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**APPLICANT CHECKLIST**

* Must be completed and signed by all members of the household that are 18 and older or an emancipated minor.
* Copy of Tribal Enrollment or Tribal I.D.
* Must meet the income guidelines to be eligible at the following rate levels: 30% Median Income, 2 Bedroom only Minimum income is $5,844.00, Maximum Income (3 people $18,000.00) (2 people $15,990) (1 person $14,010.00) CRHA has discretion to set minimum income requirements. Maximum income requirements change with the annual HUD Trust Fund Limits under section 3(b)(2) of the 1937 United States Housing Act, as amended.
* **INCOME VERIFICATION PLEASE BRING COPIES OF THE FOLLOWING THAT APPLY TO YOUR HOUSEHOLD:** Most Current Pay Stub, Social Security Award Letter, VA or Retirement Check Stub, TANF/GA/Welfare Check Stubs, Federal Tax Return or Worker’s Compensation Check Stub.
* **Criminal/Drug Charge:** (must provide documentation showing all court requirements have been met) you will be considered ineligible if conviction is within 5 years from today’s date.
* **Probation/Parole:** (must provide letter of compliance from Probation/Parole Officer).
* **Registered Violent/Sexual Offender:** (Proof of Registration).
* Security Deposit and first months rent must be paid prior to move-in. the amounts will be determined by the income guidelines listed above. Rent payments will only be accepted through direct deposit payment source.
* You must not owe any utility companies that would prevent you from receiving service in a CRHA unit or owe money to CRHA. You must make arrangements and pay debt owed CRHA/Utility Company prior to being eligible for entry into program.
* The Program is designed for Elderly therefore at least one of the applicants must be 55 years or older and limited to four adult occupants.
* If you or a member of your household received Down Payment Assistance from CRHA you will not be eligible to participate in this program.
* You are required to sign a release of information form for income verification, enrollment offices, medical conditions, child care, utility companies and criminal background checks in order to apply for housing.
* if you disagree with any decision by the CRHA regarding your application, you may file a grievance by contacting CRHA and request a copy of the grievance policy and follow the instructions.

**Acknowledgement of Cheyenne River Housing Application Check List**

We, the undersigned, understand the above stated conditions.

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Head of Household**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Spouse/Partner/Co-Applicant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Other Adult**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Other Adult**

**Release of Information**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, hereby authorize voluntarily information in regards to employment, income, residency, dependency, child care expenses, medical expenses, utility expenses, reference checks, social security administration, criminal back ground checks or claims of loss or other confidential information pertaining to me and/or assets to the Cheyenne River Housing Authority for purposes of verifying information provided to determine eligibility for housing assistance under this application.

**Information is to be disclosed by: And to be provided to:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Facility CRHA Staff Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_P.O. Box 480\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Eagle Butte, SD 57625\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State City/State

**Conditions:**

I/We agree that a photocopy of this authorization may be used for purposes stated above. I/We understand the right to review this file and correct any information found to be incorrect. I/We understand that failure to sign this form will result in denial of the application, ineligible for services or termination of assistance of tenancy, or both.

**Authorization is for following individuals:**

 **Name Social Security Number**

**Head of Household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spouse/Co-applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dependents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Adults \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signatures:**

 **Signature Date**

**Head of Household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spouse/Co-applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CRHA Use Only:**

|  |  |  |
| --- | --- | --- |
| **Agency mailed/faxed to: (list name and Addresses of office/agency/individual)** |  |  |
|  |  |  |
| **Date Mailed/Faxed** | **CRHA Staff Member** | **Filed, Forwarded, Faxed, Mailed** |
|  |  |  |

 **Dated Response Received CRHA Staff Member Filed, Forwarded, Faxed, Mailed**

**GENERAL INFORMATION**

(Please Print Clearly)

|  |  |
| --- | --- |
| **Applicant (Legal Name)** | **Spouse/Domestic Partner/Co-Applicant** |
| **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 (4 Maximum) | Number of Children(0 Maximum) | Are you currently handicapped  Yes  No if yes please bring documentation explaining type of disability. |

**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 |  |  |  |  |  |  |  |
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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 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Totals** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**EMPLOYMENT INFORMATION**

(Please Print Clearly)

**List household member’s current employer. 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. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. 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

3. 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** |

**TYPE APPLIED FOR**

(Please Print Clearly)

|  |  |
| --- | --- |
| One Bedroom \_\_\_ Two Bedroom\_\_\_Three Bedroom\_\_ |  |

**ADULT SIGNATURES**

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

Adult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**BACKGROUND**

(Please Print Clearly)

**BACKGROUND CHECKS WILL BE COMPLETED ON ALL ADULTS**

Have you or any Adult Members ever been convicted of a felony? \_\_\_\_Yes \_\_\_\_No

If Yes, Who, When, Where and for what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are You or any adult member a registered sex offender? \_\_\_\_Yes \_\_\_\_No

If Yes, Who, When and Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or any Adult member ever been **CHARGED and/or ARRESTED** for any Drug-Related Criminal Activity, Drug Paraphernalia or Criminal Activity? \_\_\_\_Yes \_\_\_\_No

If Yes, Who, When and Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is **ANYONE** on Probation or Parole? \_\_\_\_Yes \_\_\_\_No If Yes, Who:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Probation/Parole Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ext.\_\_\_\_\_\_\_\_\_

**Total Debt Owed:**

Do You or any Adult Member have a Bank Loan? \_\_\_\_Yes \_\_\_\_No Bi-Weekly/Monthly Payment amount? $\_\_\_\_\_\_\_\_

Do You or any Adult Member have a Car Loan? \_\_\_\_Yes \_\_\_\_No Bi-weekly/Monthly Payment amount? $\_\_\_\_\_\_\_\_\_\_

Do You or any Adult Member have a Student Loan? \_\_\_\_Yes \_\_\_\_No Bi-Weekly/Monthly Payment amount? $\_\_\_\_\_\_

Do You or any Adult Member have a Lien? \_\_\_\_Yes \_\_\_\_No Bi-Weekly/Monthly Payment amount? $\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You or any Adult Member have a Garnishment? \_\_\_\_Yes \_\_\_\_No Bi-Weekly Payment amount? $\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You or any Adult Member have Salary Deductions? \_\_\_\_Yes \_\_\_\_No Total of all Payments? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You or any Adult Member pay Child Support? \_\_\_\_Yes \_\_\_\_No Total paid per Month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You or any Adult Member pay any Fines? \_\_\_\_Yes \_\_\_\_No Total paid per Month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TENANT RESPONSIBILITIES**

Tenant understands and agrees to pay for **rent, utilities including water, lights, propane and garbage** every month when payments are due. If at any time rent or utilities are not paid is grounds for Termination of the lease and eviction filed with the Cheyenne River Sioux Tribal Court. Tenant Further Understands that all information given on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of the application. I authorize release of information regarding my credit, references (Personal/landlord, etc.), Criminal History, and financial information to the CRHA for use in determining my eligibility to participate in their program.

**Applicant’s Signature : Today’s Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C0-Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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)**

  MSHC Unit  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**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 90 day wait

  essential tribal employee

  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 destruction of application 90 day period:**

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