://www.huduser.gov/portal/datasets/fmr.html</u> .	Note that by self-attesting to your rental obligation, rental assistance payment will be made up to a monthly maximum of 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides, as most recently determined by HUD and made available at: https://www.huduser.gov/portal/datasets/fmr.html .
I/we attest that the monthly rental amount is accurate. *	I/we attest that the monthly rental amount is accurate. *

Note: If attestation is required, applicant's will be notified of program policy which states that in the event a rental agreement must be proved via attestation, the State will use the HUD Fair Market Rent of Small Area Fair Market Rate to as the maximum monthly rental amount the applicant will be eligible for assistance.

Department of Human Services

The following questions are asked to help prioritize an applicant's submission for case review.

e. Have you received a past due notice from your housing provider?

5 Payment Information 6 Certification

If Yes:

2 Applicant Information 3 Rental Assistance Information

4 Utilities

- i. Can you provide documentation of past due rent:
 - i. If Yes, press **Add Document** and upload the appropriate document.
 - ii. If No, provide more information in the text field and **Self-Attest.**
- g. Have you received an eviction notice? If Yes:
 - i. Can you provide documentation of the eviction notice?
 - i. If Yes, press **Add Document** and upload the appropriate document.
 - ii. If No, provide more information in the text field and **Self-Attest.**

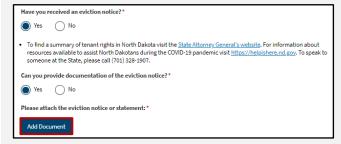
If documentation available:

Have you received a past due notice from your housing provider?*
Yes No
Can you provide documentation of past due rent? *
Ves No
Please attach the statement of past due rent:* ②
Add Document

If documentation unavailable:

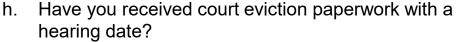
Can you pr	ovide documentation of past due rent?*
⊖ Yes	No No
Please des	cribe your circumstances and the amount of past due rent. *
I/we	attest that the circumstances and the amount of past due rent is accurate. *

If documentation available:



If documentation unavailable:

Can you provide documentation of the eviction notice?*	
Ves No	
In detail, please explain why you cannot provide documentation of your eviction notice. *	
I/we attest that the statement above is true.*	



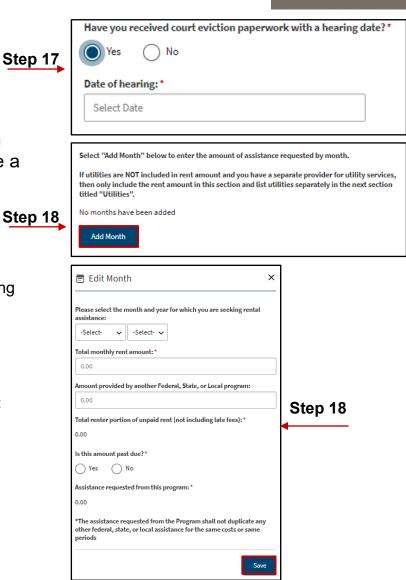
5 Payment Information 6 Certification

i. If Yes, identify Date of Hearing.

Applicant Information 3 Rental Assistance

Step 18: If seeking rental assistance, **add details for each month you are seeking rental assistance for.** This will be a component in the funding decision for each approved applicant.

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



Department of Human Services

- d. Review Month table to confirm all monthly information was added correctly.
 - i. To edit, select the **pencil icon** to update rental information for the identified month.
 - ii. To delete a month, select the pencil icon to edit and then select **Delete** at the bottom of the pop-up window.

Step 19: Identify any expenses related to housing other than Rent or Utilities and incurred due, directly or indirectly, to COVID-19.

- a. Are you seeking assistance with one or more of these listed expenses?
- b. If Yes, select **Add Other Expenses** to open a new pop-up window to enter details for other expenses you are seeking assistance for.
 - i. Expense Type

30

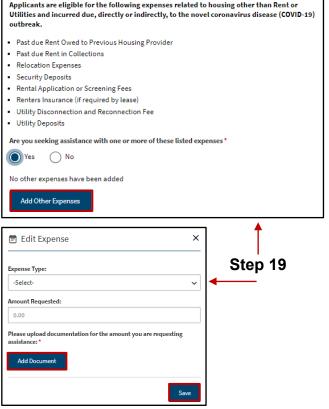
3 Rental Assistance

- ii. Amount Requested
- iii. Add Document to upload documentation identifying the amount of the expense requested.
- c. Press **Save**, to be redirected to the previous page.

Select "Add Month" below to enter the amount of assistance requested by month.

If utilities are NOT included in rent amount and you have a separate provider for utility services, then only include the rent amount in this section and list utilities separately in the next section titled "Utilities".

Month	Requested	Edit
January 2021	950.00	1
Total	950.00	



Department of Human Services



c. Review Month table to confirm all monthly information was added correctly.

Applicant Information 3 Rental Assistance Information

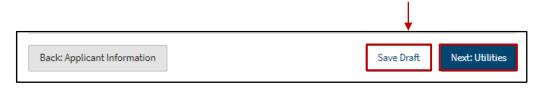
31

- i. Select **Add Other Expense** to repeat steps to enter an additional other expense.
- ii. To edit, select the **pencil icon** to update rental information for the identified month.
- iii. To delete a month, select the pencil icon to edit and then select Delete at the bottom of the pop-up window.

Step 20: Review completed Rental Assistance Information and move on to the Utilities page.

- a. If you wish to complete the remainder of the application later, **Press Save Draft**.
- b. If you wish to continue to complete the rental information portion of the application, Press
 Next: Utilities. Step 20

October 11, 2021 | NDRH Front End User Guide



Are you seeking assistance with one or more of these listed expenses*		
Expense Type	Amount Requested	Edit
Past Due Rent Owed to Previous Housing Provider	100.00	1
Total	100.00	
Add Other Expenses		



N O R T H **Dakota** Be Legendary."

COMPLETE UTILITIES INFORMATION

Payment Information 6 Certification

Step 21: Identify if utilities assistance is required and the amount of assistance.

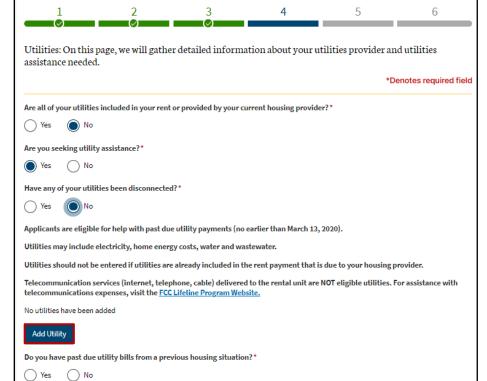
- a. Are all of your utilities included in your rent or provided by your current housing provider? *Note: If applicant selects No, in-depth questions on utilities assistance will be prompted.*
- b. Are you seeking utility assistance?
- c. Have any of your utilities been disconnected?

Applicant Information 3 Rental Assistance Information

Note: This question will be used to help prioritize case review.

d. If you are seeking utility assistance, press Add Utility and this will open a new pop-up window.

> Note: Not all utilities are covered by program assistance. A brief description of utility types eligible for assistance is included above the "Add Utility" button.





COMPLETE UTILITIES INFORMATION

Step 22: Complete the **Edit Utility** table for all utilities applicant is seeking assistance for.

- a. Please Select Utility Company
 - i. Type the name of the utility company to generate a selection list.
- b. Utility provider business name
 - i. This field will auto-populate after you select a utility company.
- c. Utility provider account number
- d. Amount Owed

pplicant Information 3 Rental Assistance

- e. Is this amount past due?
- f. Amount provided by another Federal, State, or Local program
- g. Amount requested from this program
 - i. This field will pre-populate based on calculation of above responses.
- h. Select **Add Document** to upload bill for this utility.
- i. Press **Save** to return to the prior screen.

G Edit Utility	×
Please Select Utility Company	
Start typing utility company name	
Utility provider business name: *	
Utility provider account number*	
Amount Owed*	
0.00	
Is this amount past due?*	
Yes No	
Amount provided by another Federal, State, or Local program:	
0.00	
Amount requested from this program: *	
0.00	
Please upload your latest utility bill that shows the amount owed a your account number.*	nd
Add Document	
Sa	ve



COMPLETE UTILITIES INFORMATION

Step 23: Review Month table to confirm all monthly information was added correctly.

pplicant Information 3 Rental Assistance

- a. Select **Add Utility** to repeat steps to enter an additional utility expense.
- b. To edit, select the **pencil icon** to update utility information.
- To delete a utility expense, select the pencil icon to edit and then select Delete at the bottom of the pop-up window.

Step 24: Identify if any past due utility expenses are due to a prior housing provider. Case Reviewers will work directly with the applicant to establish payment process for any past due bills owed to a prior housing provider.

- a. Please describe the amount and situation resulting in past due utility bills owed.
- b. Press **Add Document** to upload documentation for past due utility bills owed.

Company Name	Account Numbe r	Past Due	Amount Owed	Assistance From Other Federal/State Programs	Requested	Edit
NORTH CENTRAL ELECTRIC	1000010000	No	45.00	0.00	45.00	1
Total			45.00	0.00	45.00	

Do you have past due utility bills from a previous housing situation?*	
Please describe the amount and situation resulting in past due utility bills owed.	
	<i>li</i>
Please upload documentation of the past due utility bills owed. If you have any questi or 701-328-1907.	ons, please reach out to us at dhserb@nd.gov
Add Document	

information and move on to the **Payment**

5 Payment Information 6 Certification

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

Step 25: Review completed Utilities

Pre-Eligibility

2 Applicant Information 3 Rental Assistance 4 Utilities

 (\checkmark)

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

COMPLETE UTILITIES INFORMATION

1 Pre-Eligibility

Applicant Information

		4	5		0	
Utilities: On this page, we will gather detailed information abo	ut your utilities prov	ider and utilities assist	tance needed.		*Denotes req	uired field
Are all of your utilities included in your rent or provided by your current hous	ing provider?*					
Ves No						
Are you seeking utility assistance?*						
Yes No						
Have any of your utilities been disconnected? *						
Ves No						
Applicants are eligible for help with past due utility payments (no earlier that	n March 13, 2020).					
Utilities may include electricity, home energy costs, water and wastewater.						
Utilities should not be entered if utilities are already included in the rent pay	ment that is due to your h	ousing provider.				
Telecommunication services (internet, telephone, cable) delivered to the ren	tal unit are NOT eligible u	ilities. For assistance with	telecommunications expe	ises, visit the <u>FCC Lifeline</u>	Program Website.	
Company Name	Account Number	Past Due	Amount Owed	Assistance From Other Federal/State Programs	Requested	Edit
NORTH CENTRAL ELECTRIC	1000010000	No	45.00	0.00	45.00	1
Total			45.00	0.00	45.00	
Add Ublity						
Do you have past due utility bills from a previous housing situation?*						
Ves 🔘 No						
Back: Rental Assistance Information				Save Dr	aft Next: Payment Inf	formation

2 Rental Assistance Information / Utilities





Certification

Payment Information

COMPLETE PAYMENT INFORMATION

5 Payment Information 6

Step 26: Review the Payment Information statement and press Next: Certification

1 Pre-Eligibility	2 Applicant Information	3 Rental Assistance Information	4 ^{Utilities}	5 Payment Information	6 Certification
Payment Information					*Denotes required field
However, in the rare insta		roviders and utility providers. sive, or unwilling to accept direct paymer d to the mailing address provided in Sect		payment assistance directly.	
Back: Utilities					Save Draft Next: Certification
Find a summary of tenant rights in N at the State, please call (701) 328-19(al's website. For information about reso	urces available to assist North Dal	kotans during the COVID-19 pandemic visi	it <u>https://helpishere.nd.gov</u> . To speak to someone

Applicant Information 3 Rental Assistance Information

 $\langle \checkmark \rangle$

4 Utilities

Pre-Eligibility

<u>Be</u> Legendary.

COMPLETE CERTIFICATION

5 Payment Information 6 Certification

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

a. Read/Review and check each statement.

 $2 \ \ {}^{\text{Applicant Information}} \ \ 3 \ {}^{\text{Rental Assistance}} \ \ 4 \ {}^{\text{Utilities}}$

b. Press Electronically Sign.

Step 28: 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.

	<u> </u>	3 Rental Assistance Information	4 Utilities	5 Payment Information	6 Certification
		\bigcirc	\bigcirc	\bigcirc	
Certification					*Denotes require
Please read the following statemer	ts carefully and only attest to those state	ments that relate to you and your application:			
		ect and complete to the best of my/our know	ledge.*		
I/We attest that one or more		ied for State unemployment insurance (UI)		0, or experienced a reduction in household	d income, incurred significant costs, or experience
I/We attest that I have a cur	rent rental agreement and rental oblig	ation for the rental unit and over the month	ly period(s) for which assistance is sou	tunder this application. *	
I/We attest that my/our hou submitted under the progra		ly receiving and does not anticipate receivin	g assistance from another source of pu	blic or private subsidy or assistance that co	overs the same costs of rental or utility obligation
I/We attest that the total an	nount of monthly income of all adult he	usehold members submitted in this applica	tion for the program is complete and a	curate.*	
Electronically Sign					
 I/We declare under penalty of pe I/We also understand that false s programs administered by DHS. I/We understand that this is an a 	rjury that the foregoing is true and corre- tatements or information will be ground: pplication for assistance and signing this	application does not bind the program to offe	nal information or documentation upon ental or utility assistance, recoupment of rental or utility assistance nor does it bir	request to the Program Administrator. any funds disbursed and/or debarment from	participating in other current or future assistance
stated. I/We have received, read	r the program must be paid toward any ap		ion. I/We have no objection to inquiries fr	om the State , the U.S. Department of Treasu	e housing provider declining to participate in the prog ry or designees, for the purpose of verifying the facts i enforced.
stated. I/We have received, read I have read and understand Electronically Sign	the program must be paid toward any ay and understand the program eligibility re the acknowledgements above *	oplicable outstanding rental and utility obligat	ion. I/We have no objection to inquiries fr	om the State , the U.S. Department of Treasu	ry or designees, for the purpose of verifying the facts
stated. I/We have received, read I have read and understand Electronically Sign AUTHORIZATION TO RELEASE IN	the program must be paid toward any ay and understand the program eligibility re the acknowledgements above * FORMATION	pplicable outstanding rental and utility obligat quirements, program guidelines and complian	ion. I/We have no objection to inquiries fr	om the State, the U.S. Department of Treasu de by them for the duration in which they are	ry or designees, for the purpose of verifying the facts
stated. I/We have received, read I have read and understand Electronically Sign AUTHORIZATION TO RELEASE IN Vour signature on this form auth evaluation. I hereby authorize utility compan	the program must be paid toward any ay and understand the program eligibility re the acknowledgements above * FORMATION porizes the program to use this authorizati	pplicable outstanding rental and utility obligat quirements, program guidelines and complian on and the information obtained with it, to ad ccount information. This includes arrearage in	ion. (We have no objection to inquiries fr icce requirements and hereby agree to abi	om the State, the U.S. Department of Treasu de by them for the duration in which they are by the state of the	ry or designees, for the purpose of verifying the facts i e enforced.
stated. I/We have received, read I have read and understand Electronically Sign AUTHORIZATION TO RELEASE IN Vour signature on this form auth evaluation. I hereby authorize utility comparasses eligibility for assistance, f Any individual or organization, i Any individual or organization, i	the program must be paid toward any ay and understand the program eligibility re the acknowledgements above " FORMATION Drites the program to use this authorizati nes to release my account number and a procordination of services, and for purp coulding any governmental agency may b	pplicable outstanding rental and utility obligat quirements, program guidelines and complian on and the information obtained with it, to ad ccount information. This includes arrearage in ses of research and evaluation.	ion. I/We have no objection to inquiries fr icce requirements and hereby agree to abi minister and enforce rules and policies, t formation, historic and future utility usag smination of eligibility for assistance. Inf	om the State, the U.S. Department of Treasu de by them for the duration in which they are o determine eligibility for assistance, for coor e, and billing data for the purpose of allowin pormation may be requested from, but is not I	ry or designees, for the purpose of verifying the facts i e enforced. rdination of services, and for purposes of research and
stated. I/We have received, read I have read and understand Electronically Sign AUTHORIZATION TO RELEASE IN Your signature on this form auth evaluation. I hereby authorize utility compar assess eligibility for asginatione, fi Any individual for organization, fi enforcement agencies, housing i By signing this form, I authorize I hereby authorize the program I	the program must be paid toward any ay and understand the program eligibility re the acknowledgements above * FORMATION process the program to use this authorizati nes to release my account number and a or coordination of services, and for purpo roviders, past and present employers, So the above persons, agencies, firms or coor publish information regarding me/my h	pplicable outstanding rential and utility obligat quirements, program guidelines and complian on and the information obtained with it, to ad ccount information. This includes arrearage in see of research and evaluation. e asked to release information to support det scial Service Agencies, utility companies, and oprations to make available any documents	ion. I/We have no objection to inquiries fr icce requirements and hereby agree to abi minister and enforce rules and policies, t formation, historic and future utility usag miniation of eligibility for assistance. Inf wher reasonably deemed commercial, no record related to the program for inspec information) and any awards which I m	om the State, the U.S. Department of Treasu de by them for the duration in which they are o determine eligibility for assistance, for coor e, and billing data for the purpose of allowin, ormation may be requested from, but is not i m-profit and governmental third parties. Join and copying.	ry or designees, for the purpose of verifying the facts i e enforced. rdination of services, and for purposes of research and g the State and entities acting on behalf of the State t limited to, the following persons and/or entities: cour and accountability efforts. Information published may
stated. I/We have received, read I have read and understand Electronically Sign AUTHORIZATION TO RELEASE IN Vour signature on this form auth evaluation. I hereby authorize utility compar assess eligibility for organization, fi enforcement agencies, housing j By aigning this form, I authorize th hereby authorize the program	the porgram must be paid toward any ay and understand the program eligibility re the acknowledgements above * FORMATION orizes the program to use this authorizati nies to release my account number and a roordination of services, and for purpe cluding any governmental agency may burdle roorders, past and present employers, S the above persons, agencies, firms or corp o publish information regarding me/my to number of eligible households that receive	pplicable outstanding rential and utility obligat quirements, program guidelines and complian on and the information obtained with it, to ad ccount information. This includes arrearage in see of research and evaluation. e asked to release information to support det scial Service Agencies, utility companies, and oprations to make available any documents	ion. I/We have no objection to inquiries fr icce requirements and hereby agree to abi minister and enforce rules and policies, t formation, historic and future utility usag miniation of eligibility for assistance. Inf wher reasonably deemed commercial, no record related to the program for inspec information) and any awards which I m	om the State, the U.S. Department of Treasu de by them for the duration in which they are o determine eligibility for assistance, for coor e, and billing data for the purpose of allowin, ormation may be requested from, but is not i m-profit and governmental third parties. Join and copying.	ry or designees, for the purpose of verifying the facts e enforced. rdination of services, and for purposes of research and g the State and entities acting on behalf of the State t imited to, the following persons and/or entities: cour
stated. I/We have received, read I have read and understand Electronically Sign AUTHORIZATION TO RELEASE IN Vour signature on this form auth evaluation. I hereby authorize utility companies assess eligibility for assistance, for a state of the state of	the porgram must be paid toward any ay and understand the program eligibility re the acknowledgements above * FORMATION orizes the program to use this authorizati nies to release my account number and a ro coordination of services, and for purpo cluding any governmental agency may broiders, past and present employers, S the above persons, agencies, firms or corp o publish information regarding me/my t number of eligible households that receiv unding.	pplicable outstanding rential and utility obligat quirements, program guidelines and complian on and the information obtained with it, to ad ccount information. This includes arrearage in see of research and evaluation. e asked to release information to support det scial Service Agencies, utility companies, and oprations to make available any documents	ion. I/We have no objection to inquiries fr icce requirements and hereby agree to abi minister and enforce rules and policies, t formation, historic and future utility usag miniation of eligibility for assistance. Inf wher reasonably deemed commercial, no record related to the program for inspec information) and any awards which I m	om the State, the U.S. Department of Treasu de by them for the duration in which they are o determine eligibility for assistance, for coor e, and billing data for the purpose of allowin, ormation may be requested from, but is not i m-profit and governmental third parties. Join and copying.	ry or designees, for the purpose of verifying the facts i e enforced. rdination of services, and for purposes of research and g the State and entities acting on behalf of the State t limited to, the following persons and/or entities: cour and accountability efforts. Information published may
stated. I/We have received, read I have read and understand Electronically Sign AUTHORIZATION TO RELEASE IN Your signature on this form auth evaluation. I hereby authorize utility compara sasses eligibility for assistance, fi assess eligibility for assistance, fi enforcement agencies, housing I By signing this form, aluthorize I hereby authorize the program t include but is not limited to the payments that were covered by I	the porgram must be paid toward any ay and understand the program eligibility re the acknowledgements above * FORMATION orizes the program to use this authorizati nies to release my account number and a ro coordination of services, and for purpo cluding any governmental agency may broiders, past and present employers, S the above persons, agencies, firms or corp o publish information regarding me/my t number of eligible households that receiv unding.	pplicable outstanding rential and utility obligat quirements, program guidelines and complian on and the information obtained with it, to ad ccount information. This includes arrearage in see of research and evaluation. e asked to release information to support det scial Service Agencies, utility companies, and oprations to make available any documents	ion. I/We have no objection to inquiries fr icce requirements and hereby agree to abi minister and enforce rules and policies, t formation, historic and future utility usag miniation of eligibility for assistance. Inf wher reasonably deemed commercial, no record related to the program for inspec information) and any awards which I m	om the State, the U.S. Department of Treasu de by them for the duration in which they are o determine eligibility for assistance, for coor e, and billing data for the purpose of allowin, ormation may be requested from, but is not i m-profit and governmental third parties. Join and copying.	ry or designees, for the purpose of verifying the facts i e enforced. rdination of services, and for purposes of research and g the State and entities acting on behalf of the State t limited to, the following persons and/or entities: cour and accountability efforts. Information published may
stated. I/We have received, read I have read and understand Electronically Sign AUTHORIZATION TO RELEASE IN Your signature on this form auth evaluation. I hereby authorize utility compare assess eligibility for assistance, for assess eligibility for assistance, for assess eligibility for assistance, for a hyr individual or organization, ir enforcement agencies, housing j By signing this form, lauthorize I hereby authorize the program ti- include but is not limited to the payments that were covered by t I have read and understand Electronically Sign	the porgram must be paid toward any ay and understand the program eligibility re the acknowledgements above * FORMATION orizes the program to use this authorizati nies to release my account number and a rocordination of services, and for purpe cluding any governmental agency may chud and present employers, S the above persons, agencies, firms or con o publish information regarding mer/my t number of eligible households that receiv unding.	pplicable outstanding rential and utility obligat quirements, program guidelines and complian on and the information obtained with it, to ad ccount information. This includes arrearage in see of research and evaluation. e asked to release information to support det scial Service Agencies, utility companies, and oprations to make available any documents	ion. I/We have no objection to inquiries fr icce requirements and hereby agree to abi minister and enforce rules and policies, t formation, historic and future utility usag miniation of eligibility for assistance. Inf wher reasonably deemed commercial, no record related to the program for inspec information) and any awards which I m	om the State, the U.S. Department of Treasu de by them for the duration in which they are o determine eligibility for assistance, for coor e, and billing data for the purpose of allowin, ormation may be requested from, but is not i m-profit and governmental third parties. Join and copying.	ry or designees, for the purpose of verifying the facts i e enforced. rdination of services, and for purposes of research and g the State and entities acting on behalf of the State t limited to, the following persons and/or entities: cour and accountability efforts. Information published may
stated. I/We have received, read I have read and understand Electronically Sign AUTHORIZATION TO RELEASE IN Our signature on this form auth evaluation. I hereby authorize utility company seases eligibility for assistance, for assess eligibility for assistance, for assess eligibility for assistance, for large the signature on the signature of the assess eligibility for assistance, for assess eligibility for assistance, for a day individual or organization, in include but is not limited to the payments that were covered by t I have read and understand Electronically Sign APPLICATION STATUS MONITOR	the program must be paid toward any ay and understand the program eligibility re the acknowledgements above * FORMATION oritzes the program to use this authorizati ises to release my account number and a or coordination of services, and for purpor cluding any governmental agency may toroiders, past and present employers, S the above persons, agencies, firms or con o publish information regarding me/my h number of eligible households that receiv unding. the acknowledgements above *	pplicable outstanding rential and utility obligat quirements, program guidelines and complian on and the information obtained with it, to ad ccount information. This includes arrearage in see of research and evaluation. e asked to release information to support det scial Service Agencies, utility companies, and oprations to make available any documents	ion. I/We have no objection to inquiries fr icce requirements and hereby agree to abi minister and enforce rules and policies, t formation, historic and future utility usag irmination of eligibildety for assistance. Int her reasonability for assistance to the record related to the program for inspec e information) and any avards which I m eptance rate of applicants, average fund	om the State, the U.S. Department of Treasu de by them for the duration in which they are obtained by them for the duration in which they are e, and billing data for the purpose of allowin pormation may be requested from, but is not normation governmental third parties. tion and copying. ay receive as part of its public transparency s ng provided per household, household incor	ry or designees, for the purpose of verifying the facts i e enforced. rdination of services, and for purposes of research and g the State and entities acting on behalf of the State t limited to, the following persons and/or entities: cour and accountability efforts. Information published may
stated. I/We have received, read I have read and understand Electronically Sign AUTHORIZATION TO RELEASE IN Our signature on this form auth evaluation. I hereby authorize utility company seases eligibility for assistance, for assess eligibility for assistance, for assess eligibility for assistance, for large the signature on the signature of the assess eligibility for assistance, for assess eligibility for assistance, for a day individual or organization, in include but is not limited to the payments that were covered by t I have read and understand Electronically Sign APPLICATION STATUS MONITOR	the program must be paid toward any ay and understand the program eligibility re the acknowledgements above * FORMATION oritzes the program to use this authorizati ises to release my account number and a or coordination of services, and for purpor cluding any governmental agency may toroiders, past and present employers, S the above persons, agencies, firms or con o publish information regarding me/my h number of eligible households that receiv unding. the acknowledgements above *	plicable outstanding rental and utility obligat quirements, program guidelines and complian on and the information obtained with it, to ad account information. This includes arrearage in ses of research and evaluation. e asked to release information to support det outschold forcie Aguitable any documents or porations to make available any documents or jourschold (not including personally identifiab e funding, the type of assistance provided, acc	ion. I/We have no objection to inquiries fr icce requirements and hereby agree to abi minister and enforce rules and policies, t formation, historic and future utility usag irmination of eligibildety for assistance. Int her reasonability for assistance to the record related to the program for inspec e information) and any avards which I m eptance rate of applicants, average fund	om the State, the U.S. Department of Treasu de by them for the duration in which they are obtained by them for the duration in which they are e, and billing data for the purpose of allowin pormation may be requested from, but is not normation governmental third parties. tion and copying. ay receive as part of its public transparency s ng provided per household, household incor	ry or designees, for the purpose of verifying the facts e enforced. rdination of services, and for purposes of research an g the State and entities acting on behalf of the State t limited to, the following persons and/or entities: cour and accountability efforts. Information published ma

SUBMISSION VERIFICATION



Step 29: 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

39 October 11, 2021 | NDRH Front End User Guide

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