



Oglala Lakota Housing Authority

P.O. Box #603

Pine Ridge, South Dakota 57770

Phone 1(605) 867-5161 / Fax 1(605) 867-1695 / o-lh.org



TO: All interested applicants applying for OLHA managed Rental Programs.

RE: District Membership Verification Requirement

The individual(s) listed are interested in an application into OLHA management rental programs:
 Low Rental Program USDA HUD Vash LPM

Our waiting lists are District based, it is very important to verify District Membership for each adult (18+) who is listed on the application.

- | | <u>Member in good (positive) standing</u> |
|---|---|
| 1. _____
Head of Household – Applicant | NO / YES how long # _____ Yrs |
| 2. _____
Co- Applicant/Spouse | NO / YES how long # _____ Yrs |
| 3. _____
Adult member over 18 yrs | NO / YES how long # _____ Yrs |
| 4. _____
Adult member over 18 yrs | NO / YES how long # _____ Yrs |
| 5. _____
Adult member over 18 yrs | NO / YES how long # _____ Yrs |

MARK YOUR APPLICATION STATUS:

New applicant(s) or other adult household member(s) listed, please review carefully,

Update/yearly applicant(s) or other adult household member(s), if they are "long time" residents.

"Transfer" to (NEW) District: _____ from (OLD) District: _____

I, certify the above individual(s) are District Members.

Date

Printed Name of Certifier & Title: _____

Last resort alternative: only after failed attempts/contacts for signature w/District Representative and/or Officers. 2nd Option: Applicant may contact an OST Council Representative for signature. IF still NO results then 3rd opportunity/final: Applicant may contact the OST Secretary's Office for a signed Voter's Registration.