

**Maggie Ashley Trailer Park Application Checklist**

- Completed Application
- Two Letters of Reference
- Proof of Enrollment (If applicable)
- Proof of Income
- Copy of Title (naming head of household as owner).
- Proof of Homeowner's insurance
- Background Check (by SKHA staff).
- Trailer Inspected (by SKHA inspector).
- Proof of Property Taxes is paid in full (if applicable).

**DUE AT TIME OF MOVE IN:**

- Copy of MVP/Pablo Water Sewer Contracts

**Please Note: Admission requirements state that mobile home  
must be 1980 or newer.**

## Maggie Ashley Trailer Park Housing Application

RECEIVED:

NOTE: This application will not be processed until all information requested has been completed and/or submitted. Please complete the following questions in **INK**.

FOR OFFICE USE ONLY

### I. HOUSEHOLD COMPOSITION

Household Member	Relationship To HOH	Sex	Date of Birth	Social Security #	Tribal Affiliation	Enrollment #
1.	Head of Household					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

**Contact Information**

**Mailing address:** \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Message Number:** \_\_\_\_\_

### II. RENTAL HISTORY

Have you ever rented a unit/home in your name before?  Yes  No

**IF YES**, please provide the following information as written verification will need to be obtained.

Date rental dates – from: \_\_\_\_\_ to \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Are you currently renting this unit?  Yes  No

IF YES, What is your present rent amount? \$ \_\_\_\_\_

**If No, please provide 2 personal references.**

Have you ever been evicted from a SKHA managed unit?  Yes  No

If yes, when: \_\_\_\_\_ Reason for eviction: \_\_\_\_\_

Do you owe SKHA for any outstanding accounts receivable?  Yes  No

If yes, how much do you presently owe? \$ \_\_\_\_\_

Do you have a current payback agreement in place?  Yes  No

**III. HOUSEHOLD INCOME**

Does any household member receive income from employment?  Yes  No

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

Is any household member self-employed?  Yes  No

**PLEASE PROVIDE A COPY OF THE MOST RECENT TAX RETURN OR THE PAST SIX MONTH OF PROFIT/LOSS STATEMENTS.**

If there is no household member with employment or self-employment, how does the household plan to pay for the lot rent? If possible, please attach verification.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. MOBILE HOME**

Who owns the mobile home?

- Self **\*Please attach a copy of the title**
- Bank Which Branch: \_\_\_\_\_
- Third Party Owner: \_\_\_\_\_

**Trailer Description:**

**Model:** \_\_\_\_\_  
**Year:** \_\_\_\_\_

**Please attach a copy of Home Owner's Insurance with the title.**

**\*Please note that we can not process the application without a copy of the insurance.**

## V. DECLARATIONS

	HOH	Other Household member
Do you anticipate any change in your household composition during the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested for any criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested for any drug related criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you are registered offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above declarations please explain in space provided?

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## VI. SIGNATURES

I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation in this application might result in default in the rental agreement and/or eviction of this household.

If any of the aforementioned information changes, I/we agree to notify landlord immediately.

All household members age 18 or older sign below:

Head of Household Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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

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

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

\_\_\_\_\_  
SKHA Representative

\_\_\_\_\_  
Date

**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 \_\_\_\_\_

**NOTICE**

**TO ALL APPLICANTS:** New, Update, Recertification, Transfer

The new HUD regulation establishes administrative procedures for imposing civil penalties and assessments against person 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 or persons who misrepresent or omit information from applicants for housing, income verification, re-examinations of information, family compositions, ages of family members, etc. The HUD Inspector General may investigate and they 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:

4. 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.)
5. Families listing more dependents than are eligible or who live in the household.
6. Families misrepresenting age to either get benefits for “elderly” or claim children as dependents after they reach age 18.
7. Families not reporting all assets, such as bank accounts, real estate/homes owned (other than Trust land, which is not an asset for this program).

**The attachment of this Rider shall be made a part of the Dwelling Lease.**

Applicant/Tenant Signature _____	Date Signed _____
Applicant/Tenant Signature _____	Date Signed _____
Applicant/Tenant Signature _____	Date Signed _____
Applicant/Tenant Signature _____	Date Signed _____

\_\_\_\_\_

Authorized SKHA Staff

\_\_\_\_\_

Date Signed