



## STANDING ROCK HOUSING AUTHORITY

1333 92<sup>ND</sup> Street  
P.O. Box 769  
Fort Yates, ND 58538-0769  
TELEPHONE 701-854-3891  
TOLL-FREE 800-262-3891  
FAX 701-854-3946

### NOTICE TO APPLICANTS FOR SRHA HOUSING

All Applicants for Housing must submit an Application for Housing on a form supplied by the Standing Rock Housing Authority. Please assure the Application is completely filled in and all required documents are attached when submitting, or it will be considered incomplete. See Required Information listed below.

The Applicant and all adult members listed on the Household Composition form will be subject to a background check at the discretion of the SRHA to be completed by the Standing Rock Sioux Tribal Court. The SRHA will process the request when needed for background checks with the Tribal Court.

The Applicant will be placed on the waiting list with the date they filed their completed application. Please be advised the SRHA will remove Applicants and their household composition member(s) from the waiting list if it is found that anyone on the application has:

1. **An application with false information;**
2. **An outstanding dept owed to SRHA** excluding elderly applicant with a repayment agreement;
3. **Any member convicted of drug-related criminal activity within the past five (5) years.**
4. **Any member convicted of violent criminal activity within the past three (3) years.**
5. **Any member convicted of gang activity or gang related activity within the past three (3) years;**
6. **Currently required to be registered as a sex offender.**
7. **Any member's abuse or pattern of abuse of alcohol interferes with the health and safety**
8. **Previously evicted from any Housing Authority in the last five (5) years;**
9. **Abandoned any Housing Authority Unit in the last five (5) years.**

### REQUIRED INFORMATION FOR ALL SRHA WAITING LIST APPLICATIONS

1. Copies of Social Security cards for all individuals listed on application.
2. Verification of Tribal Enrollment for all individuals listed on application.
3. Income verification of all individuals list on application with income.
4. All adult individuals must sign the Release of Information form.
5. All adult individuals must sign the Privacy Act Disclosure form.
6. All adult individuals must sign the SRHA application.



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**RENTAL APPLICATION**

This application constitutes the basic record of each family applying for admission in to SRHA Rental Program. Each applicant will be required to supply all information requested below and sign the application attesting to the accuracy of the data provided.  
**PLEASE PRINT.** Completely answer each question. All incomplete application will be put inactive until complete; a letter will be mailed stating why the application is incomplete to the applicant. You are responsible to update your application once a year (January 1-15) and to contact us in **WRITING** if any change of address. If SRHA correspondence is returned or we are unable to contact you because of incorrect address, your name will be **REMOVED** from the waiting list. Eligible applicants will be placed on the appropriated waiting list from the date of the **COMPLETED** application was received. The number of bedrooms will be based on the family composition listed.

**PART 1 – DISTRICT REQUESTED**

SELECT ONLY ONE (1) DISTRICT

|                               |                                     |  |
|-------------------------------|-------------------------------------|--|
| Long Soldier / FY Elderly ( ) | Bear Soldier / MCL Elderly ( )      | Date Stamp & Time Rec'd.<br><br><br><br><br>Employee Initials: _____ |
| Long Soldier / Fort Yates ( ) | Bear Soldier / McLaughlin ( )       |  |
| Cannonball ( )                | Running Antelope / Little Eagle ( ) |  |
| Porcupine ( )                 | Rock Creek / Bullhead ( )           |  |
| Previous SRHA Tenant ( )      | Kenel ( )                           |  |
| District: _____ Unit # _____  | Wakpala ( )                         |  |

**PART 2 – HOUSEHOLD COMPOSITION**

ANY MISSING INFORMATION/DOCUMENTS WILL BE CONSIDERED AN INCOMPLETE APPLICATION

List the correct legal name of all household members who will reside in the unit as it appears on their Social Security card. Begin with the Head of Household, spouse, children and other adults. List unborn child with due date as a household member and notify us when he/she is born. Attach a copy/verification of Tribal enrollment, Social Security cards, Birth certificates and income for all members.

|   | LAST NAME | FIRST NAME | Relationship to HOH | Date of Birth | Social Security # | Tribal Enrolled | Age | Full time student |
|---|-----------|------------|---------------------|---------------|-------------------|-----------------|-----|-------------------|
| 1 |           |            | HOH                 |               |                   |                 |     |                   |
| 2 |           |            |                     |               |                   |                 |     |                   |
| 3 |           |            |                     |               |                   |                 |     |                   |
| 4 |           |            |                     |               |                   |                 |     |                   |
| 5 |           |            |                     |               |                   |                 |     |                   |
| 6 |           |            |                     |               |                   |                 |     |                   |

Attach additional sheet with required member information if needed.

A. Has any member of your household used a name other the one stated above? YES NO  
 If Yes, List full name used: \_\_\_\_\_

**PART 3 – CONTACT INFORMATION**

IT IS THE APPLICANT'S RESPONSIBILITY TO NOTIFY THE SRHA OF ANY CHANGES IN CONTACT INFORMATION

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip

Emergency Contact Name & Phone: \_\_\_\_\_  
 Emergency Contact's relationship: \_\_\_\_\_

**PART 4 -- STUDENT STATUS**

Are all occupants of the household full-time students? YES NO  
 Is the household comprised of a single parent with school age child/children none of whom are dependents of a third party? YES NO  
 Will the HOH & Co-applicant file joint income tax return whether they are married or not? YES NO  
 Does the household receive TANF or General Assistance (GA)? YES NO  
 Are any of the students participants in the Job Training Partnership Act (JTPA)? YES NO

**FOR OFFICE USE ONLY**

|  |   |  |
|--|---|--|
| <input type="checkbox"/> New Application         | Applicant is ineligible to be put on Waiting List due to: | Applicant is eligible to be put on Waiting List. |
| <input type="checkbox"/> Update Application      | _____   | District: _____                                  |
| <input type="checkbox"/> SBC Student Application | _____ Previous Eviction _____ Backrent owed               | BDRM size: 1 2 3 4 5                             |
| <input type="checkbox"/> Transfer Application    | Other _____   | Elderly: Yes No                                  |

### PART 5 – FOR DETERMINING ELIGIBILITY

THE LIST BELOW APPLIES TO ALL HOUSEHOLD MEMBERS. CHECK IF ANY APPLIES. IF YOU HAVE CHECKED ANY OF THE STATEMENTS BELOW PLEASE PROVIDE THE SRHA WITH A DETAILED WRITTEN EXPLANATION. BE ADVISED FALSE INFORMATION IS CAUSE FOR INELIGIBILITY.

- |  |   |
|--|---|
| <input type="checkbox"/> An outstanding dept owed to SRHA<br><input type="checkbox"/> Any member convicted of drug-related activity the past five (5) years.<br><input type="checkbox"/> Any member convicted of violent activity the past three (3) years.<br><input type="checkbox"/> Any member convicted of gang related activity the past three (3) years | <input type="checkbox"/> Currently required to be registered as a sex offender.<br><input type="checkbox"/> Any member's alcohol abuse/pattern interferes with health & safety<br><input type="checkbox"/> Previously evicted from any Housing Authority in the last five (5) years;<br><input type="checkbox"/> Abandoned any Housing Authority Unit in the last five (5) years. |
|--|---|

### PART 6 – RENTAL HISTORY

**Current Landlord's Address**

Name \_\_\_\_\_

P.O. Box or Street \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_  
 Have you ever been evicted? YES ( ) NO ( )  
 If YES, please explain: \_\_\_\_\_

### PART 7 – RECURRING INCOME

Program regulations require that all income be disclosed to determine eligibility. List all sources of income for each household member. **Attach verification of income.** Income includes but is not limited to: employment (wages, overtime, commissions, tips and bonuses). SS, SSI, GA, TANF, unemployment, retirement benefits, alimony, child support, etc.

| Household member who receives income | Name of employer and address | Hourly rate of pay | Monthly TANF, GA | Child Support Alimony | Monthly Social Security | Weekly Unemployment Benefits | Workers Compensation | Other (tips, Commission, interest, etc. |
|--------------------------------------|------------------------------|--------------------|------------------|-----------------------|-------------------------|------------------------------|----------------------|---|
|                                      |                              |                    |                  |                       |                         |                              |                      |   |
|                                      |                              |                    |                  |                       |                         |                              |                      |   |
|                                      |                              |                    |                  |                       |                         |                              |                      |   |

### PART 8 – ASSETS

Program regulations require that all assets be disclosed in order to determine qualification. Personal Necessaries such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.

| Household member who receives income | Check Account | Saving Account | Money market, CDs, other | Stock Bonds | IRAs, 401(k), Keogh | Real Estate | Boat, Trailer, REC Vehicles | Life Insurance |
|--------------------------------------|---------------|----------------|--------------------------|-------------|---------------------|-------------|-----------------------------|----------------|
|                                      |               |                |                          |             |                     |             |                             |                |
|                                      |               |                |                          |             |                     |             |                             |                |

Are the total assets of the household more than \$5,000? YES NO \$ \_\_\_\_\_  
 Has any member of the household disposed of any assets less than fair market value within the last 24 months? YES NO \$ \_\_\_\_\_  
 If NO to both of the above, what are the expected earnings on all household assets for the next 12 months? \$ \_\_\_\_\_

### PART 9 – CERTIFICATION

I hereby apply to lease the above-described premises on substantially the terms set forth herein. As an inducement to Standing Rock Housing Authority, the owner of the property to accept this application. I certify all information contained herein is true. Materials falsification of information provided may result in the rejection of this application or in the termination of the Lease Agreement. When so approved and accepted, I agree to execute a lease agreement and pay, in full, all required deposits (security, electric, etc.) before possession is delivered to me.

SRHA (Landlord) reserves the right to require additional refundable security deposits or to decline the application based upon its uniform qualification standards for the property.

By execution of this application, I hereby authorize Standing Rock Housing Authority or its Agent to make such investigations into the credit, employment, rental and criminal history as they deem appropriate, and release the SRHA or its Agent for all liability that may result from providing information to you.

I understand that this property limits the number of occupants to two (2) persons per bedroom. I further understand that all household members seventeen (17) years or older, must sign this application.

\_\_\_\_\_  
 Signature of HOH Date

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

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

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

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

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



# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

|  |       |                                 |       |
|--|-------|---------------------------------|-------|
| _____  | _____ | _____                           | _____ |
| Head of Household                                    | Date  |                                 |       |
| _____  | _____ | _____                           | _____ |
| Social Security Number (if any) of Head of Household |       | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Spouse   | Date  | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Other Family Member over age 18                      | Date  | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Other Family Member over age 18                      | Date  | Other Family Member over age 18 | Date  |

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.