

INCOMPLETE APPLICATION WILL NOT BE ACCEPTED

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INSTRUCTIONS ON COMPLETING YOUR APPLICATION

ITEMS NEEDED FOR APPLICATION

THE FOLLOWING ITEMS NEED TO BE WITH YOUR APPLICATION BEFORE YOU TURN IT IN:

1. BIRTH CERTIFICATES FOR ALL MINOR CHILDREN.
2. SOCIAL SECURITY CARDS FOR ALL MEMBERS OF THE HOUSEHOLD. (If you do not have a social security card, you may submit an application from verifying you have applied for one, form will be good only until you receive your card).
3. VERIFICATION OF ALL INCOME FOR EVERYONE 18 AND OVER. (Zero income can be verified by the GA, County Public Assistance, State Unemployment, or etc).
4. VERIFICATION OF TRIBAL ENROLLMENT FOR HEAD OF HOUSEHOLD. (If head of household is not enrolled, verification of Tribal Enrollment for qualifying children).
5. TWO (2) REFERENCE LETTERS FROM PREVIOUS LANDLORDS OR TWO (2) PERSONAL REFERENCE LETTERS – THESE LETTERS SHOULD BE ABOUT YOUR ABILITY TO PAY YOUR BILLS AND THE UP KEEP OF A HOME (YOU DO NOT NEED THESE LETTERS IF YOU ARE APPLYING FOR THE VOUCHER (SECTION 8) PROGRAM).
6. EVERYONE 18 YEARS AND OVER NEED TO SIGN 3<sup>RD</sup> PAGE AUTHORIZATION FOR RELEASE OF INFORMATION.
7. IF YOU ARE A COLLEGE STUDENT ATTENDING AN OFF RESERVATION COLLEGE, YOU MUST PROVIDE PROOF THAT YOU ARE ACTUALLY ATTENDING COLLEGE, (THIS WILL BE VERIFIED BY PHONE OR MAIL) TO RECEIVE PREFERENCE ON THE VOUCHER (SEC 8) PROGRAM.
8. ANY ADDITIONAL REQUESTED DOCUMENTATION SUPPORTING ANY STATEMENTS MADE IN THE APPLICATION.

IT IS VERY IMPORTANT YOU HAVE ALL THE NECESSARY INFORMATION WITH YOUR APPLICATION. IF YOUR APPLICATION IS INCOMPLETE, IT WILL BE RETURNED TO YOU.

PLEASE TURN YOUR APPLICATION INTO THE RECEPTIONIST AT THE FRONT DESK SHE WILL HAVE YOU SIGN IN A LOG BOOK AND STAMP DATE YOU APPLICATION. (ONLY IF THE APPLICATION IS COMPLETE).

APPLICATION: \_\_\_\_\_

**BLACKFEET HOUSING  
BOX 449**

ADDRESS: \_\_\_\_\_

**BROWNING, MT 59417**

**PHONE: (406) 338-5031**

**Fax (406) 338-5703**

PHONE: \_\_\_\_\_

CIRCLE WHAT PROGRAM YOU WANT TO APPLY FOR, YOU CAN APPLY FOR MORE THEN ONE

RENTAL  
NEW ELDERLY – 62 YEARS+

VOUCHER  
INDEPENDENT LIVING – 62 YEARS+

A. LIST FAMILY MEMEBERS WHO WILL BE LIVING IN THE UNIT BELOW:

	NAME OF FAMILY MEMBER	RELATION TO FAMILY HEAD	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY NUMBER
1.		HEAD				
2.						
3.						
4.						
5.						
6.						
7.						
8.						

- CIRCLE THE FOLLOWING THAT PERTAIN TO YOUR HOUSEHOLD  
ELDERLY      DISABLED      NEED WHEELCHAIR ACCESS      VETERAN  
GIVE NAME OF MEMBER \_\_\_\_\_
- HOW LONG HAVE YOU LIVED ON THE BLACKFEET RESERVATION? \_\_\_\_\_
- ALL ADULTS & CHILDREN WILL NEED VERIFICATION OF INDIAN ENROLLEMNT.
- HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN CONVICTED OF A FELONY? \_\_\_\_\_ NATURE OF CONVICTION \_\_\_\_\_
- HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN EVICTED FROM ANY PUBLIC HOUSING PROJECT? \_\_\_\_\_
- DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD OWE BLACKFEET HOUSING ANY PAST DUE AMOUNTS FOR HOUSING SERVICES RECEIVED IN THAT PAST? \_\_\_\_\_
- WHERE DO YOU LIVE?

B. ESTIMATED FAMILY INCOME (FOR NEXT TWELVE MONTHS)

EMPLOYER NAME & ADDRESS	PER HOUR	PER WEEK	PER YEAR
SOURCE	RATE/MONTH	SOURCE	RATE/MONTH
WELFARE		PENSION	
GA		UNEMPLOYMENT	
SOCIAL SECURITY		SSI	

C. HOUSING LOCATION:

- RENTAL HOUSING YOU MAY SELECT (2) LOCATIONS. (PLEASE CIRCLE)  
BABB      BROWING      HEART BUTTE      SEVILLE

D. SIGNATURE AND CONSENT TO RELEASE INFORMATION: IN SIGNING THIS APPLICATION FOR HOUSING, I DECLARE THAT THE ABOVE INFORMATION IS FULLY TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, I HEREBY AUTHORIZE BLACKFEET HOUSING TO OBTAIN ANY AND ALL INFORMATION NECESSARY FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE IN THIS APPLICATION. FURTHER, I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT AND IS NOT BINDING IN ANY MANNER.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

OFFICE USE ONLY

APPLICANT OR FAMILY OWE HOUSING? YES \_\_\_ NO \_\_\_ AMOUNT \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ INITIAL BY REVIEW COMMITTEE

AUTHORIZATION  
RELEASE OF INFORMATION

THIS FORM CANNOT BE USED TO REQUEST A COPY OF TAX RETURN, USE IRS FORM 4506,  
REQUEST FOR A COPY OF TAX FORM.

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Sensitive information: the consent granted by this form may be use as a basis to collect sensitive information which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD except to appropriate Federal, State and Local agencies, when relevant, and to civil, criminal, or regulatory Investigators and prosecutors. Please see the Federal Privacy Act for more detailed description of your privacy rights.

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Purpose:

This form enables the U.S. Department of Housing and Urban Development (HUD) and the above named Public Housing Agency or Indian Housing Authority (HA's) to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining employee income from current and previous employers' and wages and claim information from the State Wage information Collection Agency (SWICA).

Computer Matching Notice and Consent:

I understand that Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching program with other governmental agencies including Federal, State and local agencies.

The Governmental Agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Services
- State of Employment Security Agencies
- State of Welfare and Food Stamp Agencies

This match will be used to verify information supplies by the family.

Employment Information:

I also authorize the above HA and HUD to obtain information about me and my family that is pertinent to employment income information.

Conditions:

I agree that photocopies of this authorization may be used for the purposes stated above. If I or my adult member of my family fails to sign this authorization, I understand this action may constitute grounds for denial of eligibility or termination assistance or tenancy, or both.

State Wage Agencies:

I authorize only HUD, a Public Housing Agency, or an Indian Housing Authority to obtain information on wages or unemployment compensation from State Agencies charged with the State unemployment law.

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<hr/> Signature, Printed Name of Head of Household & Date	<hr/> Source of Income
<hr/> Signature, Printed Name of Head of Household & Date	<hr/> Source of Income
<hr/> Signature, Printed Name of Head of Household & Date	<hr/> Source of Income
<hr/> Signature, Printed Name of Head of Household & Date	<hr/> Source of Income

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VERIFICATION SHEET

TANF: _____	MONTHLY	SOC. SEC. _____	MONTHLY
GA: _____	MONTHLY	SSI: _____	MONTHLY
ALIMONY: _____	MONTHLY	PENSION: _____	MONTHLY
CHILD SUPPORT _____	MONTHLY	OTHER: _____	MONTHLY

DATE: _____	VERIFIED BY: _____
	TITLE: _____

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EMPLOYMENT VERIFICATION

EMPLOYER: _____	ADDRESS: _____
GROSS SALARY: \$ _____	PER HOUR: \$ _____ HOURS WORKED PER WEEK: _____
DAYS WORKED PER WEEK: _____	OR \$ _____ GORSS PER WEEK/BI-WEEKLY: _____

VERIFIED BY: _____	DATE: _____
TITLE: _____	

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UNEMPLOYMENT VERIFCATION

UNEMPOYEMENT WEEKLY BENEFITS: _____
EFFECTIVE DATE OR START DATE OF BENEFITS: _____
VERIFIED BY: _____ DATE: _____
TITLE: _____

# FRAUD AND FEDERAL PRIVACY ACT STATEMENT

PLEASE READ THE FOLLING STATEMENT THEN SIGN AND DATE

SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIME PUNISHABLE BY A FINE OF UP TO \$10,000.00 OR BY IMPRISONMENT OF UP TO FIVE (5) YEARS OR BOTH FOR MAKING FALSE, FICTIOTIOUS OR FRAUDULANT STATEMENTS OR REPRESENTATION OR MAKING OR USING ANY FALSE WRITING OR DOCUMENTS IN ANY MATTER WTHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

THIS MEANS THAT IF YOU, AS AN APPLICANT OR TENANT, KNOWINGLY GIVE THE BLACKFEET HOUSING FALSE INFORMATION ABOUT YOUR INCOME WITHIN TEN (10) DAYS OF A CHANGE YOU MAY BE CHARGED WITH FRAUD UNDER CHAPTER 409.325 AND/OR SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE.

IF, AS A RESULT OF COMMITTING FRAUD, WITH HOLDING INFORMATION OR MAKING A MISREPRESENTATION TO THE BLACKFEET HOUSING, YOU RECEIVE ANY RENTAL ASSISTANCE OR LOWER RENT TO WHICH YOU ARE NOT ENTITLED, YOU WILL BE RESPONSIBLE FOR MAKING RESTITUTION (REPYAMENT) IN FULL TO THE BLACKFEET HOUSING AND MAY BE SUBJECT TO TRIBAL AND FEDERAL PROSECUTION AS WELL. THIS COULD ALSO RESULT IN A FINE, IMPRISONMENT OR BOTH AS WELL AS LOSS OF YOUR ELIGIBILITY FOR ANY OF THIS AGENCY'S HOUSING PROGRAMS.

THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) WILL BE COLLECTING INFORMATION YOU GAVE TO THE BLACKFEET HOUSING AT APPLICATION OR RE-EXAMINATION, HUD WILL COLLECT THE INFORMATION OF THE FORM 50058. THE DATA IT WILL COLLECT INCLUDES NAME, BIRTH DATE, SOCIAL SECURITY NUMBER (SSN), INCOME (BY SOURCE), ASSETS, CERTAIN DEDUCTIBLE EXPENSES AND RENTAL PAYMENTS.

THE PRIVACY ACT OF 1974, AS AMENDED, REQUIRES US TO TELL YOU ABOUT THIS. WE ALSO ARE REQUIRED TO TELL YOU WHAT HUD WILL DO WITH THE INFORMATION.

HUD WILL USE THE INFORMATION TO MANAGE AND MONITOR HUD-ASSISTED HOUSING PROGRAMS. IT ALSO MAY VERIFY WHETHER THE INFORMATION IS ACCURATE AND COMPLETE BY DOING A COMPUTER MATCH.

HUD MAY GIVE INFORMATION TO FEDERAL, STATE AND LOCAL AGENCIES WHEN IT WILL BE USED FOR CIVIL, CRIMINAL OR REGULATORY INVESTIGATIONS AND PROSECUTIONS. HUD ALSO MAY MAKE SUMMARIES OF RESIDENT DATA AVAILABLE TO THE PUBLIC. OTHER THEN THESE USES, HUD WILL NOT RELEASE THE INFORMATION OUTSIDE HUD, EXCEPT AS PERMITTED OR REQUIRED BY LAW.

THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1987, 42 U.S. C. 3543 REQUIRES APPLICANTS AND RESIDENTS TO GIVE THE BLACKKEET HOUSING THE SOCIAL SECURITY NUMBERS OF HOUSEHOLD MEMEBERS AT LEAST SIX (6) YEARS OLD. IF YOU ARE AN APPLICANT AND YOU HAVE BEEN ISSUED OR USE A SOCIAL SECURITY NUMBER, AND YOU DO NOT GIVE THEM TO THE BLACKFEET HOUSING, THE BLACKFEET HOUSING IS REQUIRED TO REJECT YOUR APPLICATION FOR HOUSING ASSISTANCE. IF YOU ARE RECEIVING HOUSING ASSISTANCE AND YOU HAVE BEEN ISSUED OR USE A SOCIAL SECURITY NUMBER AND YOU DO NO GIVE THEM TO THE BLACKFEET HOUSING, THE BLACKFEET HOUSING IS REQUIRED TO EVICT YOUR FAMILY OR WITHDRAW YOUR HOUSING ASSISTANCE.

THE NATIVE AMERICAN HOUSING ASSISTANCE AND SELF DETERMINATION ACT OF 1996, AS AMMEDED, HR-3219, AND THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1981, P.L. 97-35, 85 STAT., 348, 408 REQUIRE APPLICANTS AND RESIDENTS TO PROVIDE THE OTHER INFORMAITON (LISTED ON THE FIRST PARAGRAPH) TO THE BLACKFEET HOUSING. IF YOU ARE AN APPLICANT AND YOU FAIL TO GIVE THE BLACKFEET HOUSING THIS INFORMATION, THE BLACKFEET HOUSING MAY HAVE TO REJECT YOUR APPLICATION OR DELAY ACTING ON IT. IF YOU ARE RECEIVING HOUSING ASSISTANCE AND YOU DO NOT GIVE THE BLACKFEET HOUSING THIS INFORMATION, THE BLACKFEET HOUSING MAY HAVE TO EVICT YOU OR WITHDRAW YOUR HOUSING ASSISTANCE.

**I HAVE READ THE ABOVE STATEMENT, OR HAD IT READ AND EXPLAINED TO ME AND UNDERSTAND THE CONSEQUENCES OF NOT CORRECTLY REPORTING MY FAMILY COMPOSITION AND ALL OF MY INCOME, CREDIT & CRIMINAL RECORDS AND ANY CHANGES WHTHIN TEN (10) DAYS OF THEIR OCCURRENCE**

\_\_\_\_\_  
SIGNATURE OF APPLICANT 1

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT 2

\_\_\_\_\_  
DATE