60 YEARS OF SERVICE
P.O. BOX 129 · OWYHEE, NEVADA 89832
PHONE 775 / 757-3589 · FAX 775 / 757-3746
DUCKVALLEYHOUSING.ORG

DUCK VALLEY HOUSING AUTHORITY
ID - Est. 1963 - NV
Providing Sustainable Affordable Housing for Self-Sufficient Healthy Families

# Application Checklist

- ☐ Must be Completed *and* Signed by ALL Members of the Household that are 18 and older or an Emancipated Minor.
- ☐ Copy of Tribal I.D., birth certificates, and ss cards for everyone in the household

**INCOME VERIFICATION** (of all household members 18 and older):

| | |
|---|---|
| ☐ Copy of the Most Current Pay Stub | ☐ Not applicable |
| ☐ Copy of Social Security Award Letter | ☐ Not applicable |
| ☐ Copy of VA or Retirement Check Stubs | ☐ Not applicable |
| ☐ Copy of TANF/GA/Welfare Check Stubs | ☐ Not applicable |
| ☐ Worker's Compensation Check Stubs | ☐ Not applicable |

**ADDITIONAL INFORMATION REQUESTED (If Applicable)**

- ☐ **Criminal/Drug Charge** (provide documentation all court requirements have been met)
- ☐ **Probation/Parole** (letter of compliance from Probation/Parole Officer)
- ☐ **Registered Violent/Sexual Offender** (proof of registration)
- ☐ **Temporary/Joint Custody** (provide Court Ordered Documentation)

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# The Duck Valley Housing Authority Housing Application

**Housing Authority Programs** *(Please indicate which programs you are applying for below)*

☐ DVHA Low Rent ☐ USDA RD (Crater View Apartments ☐ DVHA Homeownership

**This Application will not be processed until all information requested has been Completed, Submitted, and Verified.**

APPLICANT NAME: (Head of Household must be 18 years of age or Emancipated through the courts.)

_____

Last First MI

NAMES USED OTHER THAN ABOVE: _____

Contact Information

Mailing Address: _____ City, State, Zip Code: _____

Phone Number: _____ or Message Number: _____ E-mail Address: _____

Emergency Contact Person: _____ Phone Number: _____

Are you a Veteran of Military Services? ☐ Yes ☐ No I f *yes, please provide a copy of your DD-214*

## I. HOUSEHOLD COMPOSITION

| Household Member | Relationship To HOH | Sex | Date of Birth | Social Security # | Tribal Affiliation | Enrollment # |
|---|---|---|---|---|---|---|
| 1. | Head of Household | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

Do you anticipate any change in your household composition during the next 12 months? ☐ Yes ☐ No

If yes, please explain: _____

Does anyone in the household have any needs that might be better served by a unit which is accessible to people with mobility, hearing, or visual impairments? *(Will need to provide S.S.I.D. or 3rd Party Verification)*

☐ Yes ☐No If Yes, please explain: _____

Do you have a Pet? ☐ Yes ☐ No If YES, what kind? _____

**PLEASE BE ADVISED THAT DVHA HAS A PET POLICY WITH LIMITATIONS ON WHERE YOU CAN HAVE A PET, THE TYPES OF PETS ALLOWED AND THE NUMBER OF PETS ALLOWED.**

## II. BACKGROUND

**BACKGROUND CHECKS WILL BE COMPLETED ON ALL ADULTS IN THE HOUSEHOLD**

Have you or any of your household members ever been convicted of a ***FELONY***? ☐ Yes ☐ No

If yes—Who, What Where and When: _____

Are you or any of your household members required to register for the Sexual or Violent Offender Registry? ☐Yes ☐ No

If yes—Who, What, Where, and When: _____

Have you or any member of your household ever been ***CHARGED and/or ARRESTED*** for any Drug-Related Criminal Activity, Drug Paraphernalia or Criminal Activity? ☐ Yes ☐ No Date of Incident: _____

If yes—Who, What, Where, and When: _____

_____

Is ***ANY*** household member on Probation or Parole? ☐Yes ☐ No If yes, Who: _____

Name of Probation/Parole Officer: _____ Telephone # _____ Ext. _____

## III. HOUSEHOLD INCOME

| Household Member | Employer | Employer Telephone Number | Gross Wages Received Annually |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

Does any household member receive any income from the following sources ON A MONTHLY or REOCCURING BASIS?

| Source of Income | Yes | No | Amount Received Monthly | Amount Received on a Reoccurring Basis |
|---|---|---|---|---|
| Is any member Self-Employed? *(Please provide a copy of the most recent Tax Return or the Past Six Months of Profit/Loss Statements)* | | | $ | $ |
| Welfare Assistance *(TANF, General Assistance)* | | | $ | $ |
| Veteran's Administration | | | $ | $ |
| Child Support *(Provide Court Order)* | | | $ | $ |
| Social Security | | | $ | $ |
| Disability Benefits *(Supplemental Social Security)* | | | $ | $ |
| Retirement Benefits | | | $ | $ |
| Pension *(PERA, Railroad, etc.)* | | | $ | $ |
| Worker's Compensation | | | $ | $ |
| Per Capita | | | $ | $ |
| Other: *(list)* | | | $ | $ |

**Do you or any member of your household own or are currently buying a home?** ☐ Yes ☐ No

## IV. RENTAL HISTORY

What are your current living arrangements? _____

_____

**PLEASE PROVIDE INFORMATION REGARDING YOUR PAST RENTAL HISTORY**

Landlord Name: _____ Phone Number(s): _____

Address: _____ City, State & Zip Code: _____

Rented From: _____ To: _____ Currently Renting? ☐ Yes ☐ No If YES, Monthly Rent: $ _____

Have you or any member of your household ever or are currently receiving assistance from Salish Kootenai Housing Authority? ☐ Yes ☐ No If Yes… Who, When and Where? _____

_____

If your current living arrangements are homeless, what are the reasons that lead to this?

_____

_____

_____

## V. SIGNATURES

I/We hereby affirm that the information provided is true and complete to the best of my/our knowledge and authorize the Housing Authority to verify the statements herein. I/We further understand that any intentional misrepresentation in this application might result in being determined ineligible for services. If any of the aforementioned information changes, I/We agree to notify the Housing Authority immediately.

All household members aged 18 or older or Emancipated Minor sign below:

Head of Household Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

## VI. NOTICE

**TO ALL APPLICANTS:**

The HUD Regulations establish administrative procedures for imposing civil penalties and assessments against person(s) 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(s) who misrepresents or omits information from applications for housing, income verification(s), re-examination(s) of information, family composition, age(s) of family member(s), etc. HUD Inspector General may investigate, and the applicant(s) may be subject to the following penalties:

1. Up to $5,000.00 for filing such a claim; or

2. Up to $5,000.00 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 or 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 husband's 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 age 18.*

**Families not reporting all assets, such as bank accounts, real estate/homes owned (other than Trust Land, which is not an asset for this program.)*

All household members aged 18 or older or Emancipated Minor sign below:

Head of Household Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

# AUTHORIZATION TO RELEASE INFORMATION

I/We have applied for a program(s) or are currently residing in a unit under the management of the Duck Valley Housing Authority (hereinafter the DVHA). As part of the application/certification process the Housing Authority may need to verify information contained in my/our application or file update and in other documents that are required.

I/We authorize you to provide the DVHA with all information and documentation that they request.

This authorization also includes any minor children of the above-named individuals.

All household members age 18 or older or Emancipated Minor please print your full legal name and list your Social Security Number below:

Printed Name: _____ Social Security Number *(last four)*: XXX-XX-_____

Printed Name: _____ Social Security Number *(last four)*: XXX-XX-_____

Printed Name: _____ Social Security Number *(last four)*: XXX-XX-_____

Printed Name: _____ Social Security Number *(last four)*: XXX-XX-_____

## A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL.

Your prompt reply to the DVHA is appreciated. Furthermore I/We grant the DVHA permission to release information necessary in assisting me/us in obtaining other services for which I/We may be eligible.

All household members aged 18 or older or Emancipated Minor sign below:

Head of Household Signature: _____ Date Signed: _____

Other Adult Signature: _____ Date Signed: _____

Other Adult Signature: _____ Date Signed: _____

Other Adult Signature: _____ Date Signed: _____

**THIS RELEASE OF INFORMATION IS GOOD FOR ONE YEAR FROM THE DATE SIGNED.**