

DUCK VALLEY HOUSING AUTHORITY

P.O. BOX 129

OWYHEE, NEVADA 89832

775 / 757-3589

FAX 775 / 757-3746

NEVADA-IDAHO



DUCK VALLEY INDIAN
RESERVATION

FOR DVHA USE ONLY:

Date Received:

Application for Low Rental Housing

Date:

Phone:

Applicant:

Address:

I. Family Composition (Persons who will move into the unit):

Full Name of Family Members	Relationships to Head of Household	Date of Birth	Social Security #	Tribal Affiliation
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Are you or your spouse an enrolled member with the Shoshone-Paiute Tribes of the Duck Valley Indian Reservation? Yes No *if you answered "yes" please provide a copy of your tribal enrollment card.*

If you are **not** a member of the Shoshone-Paiute Tribes of Duck Valley are you/spouse an enrolled member of a Federally Recognized Tribe? Yes No *if you answered "yes", provide the following information.*

I _____, am enrolled with the _____
Tribe of the _____ Indian Reservation located at _____
Attach a copy of your enrollment card.



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II. Income & Employment Information: Attach a copy of most recent check(s).

Family Member Name	Amount Rec'd	Income Source/Employer	Address & Phone

III. Handicapped, Disability, Elderly:

- A. Are you/spouse disabled? Yes No
If yes, name of family member:
- B. Are you/spouse handicapped? Yes No
If yes, name family member:
- C. Are you/spouse a veteran? Yes No
If yes, name of family member:
- D. Are you/spouse serving in the military? Yes No
If yes, name of family member:
- E. Do you pay childcare? Yes No If yes, for whom?
- F. Do you have any medical expenses? (Elderly/Disabled/Handicapped ONLY) Yes No if yes, how much do you pay per month/year?

APPLICATION for Low Rent Housing

XII. Student Data:

Is anyone over 18 years of age a student? Yes No If yes, who?
Post High School: Address

XIII. Present Housing Conditions & Needs:

XIV. References:

Name, Address & Phone # of Landlord:

XV. Previous Participation in Housing Programs:

Have you/spouse been a participant in HUD (Indian or Public) housing? Yes No
If so, what program? Low Rent Mutual Help Other:
What year? Housing Authority?

XVI. Other:

Is anyone on this application a felon? Yes No
If so, must include all felony documents (Judgment in a Criminal Case)
If you fail to provide required documents and/or did not state you have had prior convictions, your Application for Low Rental housing will be considered incomplete.



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PRIVACY ACT NOTICE

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C 1437 et.Seq.), Title VI of the Civil Right Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) required applicants and participants to submit the Social Security Number of each household member who is six (6) years old or older.

PURPOSE: Your income and other information are being collected by HUD to determine your eligibility, then appropriate bedroom size, and the amount your family will pay toward rent and utilities.

OTHER USES: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Governments financial interest, and to verify the accuracy of the information you provide. 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 the information requested by the 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 is mandatory, and not providing the Social Security numbers will affect your eligibility. Failure to provide any requested information may result in a delay or rejection of your eligibility approval.

AUTHORIZATION

I hereby, authorize Duck Valley Housing Authority to verify all information submitted in making this application for Low Income Housing Assistance.

I/We certify that the information given to the Housing Authority regarding the Household Composition, income is accurate and complete to best of my/our knowledge and belief. I understand that if I knowingly submit any false or fictitious claim or misrepresentation of any material facts submitted in this application for the purpose of gaining admission, I will become subject to the Program Fraud Civil Remedies Act and the penalties prescribed by law. The information stated in this application will be held in strict confidence and is required solely for the purpose of determining the applicant's eligibility and unit size.

Please notify DVHA of any change in address, phone, income, or family status. This application must be updated ANNUALLY; failure to update annually will disqualify the initial application to be voided. An update will not be accepted after the voided application is documented by DVHA Staff. Thereafter your application must be resubmitted with a new application date.

Signature of Applicant:

Date:

Signature of Applicant:

Date:



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