



ARE YOU OR ANY HOUSEHOLD MEMBER ENROLLED IN A FEDERALLY RECOGNIZED TRIBE? IF SO WHO, WHAT TRIBE AND ENROLLMENT NUMBER.

	Who	What Tribe	Tribe Contact Number	Enrollment #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

HAVE YOU EVER SERVED IN THE MILITARY:  Yes  No, IF SO PLEASE PROVIDE YOUR MOST RESENT COPY OF YOUR DD214.

***INCOME: IF NONE PLEASE WRITE NONE***

Does any household member receive income from employment?  Yes  No

Household member	Employer	Employer Telephone Number	Gross Wages received Monthly
			\$
			\$

Does any household member receive any income from the following sources ON A MONTHLY?

Source of income	Receive on a reoccurring basis	Do NOT receive	Amount received monthly
Is any household member self-employed (most recent tax return)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Does any member work for someone who pays him or her cash?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Welfare assistance (TANF, General Assistance)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	\$
Veteran's Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$
Death Benefits (Survivors' Benefits)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Disability benefits (Supplemental Social Security)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$
Retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Pension (PERA, Railroad, etc)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Worker's compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lump sum payments from inheritance, ins settlement, lottery, etc)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Training Programs i.e. W.I.A.	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other: (list)	<input type="checkbox"/>	<input type="checkbox"/>	\$

Does any household member receive income that is in the form of a cash gift on a reoccurring basis?  
 Yes  No (NOTE: this **DOES** include any money paid on your behalf by another individual, agency, etc.)

Household member	Source of cash gift	Amount received
		\$
		\$

Does anyone in the household receive income from their Tribe?  Yes  No, if YES please name household member and amount. You will need to provide written documentation of such amounts.

Household Member	Name of Tribe or Nation	Telephone Number of Tribe	Amount Received/yr	Per Capita income	Gaming Income
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

***HOUSEHOLD ASSETS***

What is the average value of CASH ON HAND? \$ \_\_\_\_\_

Does any household members have any of the following (but not limited to)?  Yes  No

Type of Asset	Household member	Name of Financial Institution	Telephone Number	Cash value	Annual interest
Bank Account-checking				\$	\$
Bank Account-Savings				\$	\$
Stocks/Bonds				\$	\$
Capita Investments				\$	\$
Pension/Retirement accts				\$	\$
Certificate of Deposit				\$	\$
Money Market Accts				\$	\$
Insurance Settlements				\$	\$
Trusts				\$	\$
Antique, Collections, etc				\$	\$
Other assets				\$	\$

Does any household member own Property?

	Household member	Estimated value	Do you get income from property
Property-fee status			\$ _____ per month/year
Property-Trust Status			\$ _____ per month/year

Has any household member sold/disposed of any assets, in the past two years, for less than fair market value?  Yes  No

If yes please complete

Asset	Date sold/disposed of	Amount received at time of sale/disposal	Fair market value at time of sale/disposal
		\$	\$ per
		\$	\$ per

**Please answer the following questions. An omission or inaccurate information may be grounds to reject your application.**

Do you own or are you currently buying a home?  Yes  No

Have you or any member of your household ever lived in Public or Indian Housing or had subsidized housing assistance from programs such as section 8 voucher or certificates?  Yes  No If yes, who, when and where \_\_\_\_\_

Have you or any of your household members ever been evicted when receiving housing assistance?  Yes  No \_\_\_\_\_, If so when \_\_\_\_\_,

Name of Housing Authority and Program you were evicted from \_\_\_\_\_

Have you or any members of your household ever had any judgments with Salish & Kootenai Housing Authority?  Yes  No If so, when? \_\_\_\_\_

Do you or any of your household members owe any monies to the Salish & Kootenai Housing Authority?  Yes  No If so, how much \_\_\_\_\_

Please list any member of your household that is in school for at least 5 months out the year. This includes under age members also.

Household member	School
_____	_____
_____	_____
_____	_____

Do any members of your household require a handicapped accessible unit?  Yes  No If yes, please explain accommodation needed (such as wheelchair accessibility) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BACKGROUND**

Have you or any of your household members been convicted of a felony?  Yes  No If yes, When, Where and for what? \_\_\_\_\_

\_\_\_\_\_

Are you or any of your household members required to register for the Sexual or Violent Offender Registry?  Yes  No If yes, who, when and where?

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Have you or any of your household members ever been arrested for any Drug-Related Criminal Activity, Criminal Activity or Drug Paraphernalia?  Yes  No If YES, Who, When and Where

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Is any household member on Probation  Yes  No If YES, Who \_\_\_\_\_  
Name of Probation Officer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please explain your current living arrangements (where are you living right now, condition of the home you are living in, rental payment amount, if you are currently living with someone else, who is it and where?)

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Do you have a pet?  Yes  No If YES, What kind? \_\_\_\_\_

**PLEASE BE ADVISED THAT SKHA HAS A PET POLICY WITH LIMITATIONS ON WHERE YOU CAN HAVE A PET, THE TYPES OF PETS ALLOWED AND THE NUMBER OF PETS ALLOWED.**

If you application is for “**HOUSING AUTHORITY OWNED RENTALS**” please indicate the towns you prefer to live in:

- Ronan       Pablo       Polson       Arlee  
 St. Ignatius       Charlo       Dixon       Dayton/Elmo       Hot Springs

If you application is for “**LOW INCOME TAX CREDIT RENTALS**” please indicate the towns you prefer to live in:

- Felsman Addition (3 & 4 bedroom units only...The rents are set and will be homeownership)  
 Felsman Duplexes (2 bedroom units only...Rents are based on 30% of adjusted income)  
 Turtle Lake (2, 3 & 4 bedroom units...Rents are based on 30% of adjusted income)  
 Elmo Elderly Living Center (1 bedroom units only...Near Elderly, Elderly units)  
 Arlee Elderly Living Center (1 bedroom units only...Near Elderly, Elderly units)

I HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

I have no objection to inquiries being made for the purpose of verifying the statements made herein. I also have no objection to a criminal background, and a credit bureau check, on all or any persons listed on the application to determine eligibility.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

Updated August 9, 2011

SALISH & KOOTENAI HOUSING AUTHORITY  
(SKHA)

CONSENT FOR RELEASE OF INFORMATION

I/We the undersigned, am/are seeking services from the Salish & Kootenai Housing Authority (SKHA) which includes, but not limited to the following programs: Salish & Kootenai Operations (SKO), Home Improvement Program (HIP), Flathead Finance Program (FFP) Salish & Kootenai Housing Authority Low Rent Program (LR), Tenant Based Assistance (TBA), Low Income Housing Tax Credit Program/Rural Development (LIHTC/RD) and Emergency Assistance Program (EAP, Internal Revenue Service (IRS).

I/We, authorize the above named programs to share, exchange and give and receive information about my application and contents therein, in an effort to serve me, my family and my children (as declared on my application for assistance).

In addition, I/We authorize the following programs/agencies to release information to the SKHA Program in an effort to provide and facilitate assistance to my children and me. Those programs and agencies are as follows:

1. CS & KT Tribal Council
2. CS & KT Department of Human Resources Development (DHRD)
3. CS & KT Tribal Personnel Office
4. CS & KT Early Childhood Services (ECS)
5. CS & KT Tribal Health and Human Services (THHS)
6. CS & KT Education Department (TED)
7. CS & KT Law & Order (L&O)
8. CS & KT Tribal Credit
9. CS & KT Probation Office
10. Salish Kootenai College
11. SKC-Adult Basic Education Program (ABE)
12. S & K Holding
13. Internal Revenue Service
14. Adult Probation & Parole
15. Other: (List) \_\_\_\_\_

I/We understand that the information received by the SKHA programs will be confidential, used for Professional purposes only in terms of facilitating serviced received by me and my family, and will not be released to other programs/agencies, unless prior authorization by me, in writing, is obtained. I/We understand that I/We may cancel this Consent for Release of information in writing, at any time.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Other (who is eighteen (18) years of age or older) Date

\_\_\_\_\_  
SKHA Witness Date

THIS CONSENT FOR INFORMATION IS VALID FROM \_\_\_\_\_ TO \_\_\_\_\_

Prepared the Consent for Release of Information from the date executed/signed to date of next redetermination date. At each redetermination, renew of Release of Information and add Tribal and other agencies as needed.

Information requested: \_\_\_\_\_  
\_\_\_\_\_



## CRIMINAL & DRUG –RELATED ACTIVITY POLICY

The Authority Board of Commissioners adopted the forgoing policy for the following programs:

### Programs funded by NAHASDA

The Salish and Kootenai Housing Authority is governed by the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996. The Act states in Public Law 104-330-October 26, 1996, 25 USC 4137, Section 207. (a) (b) LEASE REQUIREMENTS AND TENANT SELECTIONS: 6(c) is criminal activity (including drug-related criminal activity) on or off premises.

### Other Authority programs:

Maggie Ashley Trailer Park I & II  
Low Income Tax Credit Units  
Rural Development Units  
Transitional Living Center  
Home Improvement Program

### Section 1

#### Applying for Salish and Kootenai Housing Authority Services

When an application is received for housing or any other assistance program with the Salish and Kootenai Housing Authority and the head of-household or a member of the household composition, has engaged in Drug-Related Criminal Activity, as defined below under Section 3- Definitions, Criminal Possession of Drug Paraphernalia, as defined below under Section 3-Definitions, or other Criminal Activity as defined below under Section 3-Definitions, the following policies shall apply:

#### **Drug-Related Criminal Activity or Criminal Possession of Drug Paraphernalia**

If the Authority has a preponderance of evidence documentation that the applicant or a member of the applicant's household composition is/was engaged in drug-related criminal activity or criminal possession of drug paraphernalia, the applicant cannot apply for services with the Authority for one (1) year from the date of occurrence. Applicant must provide written documentation from a professional source that all person(s) listed on the applications that were involved in the drug-related criminal activity or criminal possession of drug paraphernalia, has successfully completed an approved rehabilitation program, or did not require rehabilitation.

#### **Criminal Activity**

If the Authority has a preponderance of evidence documenting that the applicant or a member of the applicant's household composition is/was engaged in criminal activity the applicant must provide a court order or written documentation from his/her probation officer or professional counselor that all person(s)

listed on the applications that were involved in the criminal activity have successfully completed all requirements of the court.

### Medical Use of Marijuana

Per Federal Law, use of marijuana for medical or medical treatment purposes is an illegal use of marijuana. Because the Housing Authority receives Federal funding and grants, the Housing Authority will follow Federal Law concerning the use of medical marijuana.

## **Section 2**

### **Termination of Salish and Kootenai Housing Authority Services**

#### A. Thirty-Day (30) Notice to Terminate Services

The Authority may terminate services by providing a termination notice not to exceed thirty- (30) days, if the Authority has a preponderance of evidence that a tenant, any member of the tenants household, or a guest or other person under the tenant's control has engaged in criminal activity as defined below under Section 3 Definitions, that:

1. Threatens the right to peaceful enjoyment of the Authority premises by other tenants or employees of the Authority.
2. Threatens the peaceful enjoyment of their premises by person(s) residing in the immediate vicinity of the Authority's premises.

#### B. Three-day (3) Eviction

The Authority may terminate services by providing a three- day (3) termination notice if the Authority has a preponderance of evidence that a tenant, any member of the tenant's household, or a guest or other person under the tenant's control was involved in the following:

1. Drug-related criminal activity, as defined below under Section 3- Definitions;
2. Criminal Possession of Drug Paraphernalia, as defined below under Section 3- Definitions; or
3. Threatens the health or safety to other tenants or employees of the Authority
4. Threatens the health or safety of their premises by person(s) residing in the immediate vicinity of the Authority's premises.

Tenant is in violation of the Criminal and Drug-Related Activity Policy whether or not the tenant has knowledge of the illegal activity. However, if the reporting party is a member of the household composition and is not the person committing the act, and action is being taken to ensure the activity will not reoccur, termination action may or may not be enforced at the discretion of the Board of Commissioners.

### Section 3

#### **Definitions**

- A. “Drug-Related Criminal Activity” means the illegal possession, manufacture sale, distribution, or use of a controlled substance as defined in Section 102 of the controlled substance act (21 U.S.C. 802) or fraudulently obtaining or attempting to obtain a controlled substance, that occurs on or off properties under the management of the Authority. The standard of proof used to determine “drug related criminal activity” has occurred is a preponderance of the evidence that the activity has occurred. A specific criminal conviction is not required.
- B. “Criminal Possession of Drug Paraphernalia” means the unlawful use or possession with the intent to use drug paraphernalia that occurs on or off properties under the management of the Authority. This will include all equipment, products, and materials of any kind that are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a dangerous drug, that occurs on or off properties under the management of the Authority. The standard of proof used to determine “possession of drug paraphernalia” is preponderance of the evidence. A specific criminal conviction is not required.
- C. “Criminal Activity” means activity that threatens/threatened the health, safety, or right to peaceful enjoyment of others including the Authority employees, including but not limited to the following activities:
1. Criminal Activity that occurs on or off Salish Kootenai Housing Authority premises is as follows:  
  
Homicide, aggravated assault, stalking, indecent exposure, elder/ child abuse, kidnapping, aggravated kidnapping, terrorism, designated as a Sexual Offender, designated as a violent offender, sexual assault and sexual assault abuse of children, obstructing a law enforcement officer, obstruction of justice, weapons offense.
- a. Designated Sexual Offender*  
Definition: Per Montana Code Annotated 2005, 46-23-502  
“Department” means the department of corrections provided for in 2-15-2301 of the Montana Code Annotated 2005.
- “Sex offender evaluator” means a person qualified under rules established by the department to conduct sexual offender and sexually violent predator evaluations.
- “Sex Offender” means:

- i. any violation of or attempt, solicitation, or conspiracy to commit a violation of 45-5-301 (if the victim is less than 18 years of age and the offender is not a parent of the victim), 45-5-302, 45-5-303, 45-5-502(3) , 45-5-503, 45-4-504(1) (if the victim is 18 years of age and the offered is 18 years of age or older), 45-5-504(2)©, 45-5-507 (if victim is under 18 years of age and the offender is 3 or more years older than the victim), 45-5-603(1)(b), or 45-5-625; or
- ii. any violation of a law of another state or the federal government that is reasonable equivalent to a violation listed in subsection (6)(a) or for which the offender was required to register as a sex offender after conviction.

“Sexual or violent offender” means a person who has been convicted of a sexual or violent offense.

“Sexually violent predator” means a person who has been convicted of a sexual offense and who suffers from mental abnormality or a personality disorder that makes the person likely to engage in predatory sexual offenses.

Applicants or Tenants that are designated as a sexual offender by a rulemaking authority i.e. the “Department” or a “Sexual Offender Evaluator”, assign one of three levels. The higher the level the higher the threat the sex offender is to public safety.

**Level I** – The risk of a repeat sexual offense is low;

Applications from Level I Sex Offenders will be accepted on the condition that the applicant provides documentation that they have successfully completed a certified treatment program.

If already receiving Authority services or a current Tenant, the person receiving the services or Tenant must provide documentation that they have successfully completed a certified treatment program. This designation may not have any bearing on their tenancy or services

**Level II** – The risk of a repeat sexual offense is moderate;

Applications from Level II Sex Offenders will be accepted as follows:

- i. Applications from Level II Sex Offenders will be accepted on the condition that the applicant provides documentation that they have successfully completed a certified treatment program.
- ii. Low Rent units: when placed in a unit the applicant has to agree to be placed on a renewable SKHA Probationary Dwelling Lease.
- iii. If already receiving Authority services or a current Tenant is designated as a Level II the Housing Authority may proceed with termination of the services or Tenant’s dwelling lease for violation of the section C(1) (above).

**Level III** – The risk of a repeat sexual offense is high, there is a threat to public safety and the sexual offender evaluator believes that the offender is a sexually violent predator.

**Applications from Level III Sex Offenders will not be accepted.**

If a current tenant is designated as a Level III Sex Offender after move in the Housing Authority will proceed with termination of the Tenant’s dwelling lease for violation of the section C(1) (above).

b. **NOTIFICATION:** If a client is already receiving services then designated a Sex Offender or a Sex Offender is granted Authority services the Authority will distribute information obtained from the Sexual & Violent Offender Registry and/or the Department of Corrections web site and any other pertinent information to the surrounding SKHA Community in regards to this designation. This notification is to inform and protect all beneficiaries of the Authority’s services.

**2. Criminal Activity that occurs on properties under the management of Salish Kootenai Housing Authority as follows:**

Assault, intimidation, domestic situations, robbery/burglary/theft unlawful restraint, contributing to the delinquency of an underage person, arson, trespass, harboring runaway(s), custodial interference, verified stolen property, driving under the influence or other crimes against persons or personal property, to include BB guns, air rifles, sling shots and paint guns.

Approved by the Salish & Kootenai Housing  
Authority Board of Commissioners on 6-17-08

Applicant/Tenant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Applicant/Tenant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Applicant/Tenant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Applicant/Tenant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

# Authorization to Release Information

Please print your full legal name and list your Social Security Number

Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I/We have applied or are currently residing in a unit under the management of the Salish & Kootenai Housing Authority (hereinafter SKHA) Low Income Housing Tax Credit and Rural Development 515 housing programs. As part of the certification process SKHA may need to verify information contained in my/our rental application or file update and in other documents that are required.

I/We authorize you to provide SKHA, all information and documentation that they request. Such information includes, ***BUT IS NOT LIMITED TO***, employment history, any source of income; bank, money markets, and similar account balances, credit history, copies of income tax returns, criminal background checks, student status, educational costs and financial aid.

This authorization also includes any minor children of the above named individuals.

**A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL.**

Your prompt reply to SKHA is appreciated. Furthermore I/We grant SKHA permission to release information necessary in assisting me in obtaining other services for which I/We may be eligible.

**THIS RELEASE OF INFORMATION IS GOOD FOR  
ONE YEAR FROM THE DATE SIGNED.**

Applicant/Tenant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Applicant/Tenant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Applicant/Tenant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Applicant/Tenant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_