

6 Month Update Form

Your information must be updated in accordance with the Salish & Kootenai Housing Authority Eligibility & Admissions Policy. Under this policy, eligibility is limited to Low-Income Indian Families on Indian Reservations. The term "Indian" means any person who is a member of a federally or state recognized tribe. The term "Low income family" is defined as a family whose income does not exceed 80 percent of the median income for the area, as determined by the Secretary. Members of the Confederated Salish & Kootenai Tribes receive first preference.

RECEIVED:

FOR OFFICE USE ONLY

Please complete and return to Salish & Kootenai Housing Authority no later than _____. If this form is not returned by the given date, you will be declared ineligible and removed from the Waiting List(s).

Mailing Address _____ City, State, Zip Code _____

Phone Number _____ Message Number _____ E-mail _____

| Household Member | Relationship To HOH | Date Of Birth | Social Security | Income (Monthly) Please Attach Copy (Paystub, etc.) | Source |
|------------------|---------------------|---------------|-----------------|---|--------|
| 1. | Head of Household | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

If any of the following apply, you must provide documentation:

- **Criminal Drug Charge** (provide documentation all court requirements have been met);
- **Probation/Parole** (must provide current letter of compliance);
- **Temporary/Full Custody** (provide Court Ordered Documentation)

Current Status on the _____ BDRM Wait Lists:

Arlee _____ *St. Ignatius* _____ *Ronan* _____ *Pablo* _____ *Polson* _____ *Charlo* _____ *Elmo* _____
Hot Springs _____ *Dixon* _____ *Dayton* _____ *TBA* _____ *Felsman Duplexes* _____ *Turtle Lake* _____

Please select towns/programs you would like services:

- Arlee St. Ignatius Ronan Pablo Polson Charlo Elmo
 Hot Springs Dixon Dayton TBA Felsman Duplexes Turtle Lake

All household members age 18 or older or Emancipated Minor must sign below:

Head of Household Signature: _____ Date Signed: _____

Other Adult Signature: _____ Date Signed: _____

NOTICE

TO ALL APPLICANTS:

The HUD Regulations establish administrative procedures for imposing civil penalties and assessments against person(s) who file false claims or statements while applying for housing benefits. This regulation, which implements the Program Fraud Civil Remedies Act of 1986, applies to all applicants for Indian Housing Programs, as well as tenants and homebuyers.

The Program Fraud Remedies Regulations apply to any person(s) who misrepresents or omits information from applications for housing, income verification(s), re-examination(s) of information, family composition, age(s) of family member(s), etc. HUD Inspector General may investigate and the applicant(s) may be subject to the following penalties:

1. Up to \$5,000.00 for filing such a claim; or
2. Up to \$5,000.00 plus up to ***twice*** the amount of benefits which were fraudulently received; and
3. In any case, whether or not benefits were actually received by the individual family, any other remedy which may be prescribed by law will still apply. (This means that the fines do not preclude criminal charges or legal actions against the person(s) committing the fraud.)

Some of the areas where such fraud may occur:

- *Families reporting less than all sources of income, (e.g., only reporting husband's income when both spouses are working; or not reporting all or part of part-time income or other seasonal income.)*
- *Families listing more dependents than are eligible or who live in the household.*
- *Families misrepresenting age to either get benefits for "elderly" or claim children as dependents after they reach age 18.*
- *Families not reporting all assets, such as bank accounts, real estate/homes owned (other than Trust Land, which is not as asset for this program.)*

All household members age 18 or older or Emancipated Minor sign below:

Head of Household Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

I/We have applied for a program or are currently residing in a unit under the management of the Salish & Kootenai Housing Authority (hereinafter SKHA). As part of the application/certification process SKHA may need to verify information contained in my/our 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.

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

All household members age 18 or older or Emancipated Minor please print your full legal name and list your Social Security Number below:

Printed Name: _____ Social Security Number (*last four*): XXX-XX-_____

Printed Name: _____ Social Security Number (*last four*): XXX-XX-_____

Printed Name: _____ Social Security Number (*last four*): XXX-XX-_____

Printed Name: _____ Social Security Number (*last four*): XXX-XX-_____

**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/us in obtaining other services for which I/We may be eligible.

All household members age 18 or older or Emancipated Minor sign below:

Head of Household Signature: _____ Date Signed: _____

Other Adult Signature: _____ Date Signed: _____

Other Adult Signature: _____ Date Signed: _____

Other Adult Signature: _____ Date Signed: _____

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