



Phone: (406) 245-6391

Housing Authority of Billings

Pre-Application
2415 1st Avenue North
Billings, MT 59101

Montana Relay: 711



EQUAL HOUSING OPPORTUNITY

FAX: (406) 245-0387

Which Housing Program (s) are you applying for? Section 8 Voucher Public Housing

Street Address	City	State	Zip
Mailing Address	City	State	Zip
Phone: ()	Message Phone:	E-mail:	

FAMILY COMPOSITION

	NAME	SSN	STUDENT Y/N	RELATION TO HEAD	BIRTH DATE
Head					
2					
3					
4					
5					
6					
7					
8					

	Birth Place	Gender		Ethnicity (Voluntary)		Race (Voluntary)					Handicap/Disabled		Pregnant	
		M	F	1	2	1	2	3	4	5	Y	N	Y	N
Head														
2														
3														
4														
5														
6														
7														
8														

RACE CODES (Voluntary) ETHNICITY (Voluntary) 1 = HISPANIC 2 = NON-HISPANIC

1 = White 2 = Black/ African American 3 = American Indian/ Alaska Native 4 = Asian 5 = Other

Last: _____ First _____ MI _____

Do you require any modifications in order to fully utilize the unit or the program and its services? (i.e. Handicap Accessible Unit? Policy Change?) Service Animal? Y N Wheelchair? Y N Hearing Impaired? Y N Vision Impaired? Y N Other? Y N
 If Yes to any of the above, please explain so we can better serve you: _____

INCOME

Family Member #	Source of Income Name of Company or Agency	Income Type (WAGES, TANF, Child Support, Per Capita, Unemployment, SS, SSI, etc.)	Rate/Frequency

PROGRAM INTEGRITY

Adult Member Name	Please list all States you have lived in as an adult:	Registered Sex Offender? Y/N	Ever been charged or convicted of manufacturing or producing methamphetamine on the premises of an assisted housing project? Y/N

Authorizations, Representations and Certifications

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance.

Warning: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department of Agency of the U.S. or the Department of Housing and Urban Development.

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE AND OUR SIGNATURES BELOW AUTHORIZE THE HOUSING AUTHORITY OF BILLINGS TO VERIFY ANY INFORMATION

_____	_____	_____	_____
Head of Household	Date	Other Adult	Date
_____	_____	_____	_____
Other Adult	Date	Other Adult	Date

The Housing Authority of Billings Complies with the Fair Housing Act and Provides Reasonable Accommodations/Modifications to persons with disabilities. Request forms are available at the Housing Authority of Billings office located at 2415 First Ave N Billings, MT 59101

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		

Homeless Certification
Please mark all that apply

- Is the applicant an individual or family who lacks a fixed, regular, and adequate nighttime residence, which includes a primary nighttime residence of:
 - Place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport, or camping ground)
 - Publicly or privately operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations;

- Is the applicant being discharged from an institution where he or she has been a resident for **90 days** or less and the person resided in a shelter (**but not transitional housing**) or place not meant for human habitation immediately prior to entering that institution.

- Is the applicant an Individual or family that is being evicted within **14 days** from their primary nighttime residence and:
 - No subsequent residence has been identified; and
 - The household lacks the resources or support networks (i.e. family, friends, faith-based or other social networks) needed to obtain other permanent housing.

- Does the Applicant have any of these characteristics:
 - Unaccompanied youth (less than 25 years of age) or family with children and youth;
 - Defined as homeless under other federal statutes (for example the definition used by the Department of Education) who do not otherwise qualify as homeless under HUD's definition;
 - Has not had a lease, ownership interest, or occupancy agreement in permanent housing in the 60 days prior to applying for assistance;
 - Has moved two or more times in the 60 days immediately prior to applying for assistance;
 - Has one or more of the following
 - chronic disabilities,
 - chronic physical or mental health conditions
 - substance addiction
 - histories of domestic violence or childhood abuse
 - child with a disability
 - two or more barriers to employment, which include
 - lack of a high school degree or GED
 - illiteracy
 - low English proficiency
 - history of incarceration or detention for criminal activity
 - history of unstable employment

- Is the applicant an individual or family who:
 - Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence;
 - Has no other residence; and
 - Lacks the resources or support networks to obtain other permanent housing.

Applicant Head of Household

Date

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
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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 _____
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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

FOR STATE USE ONLY: _____

FILE # _____

Rev. 09/2015

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:

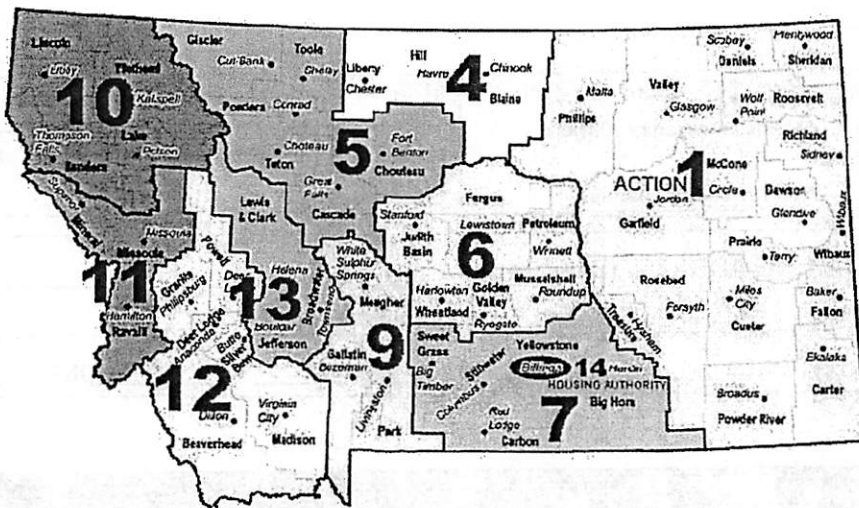
www.housing.mt.gov

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.





Frequently Asked Questions

Q: What programs do you offer? A: We offer assistance through a variety of programs, including the Housing Choice Voucher program (aka Section 8), Public Housing, Project-Based Section 8, and affordable housing developments owned and managed by the Housing Authority of Billings.

Q: Do I make too much money? A: The Federal Government, namely HUD (Dept. of Housing and Urban Development) sets income limits each year, depending on the size of your family and the program you're applying for. For 2019, the annual income limits are as follows:

# of household members	Housing Choice Voucher income limit	Public Housing income limit
1	\$27450	\$43900
2	\$31350	\$50150
3	\$35250	\$56400
4	\$39150	\$62650
5	\$42300	\$67700
6	\$45450	\$72700
7	\$48550	\$77700

Q: What is the difference between Section 8 and Public Housing? A: Here is a handy chart with the main differences between the two programs:

Public Housing	Housing Choice Voucher
Rent unit owned/managed by Housing Authority of Billings	Rent from a private landlord or property management company
Choice to pay 30% of income or flat rent	Pay roughly 30% of income towards rent
Low Security deposits: usually \$250-\$350	Deposit may be as high as first month's rent
Maintenance staff makes repairs to unit	Landlord is responsible for repairs
Youth activity fund available \$100/child	No Youth activity funding
Eligible to enroll in FSS (Family Self-Sufficiency) and work toward homeownership	Eligible to enroll in FSS (Family Self-Sufficiency) and work toward homeownership
Assistance is unit-based	Assistance is tenant-based (transferable)

Q: How do I apply? A: We prefer applications to be completed online at our website: www.billingsha.org – If you are unable to access our website, consider using the public library or come down to our office at 2415 1st Ave North in Billings and use the lobby computer. If you would like an application mailed to you, please call the front desk at (406) 245-6391.

*If you or anyone in your family is a person with disabilities and requires a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority well in advance so that we can make the necessary arrangements. *



Mission Statement: The Housing Authority of Billings helps families and individuals with low incomes to achieve greater stability and self-reliance by providing safe, affordable, quality housing and links to the community.

504 Policy of Nondiscrimination on Basis of Handicap Status

The Housing Authority of Billings does not discriminate on the basis of handicapped status in the application for, administration of, access to, or employment in, its federally assisted programs or activities.

Brian Starr, certified 504 Coordinator, has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's (HUD) regulations implementing Section 504 (24 CFR Part 8).

Feel free to contact Mr. Starr with your comments or suggestions regarding how the Housing Authority may better serve those with handicaps.

Telephone Number:
(406) 237-1901
Montana relay: 711

The 504 Grievance Policy is posted at all Housing Authority offices and community centers.

504 Policy Nondiscrimination Grievance Procedures

The Housing Authority adheres to the 504 Act policies to assist those with disabilities as delineated by HUD. The 504 Act applies to clients and applicants, as well as employees and job applicants. Any of these groups may be request a reasonable accommodation, and if denied a right to grieve the decision, may take the following steps:

1. Applicants and clients may request a reasonable accommodation in writing and it will be directed to the applicable staff member, then to the department manager, the 504 Coordinator, and ultimately, the Executive Director. If the reasonable accommodation is denied, the applicant or client may request a grievance hearing or review as prescribed in HAB's Administrative Plan.
2. Job applicants may request a reasonable accommodation in writing which will be submitted to the Executive Director. If denied, the job applicant may request a grievance hearing within ten days of denial. A hearing officer will conduct a review within ten days and render a decision.
3. For all current employees, a reasonable accommodation may be requested during employment. If denied, the employee should follow the grievance procedures spelled out in the Affirmative Action Plan. For external complaints you may contact:
 - U.S. Department of Housing and Urban Development: 1-202-708-1112
 - Your local, state or national protection and advocacy system
 - Your private Fair Housing agency
 - The Mental Health Law Project: 1-202-467-5730
 - The U.S. Department of Justice: 1-202-514-4713



All programs are open to all eligible persons, regardless of Race, Color, National Origin, Disability, Familial Status, Sex, Religion, Creed, Marital Status, Age, Sexual Orientation, or Gender Identity.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Affordable Housing in Billings

Aspen Grove

Address: 262 Wicks Lane
Phone: (406) 281-8329
Type of Housing: Elderly
Number of Units: 64

Big Sky Apartments

Address: 720 North 18th Street
Phone: (406) 245-3989
Type of Housing: Family
Number of Units: 78

Brush Meadows Apartments

Address: 1203 Lake Elmo Dr.
Phone: (406) 247-0403
Type of Housing: Family
Number of Units: 123

Fraser Tower

Address: 715 South 28th Street
Phone: (406) 252-3311
Type of Housing: Elderly
Number of Units: 64

Magic City Terrace

Address: 1439 Main Street
Phone: (406) 248-9117
Type of Housing: Elderly
Number of Units: 84

Pleasantview Apartments

Address: 825 Avenue D
Phone: (406) 248-4111
Type of Housing: Elderly
Number of Units: 100

Ponderosa Acres

Address: 1301 Industrial Avenue
Phone: (406) 245-3197
Type of Housing: Family
Number of Units: 120

Prairie Tower Apartments

Address: 725 North 25th Street
Phone: (406) 248-3377
Type of Housing: Elderly
Number of Units: 108

Rose Park Plaza

Address: 2325 Avenue C
Phone: (406) 652-1335
Type of Housing: Family
Number of Units: 112

Sage Tower

Address: 155 North 24th Street
Phone: (406) 248-1060
Type of Housing: Elderly
Number of Units: 52

South Forty Apartments

Address: 769 Fallow Lane
Phone: (406) 755-0961
Type of Housing: Elderly
Number of Units: 100

Southern Lights

Address: 801 South 28th Street
Phone: (406) 208-9773
Type of Housing: Family
Number of Units: 20

Western View Apartments

Address: 2604 Phyllis Lane
Phone: (406) 656-7194
Type of Housing: Family
Number of Units: 34



EQUAL HOUSING
OPPORTUNITY

For information on housing developments (Falcon Run, Old Town Square, Pheasant Home, Red Fox, Spring Gardens, Westchester Square East, and Whitetail Run) owned and managed by the Housing Authority of Billings, please call 406-245-6391. Thank you.