

APPLICATION FOR TEMPORARY RENTAL ASSISTANCE PROGRAM

North Dakota Court System (09-2015)

Request for Temporary Rental Assistance				
Name (Last, First, Middle Initial)		Employe	Employee ID Number	
Home Address	City	State	Zip Code	
Mailing Address (if different from Home Address)	City	State	Zip Code	
I certify (check one): I am a new employee and that I am unable to find clean, safe, affordable housing. (Provide documentation showing where/whom you have contacted and the rental rates/terms for each location.) I am a current, long-term employee that has experienced, and cannot afford, significant rental rate increases over the past several months. (Provide documentation showing rental rate history.) I am a current, long-term employee that is facing eviction due to the sale of the property and I am unable to find clean, safe affordable housing. (Provide a copy of the eviction notice and documentation showing where/whom you have contacted and the rental rates/terms for each location.) Other. Please explain your special circumstances in the Employee Comments section below. (Provide appropriate documentation.)				
Certify: The monthly rental cost of my residence is \$ I am the sole adult resident of this rental unit and my monthly net pay is \$ I have minor children who reside in the rental unit. The size of the rental unit is bedroom(s). I have a spouse, significant other, adult child or roommate who also resides in this rental unit whose income contributes to household expenses. The monthly net pay of my spouse/significant other is \$ The monthly net pay of my adult child/roommate is \$				
Employee Comments				

Understanding, Certification, and Authorization			
Please read and initial all statements:			
I understand the information shown on this application and any attachments will be used for the purpose of determining my eligibility for the Temporary Rental Assistance Program authorized by Policy 190. I understand the only other use of this information will be for a State or Internal Revenue Service audit of the Temporary Rental Assistance Program.			
I further understand that the State Court Administrator or her designee will rule on my request based in part on the information and documentation contained in and attached to this application. I understand that the State Court Administrator or her designee cannot make a decision on my application without sufficient information and documentation. I agree to provide the State Court Administrator or her designee with additional personal financial information upon request.			
I certify that all statements, figures, and other information contained in, and attached to, this application are, to the best of my knowledge, true, correct and complete. In addition, I authorize the State Court Administrator or her designee to verify this information and documentation.			
I understand that the Temporary Rental Assistance Program payment is not an entitlement, that the program is subject to the continued availability of funding, and that the Temporary Rental Assistance Program payments can be increased, decreased, or terminated without notice.			
I understand that temporary rental assistance is not part of my salary. I further understand that there will be no increase in my salary to compensate for any reduction or discontinuance of rental assistance.			
I am requesting consideration of my application for Temporary Rental Assistance to assist me in paying the high cost of housing due to the impact of energy production in the region.			
Employee Signature	Date		
State Court Administrator or Designee Review/Approval/Disapproval			
Temporary Rental Assistance <i>approved</i> for the amount specified below:			
Allowance Amount per Month			
Actual cost of rental unit: \$ Statewide rental average: \$			
Allowable monthly assistance \$			
Temporary Rental Assistance form <i>returned for additional information/documentation</i> as follows:			
Temporary nental Assistance form returned for duditional information/documentation as follows.			
Temporary Rental Assistance <i>denied</i> due to:			
Othor:			
Other:			
State Court Administrator or Designee	Date		

Mail completed application and all documentation to: Office of State Court Administrator, 600 E. Boulevard Ave., Mail Stop 180, Bismarck, ND 58505-0530.