**PLEASE CHECK THE TYPE OF HOUSING APPLYING FOR:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**GENERAL INFORMATION**

(Please Print Clearly)

|  |  |
| --- | --- |
| **Applicant (Legal Name)** | **Co-Applicant (Spouse or member older than 18)** |
| **Full Name** |  |  |
| **AKA/Maiden** |  |  |
| **Relationship of Co-Applicant to Applicant**  Spouse  Partner  Roommate  Relative  Non-relative |
| **Street & Mailing Address** |
| **Street Address** |
| City | State | Zip Code |
| **Mailing Address** |
| City | State | Zip Code |
| **Home Phone** | **Work Phone** | **Cell/Message Phone** |
| **Email** |
| **Demographic Information** |
| Tribal Affiliation | Enrollment Number |
| Social Security | Date of Birth | Age  |
| Marital Status Single  Married  Separated  Divorced  Living with Partner | Veteran Status Is a Veteran?  Yes  NoIf yes, please provide DD214.  |
| **House Information** |
| Number of Adults | Number of Dependents | Will there be separate families living in the residence you are applying for? If yes, how many families? Yes  No  |
| Are you currently a home owner? Yes  No  | If you are a home owner, how long have you owned your home? (Enter the number of years): |
| Is the home mortgage free? Yes  No  | If no, enter the name of the financial institution or lender: |
| Type of Structure  Single family dwelling  Mobile Home  Multi-family dwelling  College  Other Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Year house was built or purchased: | Current appraised value of house: |

**HOUSEHOLD INFORMATION**

(Please Print Clearly)

**List the adults that are currently living in household.** Adults are defined as anyone 18 years or older. Enter codes for the following tables:

**Relationship to applicant**: Enter S=Spouse P=Partner F=Fulltime Student AS/AD=Adult Son/Daughter O=Other Adult

**Disability:** Enter Y=Yes or N=No **Gender:** Enter M=Male or F=Female

**Race:** Enter NA=Native American C=Caucasian AN=Alaskan Native AA=African American H=Hispanic AS=Asian

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Adults Name** **(First, Middle, Last)** | **AKA/Maiden Name** | **Relationship to Applicant** | **SSN** | **Disabled (Y/N)** | **Gender (M/F)** | **Race** | **Tribal Affiliation** | **Enroll#** | **DOB** |
|  |  | APPLICANT |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**List the dependents that are currently living in household.** Dependents are defined as anyone 17 years or younger. Enter codes for the following tables:

**Relationship to applicant**: Enter S=Son/D=Daughter SC=Step Child GC=Grand Child FC=Foster Child O=Other Dependent

**Disability:** Enter Y=Yes or N=No **Gender:** Enter M=Male or F=Female

**Race:** Enter NA=Native American C=Caucasian AN=Alaskan Native AA=African American H=Hispanic AS=Asian

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dependents Name** **(First, Middle, Last)** | **Relationship to Applicant** | **SSN** | **Disabled (Y/N)** | **Gender (M/F)** | **Race** | **Tribal Affiliation** | **Enroll#** | **DOB** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**INCOME INFORMATION**

(Please Print Clearly)

**List the expected annual income for the next 12 months. ALL INCOME WILL BE VERIFIED:**

**How to fill out this form:**

1. List the household member name, starting with the applicant
2. Enter the amount of income for the household member under the appropriate income source.
3. Enter the total amount of income for each household member in the total column.
4. Repeat steps 1 through 3 for each household member and dependents

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Member Name** | **Pension** | **SSI** | **TANF/****AFDC** | **GA** | **Child Support** | **Tribal Salary** | **Self Employed** | **VA Benefits** | **Fed. Wages** | **UI****Benefits** | **Other Wages** | **Other Income** | **Total Income** |
| Applicant |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Totals** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**EMPLOYMENT INFORMATION**

(Please Print Clearly)

**List household member’s last 3 employers. If employed for less than 3 months, list previous employer.** Enter codes for the following tables:

**Employment Type**: Enter F=Permanent/Full-time P=Part-Time T=Temp/Seasonal

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member Name** | **Employer Information** | **Occupation/Job Title** | **Length of Employment** | **Type of Employment** |
| **Name** | **Address** | **Phone** |
| Applicant |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**CHILD CARE EXPENSES INFORMATION**

(Please Print Clearly)

**Enter your ACTUAL annual Child Care Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fill in the table below. Verification is required. Any false claims will be cause for application denial.**

**Child Care Type**: Enter F=Family Member H=Home-based non-relative L=Licensed Facility

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Provider** | **Address** | **Phone** | **Child Care Type** | **Name of Children Enrolled** | **Actual Expenses** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**MEDICAL EXPENSES INFORMATION**

(Please Print Clearly)

**Enter your ACTUAL annual Medical Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fill in the table below. Verification is required. Any false claims will be cause for application denial.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Provider** | **Address** | **Phone** | **Provider’s Patient(s) Name****Family Members** | **Actual Expenses****(last 12 months)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**MEDICAL PREFERENCE:**

Are you applying for a preference based on a medical condition that is based on a life threatening or permanent condition?

 Yes  No

If you answered **YES,** there is a **MEDICAL INTAKE FORM** that must be filled out by a Medical Doctor that certifies that 1.) That the condition is life threatening; and 2.) Inability to reside next to a medical facility will result in a substantially greater probability of serious injury or death; and 3.) The medical condition is permanent or expected to be of a long duration.

Failure to attach the **MEDICAL INTAKE FORM** certifying the above information will result in denial of medical preference in housing.

**PRESENT HOUSING CONDITIONS**

(Please Print Clearly)

1. Homeless (Currently without housing)?  Yes  No

 How Long? \_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_ Years

 Reason (Check all that apply):

  Living on street/car  Living with relatives

  Living in shelter  Living with others

  Living in medical/treatment facility  Living in supervised facility

2. Living in Substandard Housing Conditions  Yes  No

 Condition (Check all that apply):

  Dwelling structurally unsafe  Lack of utilities

  Lack of adequate sanitation facilities

  Other Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Living in Overcrowded Conditions  Yes  No

 (If condition exists, answer ALL three questions in the below section):

 \_\_\_\_\_\_ Number of families in current house

 \_\_\_\_\_\_ Number of individuals in current house

 \_\_\_\_\_\_ Number of bedrooms in current house

4. Other Conditions  Yes  No

 (If condition exists, check all that apply):

  About to be without housing Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Eviction Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Relocation

  Current house condemned

  Fired destroyed current housing

  Legal separation/divorce

  Other Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RENTAL HISTORY**

(Please Print Clearly)

Have you ever been a tenant of the Cheyenne River Housing Authority?  Yes  No

If Yes,

 When was you move in date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How long did you rent: \_\_\_\_\_\_\_\_\_ Month(s) \_\_\_\_\_\_\_\_\_ Year(s)

 What Community?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Bear Creek |  Blackfoot  |  Bridger |  Cherry Creek  |  Dupree |
|  Eagle Butte |  Green Grass  |  Iron Lightning |  Isabel |  LaPlante |
|  Red Scaffold |  Swiftbird |  Takini |  Thunder Butte  |  Timber Lake  |
|  White Horse |  Other Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Unit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Have you ever been a tenant of any other Indian/Public Housing Authority?  Yes  No

If Yes,

 Name of Indian/Public Housing Authority:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 When was you move in date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How long did you rent: \_\_\_\_\_\_\_\_\_ Month(s) \_\_\_\_\_\_\_\_\_ Year(s)

 What Community?

**RENTAL HISTORY (Continued)**

(Please Print Clearly)

|  |
| --- |
| **Address History** |
| **1. Current Address** |
| City | State | Zip Code |
| **Length at Address** | Years | Months |
| **Landlord Name** | **Landlord Phone** | **Monthly Rental Amount** |
| Were you evicted?  Yes  No | If Yes, please specify: |
| **2. Previous Address** |
| City | State | Zip Code |
| **Length at Address** | Years | Months |
| **Landlord Name** | **Landlord Phone** | **Monthly Rental Amount** |
| Were you evicted?  Yes  No | If Yes, please specify: |

Two references are required.

|  |
| --- |
| **References One – (Must be a Relative)** |
| **First Name** | **Last Name** |
| **Address** |
| City | State | Zip Code |
| **Phone Number** | **Relationship (Check only one):** Relative What is the relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How long have you known the reference** |
| **References Two** |
| **First Name** | **Last Name** |
| **Address** |
| City | State | Zip Code |
| **Phone Number** | **Relationship (Check only one):** Employer  Landlord  Friend  Relative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How long have you known the reference** |

**COMMUNITY APPLIED FOR**

(Please Print Clearly)

**First Community Applying For:** One Selection  Does Not Apply

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Bear Creek |  Blackfoot  |  Bridger |  Cherry Creek  |  Dupree |
|  Eagle Butte |  Green Grass  |  Iron Lightning |  Isabel |  LaPlante |
|  Red Scaffold |  Swiftbird |  Takini |  Thunder Butte  |  Timber Lake  |
|  White Horse |  Other Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Second Community Preference:** One Selection  Does Not Apply

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Bear Creek |  Blackfoot  |  Bridger |  Cherry Creek  |  Dupree |
|  Eagle Butte |  Green Grass  |  Iron Lightning |  Isabel |  LaPlante |
|  Red Scaffold |  Swiftbird |  Takini |  Thunder Butte  |  Timber Lake  |
|  White Horse |  Other Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**First Manor Applying For:** One Selection  Does Not Apply

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Dupree |  Eagle Butte  |  Isabel |  Timber Lake  |  |

**Second Manor Preference:** One Selection  Does Not Apply

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Dupree |  Eagle Butte  |  Isabel |  Timber Lake  |  |

**Apartment Applying For (Check only ONE):**  Does Not Apply

(Temporary assignment, while continuing education)

|  |  |
| --- | --- |
|  College |  |
|  Nursing |  |
|  Other | Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Applicant’s Signature**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR CHEYENNE RIVER HOUSING AUTHORITY OFFICE USE ONLY**

(Please Print Clearly)

CRHA Official Verification Stamp

**Application Received:**

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_:\_\_\_\_\_\_\_\_\_

 By CRHA Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Unit Eligibility**

  Manor  Apartment  House  College

**Number of Bedroom(s)**

  One  Two  Three  Four  Five

**Internal Verification Processing**

 Outstanding debt with CRHA  Yes  No Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_

 Outstanding debt with any PHA:  Yes  No PHA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt: \_\_\_\_\_\_\_\_\_\_\_

 **Outstanding debt with utility company:  Yes  No**

**Utility Type**: Enter E=Electrical W=Water P=Propane

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company Name** | **Utility Type** | **Date of Vendor Inquiry** | **Date Vendor Responded** | **Amount Owned** | **Date Notice to Applicant** | **Date Applicant Responded** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Medical Preference:**

 Is medical statement attached?  Yes  No

Handicap Preference:

 Is handicap unit requested:  Yes  No

**Review and Action of Board of Commissioners:**

  Approved Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Denied Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Emergency Placement Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification of CRHA Executive Director:**

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Application Status:** Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Approved for waiting list

  Approved Homebuyer

  Annual Renewal Date Renewal Application Returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Incomplete Application Date Application returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Application returned for False Information Date returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Denied due** to:  utility debts  delinquent account w/ CRHA  income ineligibility

  PHA debt  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notice to applicant on application status:**

 Date Mailed: \_\_\_\_\_\_\_\_\_\_\_\_ Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No Response from Applicant**: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address Change Received From Applicant:**

 Date Received: \_\_\_\_\_\_\_\_\_\_\_\_ Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 New Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant notified of removal from waiting list:**

 Date Mailed: \_\_\_\_\_\_\_\_\_ Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_