



# Oglala Lakota Housing Authority

Tribal HUD-VASH

P.O. Box 603, #4 SuAnne Center Drive

Pine Ridge, SD 57770

Office (605) 867-5161 \* Fax (605) 867-1095

Dear Applicant:

Thank you for your interest in applying for the Tribal HUD-VASH 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 Lakota Housing Authority can determine your eligibility for this program. Your application will be date & time stamped when it is received in the Admission's 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. Once 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 Bonds, etc.) copies of most recent statements.
- Childcare Cost verifications
- Child Support verifications
- Disability/Handicap verification (If you do not receive SS/SSI you must have a Disability form completed by your physician.)
- Employment verifications (Submit an employment verification – you can get this from OSLH.)
- 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 (DSS Caseworker)
- Veteran's DD-214
- Registration and Immunization Records for pet or Service Animal (Sect. 8 only)

If you have any questions, please contact Oglala Lakota Housing Authority office at (605) 867-5161,

Monday-Friday, 8:00 AM-4:30 PM.

**2. Household Composition:**

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

Name	Relationship 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 change: \_\_\_\_\_

**3. Income:**

Declare the income for **ALL** household members. This includes the Head of Household, spouse and/or all household members age 18 years old 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, General Assistance)
		Retirement or Pension Income
		Self-Employed/Odd Jobs
		Social Security, SSDI, VA Benefits
		State Supplement
		Supplemental Security Income (SSI)

5. **Assets:**

List assets for all household members. Each item must be checked Yes/No.

Yes	No	Type of Asset	Name & Address of Bank/Credit Union/Savings & 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 two 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 receive Day Care Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

7. **Disability:**

Is a handicap accessible unit needed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which family member: \_\_\_\_\_

Do you have any 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: \_\_\_\_\_

\_\_\_\_\_

If yes, what amount and what utility company: \_\_\_\_\_  
\_\_\_\_\_

**11. Criminal History:**

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

If yes, please list name(s): \_\_\_\_\_

Location of offense (City/County/State) \_\_\_\_\_

Length of Registration: \_\_\_\_\_

**12. Application Certification:**

Applicant Statement:

I/We certify that the information given to the Oglala Lakota Housing Authority on household composition, income verification, assets, allowances and deductions is accurate and complete to the best of, My/Our, knowledge and belief. I/We understand that false statements and information are punishable under Federal Law. I/We also understand that false statements and information are grounds for denial and./or termination of Housing Assistance.

I/We hereby certify that, I/We, will report all changes in family composition, income or assets to the Oglala Sioux (Lakota) Housing.

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

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Head of Household

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date