



Lakota Property Management Eligibility and Admissions Criteria

In order to be eligible for residency in a Lakota Property Management program, an applicant must:

- 1) Be an enrolled member of a federal recognized tribe.
- 2) Be able to pay the required security deposit at the time a lease is signed;
- 3) Evidence good credit history, including but not limited to:
 - a. no negative judgments against the applicant;
 - b. evidence that creditors are paid on time.
- 4) Evidence good prior rental history, including but not limited to:
 - a. no unpaid rent or house payments owed by applicant;
 - b. evidence that current and previous landlords were paid on time.
- 5) Evidence good utility payment history, including but not limited to:
 - a. no unpaid utility payments owed by applicant;
 - b. evidence that current and previous utilities were paid on time.
- 6) Complete one or more required financial literacy classes.
- 7) Evidence that the applicant has not been evicted from or abandoned any other rental program in the last five years.
- 8) Pass a criminal background check.
- 9) Demonstrate that they are willing and able to meet the obligations of participating in a Lakota Property Management program.



Application Instructions

- 1) Need a copy of Social Security Cards for all household members.
- 2) A copy of Indian Blood Degree for the Head of Household.
- 3) A copy of Marriage License, Divorce Decree, or Legal Separation Paper dependent upon your marital status.
- 4) Proof of child custody in the case of a divorce of legal custody.
- 5) Income Verification from all household members.
- 6) All household members 18 and older must read, sign and date the Authorization for the release of information form HUD-9886, the Federal Privacy Act Notice.
- 7) Applicant/Tenant Certification signed by Head of Household and Spouse.
- 8) Program Fraud Notice read and signed and dated by Head of Household.
- 9) Request and Authorization to Exchange information signed and dated by Head of Household.
- 10) Authorization and Release information Utility History filled out and completed.
- 11) Authorization and Release information Criminal Background filled out and completed by the applicant and all household members 18 years of age and older.
- 12) Authorization and Release information Credit Report filled out and completed by the applicant and all household members 18 years of age and older.
- 13) Read, sign and date the Federal Privacy Act Notice.

The applicant must sign and date the application. No application will be accepted unless all information requested by Lakota Property Management is attached. It is the sole responsibility of you to obtain these documents.

Remember that your application needs to be updated one (1) year from the date that you first applied. If you fail to do so, you will be removed from the waiting list and you will have to reapply and start over with a new application date.

If you should have any further questions regarding your application, please feel free to contact us at:



Date Received: _____

Application for LPM Rental Unit

Head of Household: (Please Print)

NAME: _____
 FIRST MIDDLE LAST

ADDRESS: _____
 Box City State Zip

HOME PHONE #: _____ CELL PHONE #: _____

WORK PHONE #: _____ EMAIL ADDRESS: _____

List Next of Kin: _____
 Name Phone Number

HOUSEHOLD COMPOSITION

(List head of household first than rest of the family members.)

First Name	M.I.	Last Name	Relation to Head	D.O.B	Social Security Number

LANDLORD REFERENCES:

(List prior landlords, listing most current first.)

Landlord's Name	Phone Number	Date From	Date To	Landlord's Address

CREDIT REFERENCES:

(Businesses where you charged items and made payments, banks where you made and paid loans back, ect.) Please give name of reference and complete mailing address.

Reference Name	Relationship To Applicant	Phone Number	Address	City	State	Zip

UTILITY REFERENCES:

(List all utility companies where you have done business.)

Business Name	Phone Number	Address	City	State	Zip

INCOME:

Declare the income for the head of household, spouse, and all those household members who are currently receiving income. ATTACH ALL PAYSTUBS AND AWARD LETTERS.

Name of Family Member	Amount of Gross Income	How often income is received			Name and Address of Source of Income
		Weekly	Monthly	Other	

1) Have you, your spouse or your CO-Applicant ever used different names from the names shown above?

Yes ___ No ___

If yes, please list names used and date when such names were in use: _____

2) Have you, your spouse or your CO-Applicant ever been evicted or otherwise removed from rental housing?

Yes ___ No ___

If yes, please provide landlord name, address and dates: _____

3) Have you or any member of your household ever been convicted of a felony? Yes ___ No ___

If yes explain: _____

4) Do you, your spouse or your CO-applicant owe rent or back rent to OSLH or any other Housing organization?

Yes ___ No ___

If yes explain: _____

Applicant Signature

Date



Applicant/Tenant Certification

APPLICANT(S)/TENANT(S) STATEMENT

I/We certify that the information given to the Lakota Properties Management on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

I/We understand that false statement or information is punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination or tenancy.

Signature of Head of Household

Date

Signature of Spouse

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590.



Program Fraud Notice

Program Fraud regulations apply to all applicants for Indian Housing Programs, as well as all tenants and homebuyers. It is fraud to provide false or misleading information on any form you sign or certify.

Lakota Property Management will verify all information that you provide to them.

Program Fraud regulations apply to any person or persons who misrepresent or omit information from applications for housing, income verification, re-examination of information, family compositions, age of family members, etc.

Some areas where fraud may occur include:

- Reporting less than all sources of income;
- Listing more dependents than are eligible or who live in the household;
- Misrepresenting age to receive benefits for elderly programs or claim children as dependents after they reach the age of 18; or
- Not reporting all assets, such as bank accounts, real estate/homes owned.

Persons who commit fraud to obtain housing from Lakota Property Management may be:

- Evicted from the rental or homeownership unit.
- Required to repay all rental or homeownership assistance received.
- Fined up to \$10,000.00.
- Imprisoned for up to five years.
- Prohibited from receiving housing assistance from Lakota Property Management, and other Indian housing programs, in the future.
- Subject to other penalties.

I have read this notification on Program Fraud and I understand that I am required to be truthful in providing information to Lakota Property Management and that I may be subject to possible penalties if I provide fraudulent information.

Signature

Date



LAKOTA
Property Management



Phone: (605) 867-5161 P.O. Box 603 Pine Ridge, SD 57770

REQUEST AND AUTHORIZATION TO EXCHANGE INFORMATION

To:

Name and/or Agency

Address

Please release to:

Name

Address

Information concerning:

Client Name
UNIT# _____

Please release the following information:

I understand that no disclosure of my records can be made without my written consent unless otherwise provided for in legal statute and judicial decisions. I also understand that I may revoke this consent at any time.

Consent valid for the following time period: From _____ to _____.

Client Signature

Housing Eligibility Officer Signature

Date

Witness



Authorization to Release Information Credit Report Authorization

To be signed by all applicants or household members 18 years or older

I, hereby authorize any person, agency or institution to supply my credit history to Lakota Property Management concerning me, or other members of my household. This information will be used to determine my eligibility for housing assistance.

Authorization is hereby granted to Lakota Property Management to obtain a standard factual data credit report through a credit reporting agency. My signature below authorizes the release to the credit reporting agency a copy of my credit application, and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc). Authorization is further granted to the reporting agency to use a photo static reproduction of this authorization if necessary to obtain any information regarding the above mentioned information.

This Authorization is effective until one year from the date signed below.

Head of Household Signature

Date

Social Security Number

Household Member Signature

Date

Social Security Number

Household Member Signature

Date

Social Security Number

Household Member Signature

Date

Social Security Number

Household Member Signature

Date

Social Security Number

Household Member Signature

Date

Social Security Number



Criminal Background Authorization to Release Information

To be signed by all applicants or household members 18 years or older

I, hereby authorize any person, agency or institution to supply information regarding my federal, tribal, state, county or city criminal history to Lakota Property Management concerning me, or other members of my household. This information will be used to determine my eligibility for housing assistance.

1. _____
Applicant Signature

Date

List all states and counties of previous residence for the last ten (10) years

2. _____
Household Member Signature

Date

List all states and counties of previous residence for the last ten (10) years

3. _____
Household Member Signature

Date

List all states and counties of previous residence for the last ten (10) years

4. _____
Household Member Signature

Date

List all states and counties of previous residence for the last ten (10) years

5. _____
Household Member Signature

Date

List all states and counties of previous residence for the last ten (10) years



Authorization to Release Information Utility History

To be signed by all applicants or household members 18 years or older

I, hereby authorize any person, agency or institution to supply information regarding my utility payment history to Lakota Property Management concerning me, or other members of my household. This information will be used to determine my eligibility for housing assistance.

This Authorization is effective until one year from the date signed below.

1. _____
Applicant Signature

Date

List all previous utility accounts of the previous five (5) years

2. _____
Household Member Signature

Date

List all previous utility accounts of the previous five (5) years

3. _____
Household Member Signature

Date

List all previous utility accounts of the previous five (5) years



Federal Privacy Act Notice

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent.

USE: HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect Government's financial interest; and to verify the accuracy of the information furnished. HUD or a Public Housing Agency/ Indian Housing Authority may conduct a computer match to verify the information you provided. 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 Public Housing Agency/Indian Housing Authority, including all social security numbers you and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 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.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the Public Housing Agency/Indian Housing Authority: the US Housing Act of 1937 (42 U.S.C., 1937 et seq.), Title VI of the Civil Rights Acts of 1964 and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

I read the Federal Privacy Act on: _____
Date

Signature of Head of Household

Signature of Spouse

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)

Lakota Property Management
P.O. Box 603
Pine Ridge, SD 57770

HA 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.