

MONTANA STATE SECTION 8 APPLICATION

HOUSING ASSISTANCE PAYMENT PROGRAM



INSTRUCTIONS- READ CAREFULLY!

COMPLETE ALL QUESTIONS- ALL INFORMATION IS REQUIRED FOR PROCESSING. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED Applicants will be taken on a first come, first-served basis by application date. Participation is limited.

MAIL TO:

Department of Commerce (MDOC)
Section 8 Housing Program
PO Box 200545
Helena, MT 59620-0545
Phone: 406-841-2830

APPLY ONLINE:

www.housing.mt.gov

Check status or position number anytime:
www.waitlistcheck.com

YOU MUST PRINT CLEARLY.

Family Member	FIRST NAME, M.I. of Household Member	LAST NAME of Household Member	SOCIAL SECURITY NUMBER	Relationship to you	Sex	Date of Birth (month/day/year)
1. Head				Self		
2. Spouse or Co-Tenant				Spouse or Co-Tenant		
3.						
4.						
5.						

MINORITY 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian or Alaskan Native 4 <input type="checkbox"/> Asian or Pacific Islander	ETHNICITY 1 <input type="checkbox"/> Hispanic 2 <input type="checkbox"/> Non-Hispanic	HOUSEHOLD STATUS (Check as many as apply) <input type="checkbox"/> Age 62 or over <input type="checkbox"/> Disabled <input type="checkbox"/> Handicapped <input type="checkbox"/> Pregnant <input type="checkbox"/> None of the above	NUMBER OF FAMILY MEMBERS
---	--	--	---------------------------------

MAILING ADDRESS (Required) _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE 1 _____ TELEPHONE 2 _____

Family Member	Wages OR Salaries	SS or Pensions	Public Assistance (incl. SSI)	Income From Assets	Other	Family Assets (Net or Market Value of Real Property & Liquid Assets)
TOTALS						

PRIVACY ACT STATEMENT –The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant’s eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government’s financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

TENANT(S) STATEMENT – I/We certify that the statements in Parts I, II, and III above are true and complete to the best of my/our knowledge and belief. I/We Understand that false statements or information are punishable under Federal Law.

By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with applicable certification.

SIGNATURE	DATE
------------------	-------------

NOTICE: YOU ARE RESPONSIBLE FOR KEEPING YOUR MAILING ADDRESS AND PHONE NUMBER CURRENT WITH MDOC FOR THE ENTIRE TIME YOU ARE ON THE WAITING LIST YOU WILL BE REMOVED FROM THE WAIT LIST IF YOU FAIL TO RESPOND TO SECTION 8 MAILINGS AND MUST REAPPLY

SECTION 8

THE MONTANA DEPARTMENT OF COMMERCE (MDOC)
 SECTION 8 HOUSING CHOICE VOUCHER PROGRAM HELPS HOUSEHOLDS WITH
VERY LOW-INCOME FAMILIES, THE ELDERLY and INDIVIDUALS WITH DISABILITIES
 Afford decent, safe and sanitary housing in the private market.

*Before you apply, check to see if your total household income is not over program limits.
 ANNUAL INCOME LIMIT QUALIFICATIONS CAN BE FOUND*

WWW.HOUSING.MT.GOV

APPLY ONLINE:

www.housing.mt.gov

Check status or position number anytime:

www.waitlistcheck.com

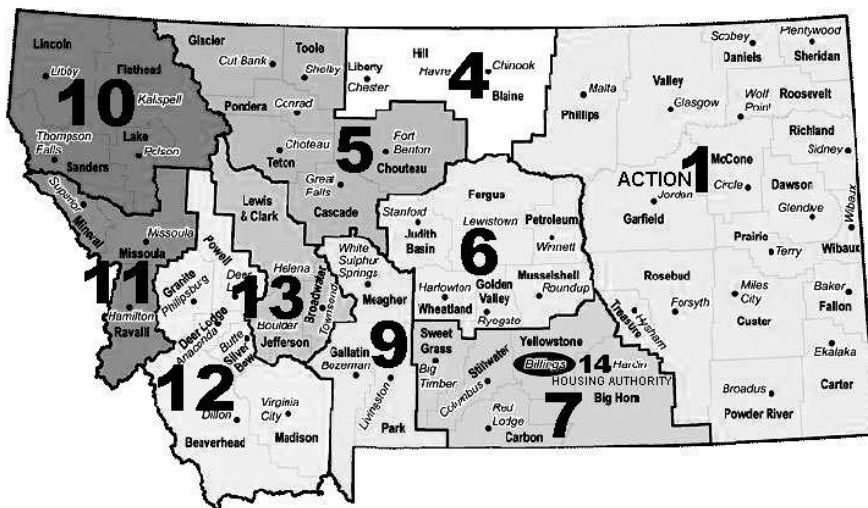
Are you interested in

Moderate Rehabilitation (MOD REHAB)?

There may be MOD REHAB units available in your area during your waiting period.
 Contact your local district office below for more information.

YES NO

SELECT THE DISTRICT IN WHICH YOU ARE APPLYING:



PART ONE: HOUSEHOLD

Provide **ALL** information for all family members. Social Security Numbers for all household members is **REQUIRED**.

PART TWO: CONTACT INFORMATION

Complete **ALL** information using a **valid and current MAILING address**. You are required to keep you mailing address current for the duration of your time on the wait list.

PART THREE: INCOME

When completing wage and benefit information, indicate if the figures you provide are **hourly, monthly or yearly** income.

- | | | |
|---|---|---|
| <input type="checkbox"/> DISTRICT 1 ACTION (406) 377-3564 | <input type="checkbox"/> DISTRICT 7 BILLINGS HDRC (406) 247-4710 | <input type="checkbox"/> DISTRICT 12 BUTTE (406) 782-8250 |
| <input type="checkbox"/> DISTRICT 4 HAVRE (406) 265-6744 | <input type="checkbox"/> DISTRICT 9 BOZEMAN (406) 587-4486 | <input type="checkbox"/> DISTRICT 13 HELENA (406) 442-7981 |
| <input type="checkbox"/> DISTRICT 5 GREAT FALLS (406) 761-0310 | <input type="checkbox"/> DISTRICT 10 KALISPELL (406) 758-5477 | <input type="checkbox"/> DISTRICT 14 BILLINGS HOUSING AUTHORITY (406) 245-6391 |
| <input type="checkbox"/> DISTRICT 6 LEWISTOWN (406) 535-7488 | <input type="checkbox"/> DISTRICT 11 MISSOULA (406) 728-3710 | |



SECTION 8 APPLICATION COMPLETION CHECKLIST

Did you provide....

- | | |
|---|--|
| <input type="checkbox"/> LEGIBLE CONTACT NAMES? | <input type="checkbox"/> ACCURATE INCOME? |
| <input type="checkbox"/> SOCIAL SECURITY NUMBERS? | <input type="checkbox"/> TELEPHONE NUMBER? |
| <input type="checkbox"/> VALID AND CURRENT MAILING ADDRESS? | <input type="checkbox"/> SIGNATURE? |



**YOU ARE RESPONSIBLE FOR INFORMING MDOC OF ANY CONTACT INFORMATION CHANGES.
 THIS INCLUDES A VALID MAILING ADDRESS AND PHONE NUMBER.**

