



United States Department of Agriculture

<b>Purchase</b> <input type="checkbox"/>
Approx Purchase Price: _____
County Purchasing In: _____
<b>Repair</b> <input type="checkbox"/>
Repairs Needed: _____

### PRE-QUALIFICATION APPLICATION

#### APPLICANT INFORMATION

Name (First Middle Last): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home ☎: \_\_\_\_\_ Cell ☎: \_\_\_\_\_  
 Work ☎: \_\_\_\_\_ Fax ☎: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Race:  Indian/Alaskan  Asian  Black  Hawaiian  White  N/A  
 US Citizen?  Y  N Ethnicity:  Hisp/Latino  Not Hisp/Latino  N/A  
 Employer: \_\_\_\_\_  
 \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Hourly Rate of Pay: \_\_\_\_\_  
 Avg hrs worked per week: \_\_\_\_\_ Annual Bonus: \_\_\_\_\_  
 Other Employmt: \_\_\_\_\_  
 \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Avg Monthly Income: \_\_\_\_\_

#### CO-APPLICANT INFORMATION

Name (First Middle Last): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home ☎: \_\_\_\_\_ Cell ☎: \_\_\_\_\_  
 Work ☎: \_\_\_\_\_ Fax ☎: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Race:  Indian/Alaskan  Asian  Black  Hawaiian  White  N/A  
 US Citizen?  Y  N Ethnicity:  Hisp/Latino  Not Hisp/Latino  N/A  
 Employer: \_\_\_\_\_  
 \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Hourly Rate of Pay: \_\_\_\_\_  
 Avg hrs worked per week: \_\_\_\_\_ Annual Bonus: \_\_\_\_\_  
 Other Employmt: \_\_\_\_\_  
 \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Avg Monthly Income: \_\_\_\_\_

**Monthly Non-Wage Income:** \_\_\_\_\_ Child Support / Maintenance: \_\_\_\_\_ AFDC: \_\_\_\_\_ Other: \_\_\_\_\_  
 Soc Security 1: \_\_\_\_\_ Soc Security 2: \_\_\_\_\_ Pension 1: \_\_\_\_\_ Pension 2: \_\_\_\_\_

#### Other Household Members Who Will Live In House Not Listed Above

Name (First Middle Last)	Relationship	Age	Student?	Income/Month	Source

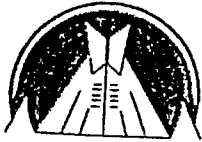
Type of Payment	Creditor Name	Monthly Payments	Balance
Car Payment			
Car Payment			
Credit Card			
Credit Card			
Medical/Dr. Bills			
Medical/Dr. Bills			
Student Loans			
Child Support Owed			
Other Debt			
Other Debt			
Rent / House Pmt			

Type of Asset	Cash Value
Cash	
Checking Acct.	
Checking Acct.	
Savings Acct.	
Savings Acct.	
Stocks/Bonds/CDs	
IRAs/Retirement	
Real Estate Owned	
Auto/Vehicle	
Auto/Vehicle	
Other:	
Other:	

Annual Medical Expenses (complete only if disabled or over 62): \_\_\_\_\_  
 Annual Child Care Expenses: \_\_\_\_\_ SRS pay any?  Y  N Have you owned a home in the last 3 years?  Y  N  
 Any payments past due, more than 30 days, in the past 12 months?  Y  N Any judgments, bankruptcy, or foreclosures in the past 3 yrs?  Y  N  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_

Where did you learn about this loan program?  Newspaper  Realtor  Bank  Flyer  Other: \_\_\_\_\_

PLEASE BE SURE TO SIGN THE ATTACHED "AUTHORIZATION TO RELEASE INFORMATION" FORM

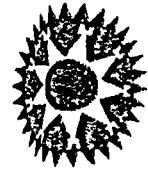


# Oglala Lakota Housing Authority

P.O. Box #603

Pine Ridge, South Dakota 57770

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



## OLHA USDA/RURAL DEVELOPMENT APPLICATION

DISTRICT 1) \_\_\_\_\_

DATE REC/INTL \_\_\_\_\_

LOWRENT \_\_\_\_\_

NEW APPLICANT \_\_\_\_\_

HANDICAPE/DISABLED \_\_\_\_\_

ARE YOU AN ENROLED MEMBER OF THE OGLALA SIOUX TRIBE \_\_\_\_\_

### FAMILY MEMBERS

Name	Relation to HOH	Sex	DOB	Social Security No.	Enrollment No.
1.	HOH				
2.					
3.					
4.					
5.					
6.					

Present Address: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone # \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

email: \_\_\_\_\_

### FOR MANAGEMENT USE ONLY

Received on:

at \_\_\_\_\_ o'clock  a.m  p.m

Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Application has been found to be Eligible  Yes  No    Income Verified  Yes  No

# Housing Condition:

Present living arrangements: \_\_\_\_\_

(About to be without housing - no fault of family) \_\_\_\_\_

Living in substandard housing conditions?  Yes  No

- a. Dwelling structure unsafe.....
- b. No running water in the unit.....
- c. No usable toilet in unit.....
- d. No operating sink or proper stove connections in the unit.....
- e. Inadequate or unsafe heating facilities.....
- f. Overcrowded - No. of bedroom \_\_\_\_\_ No if yes, Persons \_\_\_\_\_
- g. Single family unit occupied by two or mor families  Yes  No

Monthly amount now paid for rent and utilities - Amt.  
\$ \_\_\_\_\_

Have you lived in an OLHA Housing unit before:  Yes  No Unit No. \_\_\_\_\_

District unit was in \_\_\_\_\_

What name or names was unit listed under? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No,

If yes explain: \_\_\_\_\_

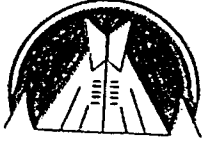
List all states you have lived in \_\_\_\_\_

In the undersigned, state that the information provided above is true and complete to the best of my knowledge. I understand that it is my sole responsibility to update this application in two years.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## REQUEST AND AUTHORIZATION TO EXCHANGE INFORMATION

To:

\_\_\_\_\_  
Name/Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

RELEASE TO:

Oglala Lakota Housing Authority  
P. O. Box 603  
Pine Ridge, SD 57770

WILL BE USED FOR THE PURPOSE OF:

Background Checks, Employment Verification, Employment Confirmation, Landlord Reference

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 \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household member 18 & over

\_\_\_\_\_  
Other Household member 18 & over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household member 18 & over

\_\_\_\_\_  
OLHA Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date