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

### I. HOUSEHOLD COMPOSITION

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Relationship To HOH</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Social Security #</th>
<th>Tribal Affiliation</th>
<th>Enrollment #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Head of Household</td>
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</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Household member</th>
<th>Employer</th>
<th>Employer Telephone Number</th>
<th>Gross Wages received Monthly</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>HOH</th>
<th>Other Household member</th>
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</thead>
<tbody>
<tr>
<td>Do you anticipate any change in your household composition during the next 12 months?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Have you ever been arrested for any criminal activity?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you ever been arrested for any drug related criminal activity?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are you a registered offender?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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 ____________
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 ________________

_________________________________ Date Signed ________________
Authorized SKHA Staff