



Oglala Lakota Housing Authority

P.O. Box #603

Pine Ridge, South Dakota 57770

Office 1(605) 867-5161 / Fax 1(605)867-1095 / oslh.org



Fill out the following information requested on this form and return to the above address.

Your rent will be calculated based on the information provided.

Name: _____

Address: _____

Telephone No.: _____

Unit No.: _____

List all people who live in your household beginning with the Head of House.

(Provide all birthdates & social security numbers for all household members listed).

First Name	Last Name	D.O.B.	Social Security No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Circle Type of Income: Wages, SSI, SSA, TANF, GA, VA Pension, Unemployment

Other source of income: _____

Amount: Monthly: _____ Bi-Weekly: _____ Annually: _____

Who in household receives income: _____

Unit No.: _____

ADDITIONAL HOUSEHOLD MEMBERS:

<u>First Name</u>	<u>Last Name</u>	<u>D.O.B.</u>	<u>Social Security No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS:

Signature Head of Household

Date

Signature of Spouse

Date

OLHA Employee Signature

Date

APPLICANT/TENANT CERTIFICATION

APPLICANT(S)/TENANT(S) STATEMENT

I/WE, certify that the information given to the **Oglala Lakota Housing Authority** on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of MY/OUR knowledge and believe.

I/WE, understand that false statements or information is punishable under the Federal Law.

I/WE, also understand that false statements or information are grounds for termination of Housing assistance and termination of 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.

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 and utilities.

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 contact 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 requested 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 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

PROGRAM FRAUD NOTICE

The new Housing and Urban Development (HUD) regulations establish administrative procedures For imposing civil penalties and assessments against persons who file false claims or statements while applying for housing benefits. This regulation, which implements the Program Fraud Civil Remedies Act of 1986, applies to all applicants for Indian Housing Programs, as well as tenants and homebuyers.

The Program Fraud Remedies 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. The HUD Inspector General may investigate and they may be subject to the following penalties:

1. Up to \$5,000 for filing such a claim; or
2. Up to \$5,000 plus up to twice the amount of benefits which were fraudulently received, and;
3. In any case, whether or not benefits were actually received by the individual family, any other remedy which may be prescribed by law will still apply.
(This means that the fines do not preclude criminal charges for legal actions against the person(s) committing the fraud).

Some of the areas where such fraud may occur:

- Families reporting less than all sources of income, (e.g., only reporting husbands income when both spouses are working; or not reporting all or part of part-time income or other seasonal income).
- Families listing more dependents than are eligible or who live in the household.
- Families misrepresenting age to either get benefits for “elderly” or claim children as dependents after they reach the age of 18 years old.
- Families not reporting all assets, such as bank accounts, real estate/homes owned (not including Trust Lands).

The attachment of this Rider shall be made a part of the application, dwelling lease or mutual self-help agreement.

I have read the above and understand the possible penalties I may be subject to for the provision of fraudulent information.

Signature

Date

REQUEST AND AUTHORIZATION TO EXCHANGE INFORMATION

Social Security Administration
2200 N. Maple Ave., Suite 301
Rapid City, SD 57701

Date

To Whom It May Concern:

I have applied for housing in the above captioned development. This housing is subsidized by the U.S. Department of Housing and Urban Development, which requires a written verification of my benefits, as rental payments are based on a percentage of my total income.

Please provide the following information to the above address.

Thank you,

Applicant Signature

Social Security No.

Veteran's Administration Center
2501 West 22nd Street
Sioux Falls, SD 57101

To Whom It May Concern:

I have applied for housing in the above captioned development. This housing is subsidized by the U.S. Department of Housing and Urban Development, which requires a written verification of my benefits, as rental payments are based on a percentage of my total income.

Please provide the following information to the above address.

Thank you,

Applicant Signature

Social Security No.

Oglala Lakota Housing Authority Release of Information

To: _____ Name and/or Agency: _____

Address

Please Release to: Oglala Lakota Housing Authority Information Concerning: _____
P.O. Box 603 Unit No.
Pine Ridge, SD 57770 _____

Client Name

Please Release the following information: _____

I understand that no disclosure of my records can be made without 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 _____

Signature of Client

Occupancy Specialist Signature

Back Rent Agreement

This agreement is based on an admission that the tenant is delinquent in paying rent to The Oglala Lakota Housing Authority (OLHA) and that the rent arrearages amount to a Total of \$ _____

For the rental of OLHA Unit No. _____,

Located at _____,

Which the tenant has occupied since _____ (date).

Current rent on the OLHA unit is \$ _____ per month.

Additional amount \$ _____ per month.

OLHA hereby agrees to allow the tenant to remain in the OSLH unit, on the condition that the tenant agrees to pay the current monthly rent plus an additional amount per month. After the arrearages are paid in full, the monthly rent will revert back to the recalculated monthly rent. Failure to abide by this agreement shall result in eviction proceeding pursuant to the existing Eviction Code of OLHA.

The first rental payment under this Back Rent Agreement is _____, 20____.

Tenant states that this agreement is made and signed after full discussion and explanation.

Signed on this _____ day of _____, 20____.

Tenant

Tenant

Occupancy Specialist

Chief Executive Officer

DIRECT DEPOSIT AUTHORIZATION

I, _____

Unit No. _____, located in the _____ District,

hereby authorize and direct that the bank _____ (name)

deduct from my Bank Account, # _____,

in the amount of \$ _____,

beginning _____.

Continuous payments are to follow: (Bi-weekly) _____ Or (Monthly) _____

Monthly Charge \$ _____,

Back Rent Payment \$ _____.

Total amount paid per month \$ _____

This direct deposit is to remain in effect until it is mutually terminated in writing by myself **AND** the Oglala Lakota Housing Authority.

The funds are to be transferred to the Oglala Lakota Housing Authority

_____.

****Please use this Direct Deposit Authorization ONLY, from this day forward.**

Dated this _____ day of _____, 20____.

Tenant Signature

Occupancy Specialist

Payroll Deduction Authorization

I, _____, hereby authorize the total deduction of
\$_____ per month from my payroll check.

Deduction to be made bi-weekly _____, monthly _____,
in the amount of \$_____ each.

\$_____ to be applied to my monthly rental charge of \$_____.

\$_____ to be applied to my back rent totaling \$_____,

until paid in full.

Deduction effective: _____.

Program/Source of Income: _____.

I further agree not to request of my employer to skip or stop payroll deductions without my permission of the Oglala Lakota Housing Authority of Pine Ridge, SD. I also agree that if **I owe OLHA Back Rent**, and there are three (3) pay periods in one (1) month that the payments **cannot stop**. I further agree that if I am terminated or I resign from my position, any money due to me will be applied to the amount I still owe the Oglala Lakota Housing Authority.

**Payment to be made directly to:
Oglala Lakota Housing Authority
P.O. Box 603
Pine Ridge, SD 57770**

****Please use this Payroll Deduction Authorization ONLY, from this day forward.**

Employee/Tenant Signature

Date

Occupancy Specialist

Date

Cc: Tenant File

I have received and reviewed a copy of the Occupancy Rules and Illegal Methamphetamine Procedure in OLHA Units for the Oglala Lakota Housing Authority and understand that I, my family and my guests will abide with these rules.

Head of Household

Date

Tenant Service Representative

Date