



Oglala Sioux (Lakota) Housing

P.O. Box 603 • East Hwy 18

Pine Ridge, SD 57770

Office (605) 867-5161 • Fax (605) 867-1095

Dear Applicant:

Thank you for your interest in applying for the HUD-VASH Choice Voucher Rental Assistance Program, and/or for tenancy at any of our housing projects. Please complete this application as thoroughly as possible. Include verification of all income, assets, and other verifications so the Oglala Sioux (Lakota) Housing Authority can determine your eligibility for this program. Your application will be dated and time stamped when it is received in the HA office.

It is very important to leave an address and telephone number at which you can be contacted.

Please read through the application carefully and fill out all sections completely.

Application Checklist

Please include copies of the items that pertain as requested on this checklist. The Housing Authority will check these off when received. When all documents are received, your application will be complete.

- Copies of Social Security cards and Birth Certificates for all household members. Photo I.D. required for all adult household members.
- Bank Accounts (checking, savings, CD's bonds, etc.) copies of most recent statements
- Child Care Cost verifications
- Children Support verifications
- Disability/Handicap Verification (If you do not receive SS or SSI, you must have a Disability form completed by your physician.)
- Employment verifications (Submit an HA employment verification-you can get this from the HA)
- Lease Land Income (Submit verification from Bureau of Indian Affairs)
- Pensions (VA, Retirement, etc.)
- School Grants (Attach copy of award letter)
- Social Security (SS or SSDI) Submit copy of Award letter or verification
- Supplemental Security Income (SSI) Submit copy of Award Letter or verification
- TANF verification (from your DSS Caseworker)
- Veteran's DD-214
- Registration and Immunization records for pet or Service Animal (if Section 8 only, not needed)

If you have any questions, please contact the Housing Authority office at (605)867-5161 Monday through Friday between the hours of 8:00 A.M. and 4:30 P.M.

**Oglala Sioux (Lakota) Housing
Application for HUD-VASH housing assistance**

Please check mark all that you are applying for:

- Location one
- Location one
- Location one
- Location one

<u>Official Use Only</u>	
Date:	_____
Time:	_____
Bedroom:	_____
Initial:	_____

You are applying for rental assistance or tenancy through the Oglala Sioux (Lakota) Housing HUD-VASH Program. Please complete this application so that a decision can be made regarding your eligibility. Please answer all questions on the forms, sign, date where indicated, and submit to the [redacted]. Incomplete applications cannot be processed.

Please Print

1. Applicant

Name _____

Address _____

City: _____ State & Zip _____ Telephone Number () _____

Work# () _____ Message# () _____ Email Address: _____

Emergency Contact:

Name _____

Address _____

City: _____ State & Zip _____ Telephone Number () _____

Work# () _____ Message# () _____ Email Address: _____

2. Household Composition: List each family member who will live in your household including yourself.
Clearly identify full and part time college students.

Name	Relation-ship to Head of Household	Date of Birth	Sex	Social Security Number	Student (Yes or No)
	Head of Household				

Is there a change in your family composition anticipated? Yes _____ No _____

If yes, please list the reason _____

Expected Date of the Change _____

3. **Income:** Declare the income for all household members. This includes the head of household, spouse, and/or all household members age 18 who are currently receiving income or expect to receive income in the next 12 months. This includes family members who are temporarily absent, such as members serving in the Armed Forces, or members temporarily employed away from home. Benefits received on behalf of minors are also considered income.

Examples of Income but not Limited to the Following:
(Yes or no must be checked for each)

Yes	No	Type of Income
		Alimony
		Child Support (received)
		Employment Income (Wages)
		Income from Assets (Checking, Savings, CD's, Stocks, Real Estate, Etc.)
		Leased Land Trust Income
		Lottery Winnings (Payments)
		Military Pay
		Net Income from a Business
		Public Assistance (Food Stamps, TANF, or General Assistance)
		Retirement or Pension Income
		Self-Employment/Odd Jobs
		Social Security, SSDI or VA Benefits
		State Supplement
		Supplemental Security Income (SSI)
		Unemployment Benefits
		Worker's Compensation/Severance Pay

Other (Please list any other income your or any members of you household receive) If you have checked yes to any of the income items listed on the previous page, please complete the information below:

Name of Family Member	Name/Address/Phone# of Employer or source of income	Gross Income (before deductions)	How Often Received (Weekly/Monthly/Other)

Provide the following information for each household member who is a full or part time student.
Attach a copy of your Awards Letter.

Name of Household Member:

4. Grants and Scholarships

Type of Assistance	Amount of Award	Period of Time it Covers
Basic Education Opportunity Grant (BEOG)		
Supplemental Education Opportunity Grant (SEOG)		
Pell Grant		
GI Bill-Weekly Benefits		
CETA/JTPA/Other (Please Specify)		
Work Study		
Division of Vocational Rehabilitation (DVR)		

5. Assets: List assets for all household members. Each item must be checked "Yes or No".

Yes	No	Type of Asset	Name and address of Bank, Credit Union, or Savings and Loan
		Checking Account	
		Savings Account	
		Certificate of Deposits (CD)	
		Bonds	Please attach a copy of the Bonds
		Money Market Funds	
		Stocks	
		Real Estate	Please attach a copy of assessed value and if making payments on the property, attach a copy of the amortization statement
		Other Assets	What type and value of asset:

Have you disposed of any assets in the last 2 years? Yes _____ No _____

If yes, what was disposed of? _____

Value of Asset _____ Amount Received _____

6. Child Care: Do you have child care costs related to working or going to school? Yes ___ No ___

Name of Provider _____

Address of Provider _____

Phone Number of Provider _____

Do you received Day Care Assistance? Yes ___ No ___

7. Disability: Is a handicap accessible unity needed? Yes ___ No ___

If yes, for which family member? _____

Do you have unusual Expenses related to employment, such as a care attendant or auxiliary apparatus for a disabled/handicapped family member? Yes ___ No ___

If yes, Please explain: _____

8. Medical Expenses for Elderly or Disabled Family Ones

Name Of Family Member	List Name of Doctor, Hospital, Clinic, or Pharmacy	Mailing Address	Cost

Do you have health insurance? Yes ___ No ___

If yes, please list name and address of Health Insurance Company:

Amount of Premium \$ _____ How of then is the premium paid? _____
 (Please attach a statement from the insurance company indicating the premium and the frequency of payment.)

9. Veteran Indian Blood Degree: Please check one in each column.

Are you an enrolled member of a Federally Recognized Tribe Yes ___ No ___

Federal Tribe Entity: _____

10. Housing History: What is your current Housing status?

- _____ Literally Homeless (Living on the street or in a place not suitable for habitations)
- _____ Staying with multiple friend or family (couch surfing)
- _____ Living with a friend or family but not listed on the tenancy agreement.
- _____ Living in a home with multiple family members being listed on the tenancy agreement.

How long have you lived in your current location/address: _____

Are you currently receiving rental assistance or have you ever received rental assistance through any assisted housing program? Yes ___ No ___

If yes, Please list name and address of rental assistance agency.

When did you receive this rental assistance? _____

Do you owe money to any utility company? Yes _____ No _____

If yes, what amount is owed and to what utility company: _____

11. Criminal History:

Have you or any person on this application required or ordered to register as a Sex Offender on any State or Federal Sex Offenders Registry? Yes _____ No _____

If yes, please list name(s) of person(s) _____

Location of offense (City, County, State) _____

Length of Registration _____

12. Application Certification: Applicant Statement

I/We certify that the information given to the Standing Rock Housing Authority on household composition, income, assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for denial and/or termination of housing assistance.

I/We hereby certify that I/We will report all changes in income, family composition, or assets to the MCHA.

All adult family members (18 and over) must sign and date this application and sign and date the attached Authorization to Release Information forms.

Signature of Head of Household

Date

Spouse/Co-Ternate

Date

Signatures of all other household members that are age 18 or older

Name

Relationship

Date

Name

Relationship

Date

Name

Relationship

Date