

Application Checklist

- Must be Completed *and* Signed by ALL Members of the Household that are 18 and older or an Emancipated Minor.
- Copy of Tribal I.D.

INCOME VERIFICATION (of all household members 18 and older):

- | | |
|---|---|
| <input type="checkbox"/> Copy of the Most Current Pay Stub | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Copy of Social Security Award Letter | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Copy of VA or Retirement Check Stubs | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Copy of TANF/GA/Welfare Check Stubs | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Worker's Compensation Check Stubs | <input type="checkbox"/> Not applicable |

ADDITIONAL INFORMATION REQUESTED (If Applicable)

- Criminal/Drug Charge** (provide documentation all court requirements have been met)
- Probation/Parole** (letter of compliance from Probation/Parole Officer)
- Registered Violent/Sexual Offender** (proof of registration)
- Temporary/Joint Custody** (provide Court Ordered Documentation)
- Evicted from SKHA** (will need a 6 month Rental Reference)
- References** (6 month Rental)

Application for All Rental Programs

RECEIVED:

This Application will not be processed until all information requested has been Completed, Submitted, and Verified.

APPLICANT NAME: (Head of Household must be 18 years of age or Emancipated through the courts.)

FOR OFFICE USE ONLY

_____ Last

_____ First

_____ MI

NAMES USED OTHER THAN ABOVE: _____

Contact Information

Mailing Address: _____ City, State, Zip Code: _____

Phone Number: _____ or Message Number: _____ E-mail Address: _____

Emergency Contact Person: _____ Phone Number: _____

Are you a Veteran of the Military Services? Yes No *If yes, please provide a copy of your DD-214*

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.						

Do you anticipate any change in your household composition during the next 12 months? Yes No

If Yes please explain: _____

Does anyone in the household have any needs that might be better served by a unit which is accessible to people with mobility, hearing, or visual impairments? *(Will need to provide S.S.I.D. or 3rd Party Verification)*

Yes No If Yes, please explain: _____

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.



TYPE OF HOUSING ASSISTANCE REQUESTED (check all applicable boxes):

Housing Authority Owned Low Rent Units (Please indicate below which towns you prefer to live in)

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

Low Income Housing Tax Credit Program/Rural Development (LIHTC/RD)

Felsman Duplexes

Tenant Based Assistance (Rental Assistance Program)

II. BACKGROUND

BACKGROUND CHECKS WILL BE COMPLETED ON ALL ADULTS IN THE HOUSEHOLD

Have you or any of your household members ever been convicted of a **FELONY**? Yes No

If yes—Who, What Where and When: _____

Are you or any of your household members required to register for the Sexual or Violent Offender Registry? Yes No

If yes—Who, What, Where, and When: _____

Have you or any member of your household ever been **CHARGED and/or ARRESTED** for any Drug-Related Criminal Activity, Drug Paraphernalia or Criminal Activity? Yes No Date of Incident: _____

If yes—Who, What, Where, and When: _____

Is **ANY** household member on Probation or Parole? Yes No If yes, Who: _____

Name of Probation/Parole Officer: _____ Telephone # _____ Ext. _____

III. HOUSEHOLD INCOME

Household Member	Employer	Employer Telephone Number	Gross Wages Received Annually
1.			
2.			

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

Source of Income	Yes	No	Amount Received Monthly	Amount Received on a Reoccurring Basis
Is any member Self-Employed? (Please provide a copy of the most recent Tax Return or the Past Six Months of Profit/Loss Statements)			\$	\$
Welfare Assistance (TANF, General Assistance)			\$	\$
Veteran's Administration			\$	\$
Child Support (Provide Court Order)			\$	\$
Social Security			\$	\$
Disability Benefits (Supplemental Social Security)			\$	\$
Retirement Benefits			\$	\$
Pension (PERA, Railroad, etc.)			\$	\$
Worker's Compensation			\$	\$
Per Capita			\$	\$
Other: (list)			\$	\$



Do you or any member of your household own or are currently buying a home? Yes No

IV. RENTAL HISTORY

What are your current living arrangements? _____

PLEASE PROVIDE INFORMATION REGARDING YOUR PAST RENTAL HISTORY

Landlord Name: _____ Phone Number(s): _____

Address: _____ City, State & Zip Code: _____

Rented From: _____ To: _____ Currently Renting? Yes No If YES, Monthly Rent:\$ _____

Have you or any member of your household ever or are currently receiving assistance from Salish Kootenai Housing Authority? Yes No If Yes... Who, When and Where? _____

If your current living arrangements are homeless, what are the reasons that lead to this?

V. SIGNATURES

I/We hereby affirm that the information provided is true and complete to the best of my/our knowledge, and authorize the Housing Authority to verify the statements herein. I/We further understand that any intentional misrepresentation in this application might result in being determined ineligible for services. If any of the aforementioned information changes, I/We agree to notify the Housing Authority immediately.

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: _____

Other Adult Signature: _____ Date: _____



VI. 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: _____

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.

