

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 **approved** for the amount specified below:

Allowance Amount per Month

Actual cost of rental unit: \$ _____

Statewide rental average: \$ _____

Allowable monthly assistance \$ _____

Temporary Rental Assistance form **returned for additional information/documentation** as follows:

Temporary Rental Assistance **denied** due to:

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.