

**NDHFA must receive the items listed below** before Moderate Rehabilitation applications will be processed and placed on the project mailing list. Please provide **copies** of the items requested in Sections 3-7, 9 and 10.

Applicant Name (Last, First, Mi)			
Mailing Address	City	State	Zip Code
Home Telephone Number	Work Telephone Number		

<b>INFORMATION REQUIRED FOR PROCESSING OF APPLICATION</b>	<b>For Office Use</b>	
1. Moderate Rehabilitation Program Application (SFN 6933)		
2. Authorization for the Release of Information (HUD Form 9886)		
3. Social Security Card (for each household member) <sup>1</sup>		
4. Photo I.D. (for each household member over the age of 18)		
5. Birth Certificate (for each household member)		
6. INS papers showing legal immigration status (if applicable)		
7. Income Verification Documents (Provide all that apply to your situation.) <ul style="list-style-type: none"> <li>a. If you are declaring that you have no income, you must complete a "Zero Income Certification" form (SFN 54190)</li> <li>b. 4-6 Consecutive Pay Stubs/Earning Statements</li> <li>c. Statement from Social Security               <ul style="list-style-type: none"> <li>• Social Security</li> <li>• Social Security Disability Income (SSDI)</li> <li>• Supplemental Security Income (SSI)</li> </ul> </li> <li>d. Award Letter from Social Services for:               <ul style="list-style-type: none"> <li>• TANF</li> <li>• Food Stamps</li> <li>• Energy Assistance</li> </ul> </li> <li>e. Child Support: letter from Child Support Enforcement</li> <li>f. Unemployment Benefits statement</li> <li>g. Workmen's compensation statement</li> <li>h. If self-employed, most recent Income Tax Form 1040</li> <li>i. Insurance annuity</li> <li>j. Statement of any source of money received on a regular basis, including money received from family members or friends</li> </ul>		
8. Student Verification Documents (if applicable) <ul style="list-style-type: none"> <li>a. Student Certification (SFN 58340)</li> <li>b. Declaration of Financial Assistance by Parent/Legal Guardian (SFN 61506)</li> </ul>		
9. Asset(s) Verification Documents <ul style="list-style-type: none"> <li>c. Bank account statements (checking and/or saving)</li> <li>d. Certificate of Deposit (CD)</li> <li>e. Stocks, bonds, IRA, annuity accounts</li> <li>f. Any other investments</li> </ul>		
10. Deduction Verification <ul style="list-style-type: none"> <li>a. Medical Expenses (For eligible Elderly and/or Disabled Households only.)               <ul style="list-style-type: none"> <li>• Elderly and/or Disabled Households are defined as households whose head, spouse, or sole member is a person who is at least 62 years of age and/or is a person with disabilities.</li> <li>• Provide verification of payment of expenses incurred in the previous 12 month including: health insurance premiums, medical expenses not covered by insurance, clinic, eye care,</li> </ul> </li> </ul>		

<p>dental and hospital costs, prescription drugs and approved over-the-counter drugs. (Include provider statements and receipts.)</p> <ul style="list-style-type: none"> <li>• If a household is eligible for the medical expense deduction, then medical expenses of all household members may be counted.</li> </ul> <p>b. Child Care Expenses</p> <ul style="list-style-type: none"> <li>• Expenses are defined as amounts paid by the household for care of children under 13 years of age to enable a household member to actively seek employment, be gainfully employed, or further education.</li> <li>• Provide proof of employment, participation in job seeking activities, or enrollment in an education program. Expenses may be verified by receipt from an eligible daycare provider or a Child Care Assistance certificate from Social Services.</li> </ul> <p>c. Disability Assistance Expenses</p> <ul style="list-style-type: none"> <li>• Provide proof of payment for attendant care and/or auxiliary apparatus expenses to care for a disabled household member to enable a household member to work.</li> </ul>		
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Return completed Moderate Rehabilitation application and requested items to:

**North Dakota Housing Finance Agency**

2624 Vermont Ave.

PO Box 1535

Bismarck, ND 58502-1535

Phone: (701) 328-8080

Toll Free Nationwide: (800) 292-8621 or (800) 366-6889 (TTY)

<sup>1</sup> In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.