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**GENERAL INFORMATION**

(Please Print Clearly)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant (Legal Name)** | | | | | | **Spouse/Domestic Partner** | | | |
| **Full Name** | |  | | | |  | | | |
| **AKA/Maiden** | |  | | | |  | | | |
| **Relationship of Co-Applicant to Applicant**   Spouse  Partner | | | | | | | | | |
| **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  No  **If yes, please provide DD214**. | | | | |
| Number of Adults  (2 Maximum) | Number of Children  (2 Maximum) | | | | Are you currently a homeless   Yes  No | | | | |

**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

**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** |
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**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 spouse/other adult

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |
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**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**

(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: | | | | | | |

**REFERENCES**

(Please Print Clearly)

Two references are required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference One – (Must be a Relative)** | | | | |
| **First Name** | | | **Last Name** | |
| **Address** | | | | |
| City | | State | | Zip Code |
| **Phone Number** |  **Relative What is the relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **How long have you known the reference** | | | | |
| **Reference 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Eagle Butte |  Blackfoot |  Cherry Creek |  Dupree |  Green Grass |
|  Iron Lightning |  Swiftbird |  Thunder Butte |  White Horse |  |
|  |  |  |  |  |
|  |  | | | |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  Eagle Butte |  Blackfoot | |  Cherry Creek | |  Dupree | |  Green Grass |
|  Iron Lightning |  Swiftbird | |  Thunder Butte | |  White Horse | |  |
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**Applicant’s Signature**

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

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

CRHA Official Verification Stamp

(Please Print Clearly)

**Application Received:**

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

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

**Type of Unit Eligibility Number of Bedroom(s)**

 NAHASDA Unit  Two

**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:**

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

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

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

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

**Verification of CRHA Executive Director:**

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

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

 Approved for waiting list

 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_