



RED LAKE RESERVATION HOUSING AUTHORITY

PO BOX 219, HIGHWAY 1 EAST

RED LAKE, MINNESOTA 56671

PHONE (218) 679-3388

FAX (218) 679-2264



INSTRUCTIONS FOR FILLING OUT APPLICATIONS FOR HOUSING AND RESIDENCY REQUIREMENT

1. **DO NOT LEAVE ANYTHING BLANK!!! IF YOU OMIT ANY INFORMATION, WE WILL NOT ACCEPT YOUR APPLICATION UNTIL IT IS COMPLETE.**
2. List the names of the people who will reside with you.
3. Do not forget middle initials or social security numbers. Copies are required.
4. Do not forget to sign and date the application.
5. **Please include a copy of your tribal I.D. for yourself, if you are not an enrolled member please bring a copy of your child/children's tribal I.D. If you have no tribal I.D. please have the enrollment office fill out the enrollment form.**
6. **When you return your application to the office, you must have your VERIFICATION OF INCOME. Such as a pay stub or if you receive public assistance your case worker must fill out the form in the back of the application package or you must have a copy of your benefit history from your case worker. If you receive Social Security, SSI, Veteran's benefits, unemployment or other insurance income, please bring a copy of your award letter that verifies how much you receive each month. ATTENTION: THE APPLICANT SHOULD NOT FILL OUT THE BACK PAGE OF APPLICATION.**
7. Please read carefully the "Authorization for the Release of Information". Every person who is 18 years and older who is listed on your application must sign the form.
8. Please read carefully the Residency Requirements.
9. **YOU MUST PROVIDE COPIES OF SOCIAL SECURITY CARDS FOR ALL PERSON(S) LISTED ON YOUR APPLICATION.**
10. If you need help filling out your application please ask one of the Resident Services staff for assistance.
11. **ALL APPLICATIONS MUST BE UPDATED ONCE EVERY YEAR TO KEEP YOUR POSITION ON THE WAITING LIST.**

Board of Commissioners

Richard Barrett, Sr., Chairperson • Adrian Beaulieu, Vice-Chairperson • Lucille Auginash, Secretary
Emily Parkhurst-Johnson, Commissioner • Brandon Raincloud, Commissioner • Paul Smith, Commissioner

RED LAKE RESERVATION HOUSING AUTHORITY RESIDENCY REQUIREMENTS

Because of the great demand for housing units and other types of assistance on the Red Lake Reservation it has become necessary to establish a residency requirement to provide an overall fair decision making process.

1. **To receive assistance on the Red Lake Reservation, all applicants must have been a resident of the reservation for a period of one year.** NOTE: This does not include assistance provided in Beltrami County outside of the reservation.
2. The applicant must provide written evidence to verify residency. Types of evidence are:
 - A. School enrollment record for period in question.
 - B. Electrical bill.
 - C. Telephone bill.
 - D. Employment verification.
 - E. Notice of person providing shelter.
 - F. Included as a family member in another Housing Authority unit.
3. This policy shall become effective the date of the approving resolution.

This policy was passed as **Resolution 10-06** at the Regular Meeting which was held on September 11, 2006.

CURRENT HOUSING SITUATION (where you are living now)

NUMBER OF FAMILIES IN HOME: _____
 NUMBER OF BEDROOMS IN HOME: _____

NUMBER OF PEOPLE IN HOME _____
 HOMELESS _____

DOES THE HOME YOU LIVE IN HAVE: (CHECK ALL THAT APPLY)

RUNNING WATER TOILET SHOWER OR TUB HOT WATER

IS THE HOME LEASED BY YOU? YES NO IF YES, RENT PER MONTH \$ _____

IS THE HOME OWNED BY YOU RELATIVE FRIEND OTHER

HAVE YOU BEEN REQUESTED TO FIND ANOTHER PLACE TO LIVE: YES NO

DO YOU CURRENTLY HAVE A LAND USE PERMIT: YES NO

ARE YOU CLAIMING VETERANS PREFERENCE: YES NO IF YES, PROVIDE DD214

**REFERENCES: ANY LANDLORD IN THE PAST 7 YEARS
 (INCLUDING CURRENT OR PREVIOUS HUD UNITS)**

NAME	ADDRESS	PHONE	RENT PER MONTH	DATES

I CERTIFY THAT I HAVE READ THE ENCLOSED INFORMATION AND THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRES TO BE MADE TO VERIFY THE ABOVE STATEMENTS. I UNDERSTAND THAT MY FAILURE TO PROVIDE ALL INFORMATION REQUESTED ABOVE WILL RESULT IN ME AND MY FAMILY BEING DECLARED INELIGIBLE FOR THE RED LAKE RESERVATION HOUSING AUTHORITY PROGRAMS.

 APPLICANT SIGNATURE

 DATE

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER 2531-0014

exp. 1/31/2014

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

HA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

RED LAKE RESERVATION HOUSING AUTHORITY
PO BOX 219
RED LAKE, MN 56671
PH: 213-679-3368
FAX: 213-679-2264

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedure and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This is limited to wages and unemployment compensation received during period(s) within the last 5 years when received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103 of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provided regarding my eligibility for assisted housing programs and the amount of benefits. Therefore, this consent form only authorizes HUD and the HA to request information directly from employers and financial institutions of information regarding any periods within the last 5 years when I received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs receive income information under this consent form cannot use it to deny, reduce or terminate assistance without independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: 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 Rights Act of 1964 (42 U.S.C. 2000d), and by the Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your landlord 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 Government's 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 of the information requested by the HA, including all Social Security Numbers and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and a fine of \$5,000.

Unauthorized use of information may bring civil action for damages and seek other relief as may be available.

*******NOT TO BE FILLED OUT BY TENANT OR APPLICANT*******

PUBLIC ASSISTANCE VERIFICATION

- GENERAL ASSISTANCE
- MFIP

NAME ON GRANT _____
OF ADULTS ON GRANT _____
OF CHILDREN ON GRANT _____

AMOUNT: _____
DATE: _____

SIGNATURE: _____

TITLE: _____

PUBLIC ASSISTANCE

- GENERAL ASSISTANCE
- MFIP

NAME ON GRANT _____
OF ADULTS ON GRANT _____
OF CHILDREN ON GRANT _____

AMOUNT: _____
DATE: _____

SIGNATURE: _____

TITLE: _____

EMPLOYMENT VERIFICATION

EMPLOYEES NAME: _____

S.S.N: _____

PLACE OF INCOME: _____

ANNUAL GROSS SALARY: _____

DATE: _____ SIGNATURE: _____

TITLE: _____

EMPLOYMENT VERIFICATION

EMPLOYEES NAME: _____

S.S.N: _____

PLACE OF INCOME: _____

ANNUAL GROSS SALARY: _____

DATE: _____ SIGNATURE: _____ TITLE: _____



RED LAKE RESERVATION HOUSING AUTHORITY

PO BOX 219 HIGHWAY 1 EAST

RED LAKE MINNESOTA 56671

PHONE 218 373-3368

FAX 218 373-2254



Utilities

Have you ever had an account with ANY Electric Company? Yes _____ No _____

If yes, do you have an outstanding balance? Yes _____ No _____

Have you ever had an account with ANY Propane Company? Yes _____ No _____

If yes, do you have an outstanding balance? Yes _____ No _____

If you had answered yes to any of the above please state which company.

If you have an unpaid balance you will need to clear this before you are selected for a unit.

RED LAKE HOUSING BOARD OF
COMMISSIONERS

Little Rock District – *Richard Barrett*
(Work) 679-3346 (Cell) 556-1954

Little Rock District – *Adrian Beaulieu*
(Home) 679-3514

Red Lake District – *Paul Smith*
(Cell) 556-5367 (Home) 679-2962

Red Lake District –
Emily Johnson-Parkhurst
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