INSTRUCTIONS FOR

FILLING OUT SECURITY DEPOSIT ASSISTANCE APPLICATION

1. THIS IS A ONE TIME ONLY ASSISTANCE PROGRAM.
2. DO NOT LEAVE ANYTHING BLANK.
3. List names of the individuals who will reside with you.
4. Do not forget middle initials or social security numbers.
5. Do not forget to sign and date the application.
6. Please read carefully the “Authorization for the release of information.”
   Every person who is 18 Years or older on your application must sign the form.
7. May not have any outstanding balance remaining with the Red Lake Reservation Housing Authority, Red Lake Limited Partnership, or Red Lake Housing Finance Corporation.
8. Off Reservation Housing within Beltrami County.

The following items must be included with the application, failure to provide these documents may delay your application to be processed in a timely manner.

A. This application completed in its entirety.
B. Copy of tribal I.D. or enrollment verification form filled out.
C. Income Verification (Tax Return, Paystubs, SSI, MFIP).
D. Land Lord Verification Forms.
E. Copy of Signed Lease Agreement.
F. Signed Security Deposit Agreement

NOTE: IT IS UP TO YOU TO FIND A PLACE TO RENT.

If you need help filling out this form or have any questions please feel free to contact the Resident Services Staff at 218-679-3368

Board of Commissioners
Richard Barrett, Sr., Chairperson • Adrian Beaulieu, Vice-Chairperson • Lucille Auginaash, Secretary
Emily Parkhurst-Johnson, Commissioner • Brandon Raincloud, Commissioner • Paul Smith, Commissioner
Red Lake Reservation Housing Authority  
Hwy 1 East Box 219  
Red Lake, MN 56671  
Phone: 218/679/3368  
Fax: 218/679/2264

Application for Security Deposit Assistance
Note: YOU MAY ONLY GET ASSISTANCE ONE TIME ONLY

Head of Household’s Full Name ____________________________ Phone: ________________________

Co-Applicant’s Full Name: ____________________________ Relationship: _______________________

Address: ____________________________ City: ____________________________ State __________ Zip Code: _______

Name and Phone # of 2 friends or relatives to contact if we are unable to get a hold of you:

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<tbody>
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<tr>
<th>Phone</th>
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<table>
<thead>
<tr>
<th>Name of Landlord: ____________________________</th>
<th>Rent Amount: ____________________________</th>
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<tbody>
<tr>
<td>Landlord’s Address: ____________________________</td>
<td>Security Dep. Amt: ____________________________</td>
</tr>
<tr>
<td>Landlord’s Phone: ____________________________</td>
<td>Move In Date: ____________________________</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name Last, First, MI</th>
<th>Date of Birth</th>
<th>Sex M/F</th>
<th>Relationship to Head of Household (Self)</th>
<th>Disabled Yes/No</th>
<th>Social Security Number</th>
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</table>
Income: Check "Yes" or "No" to all of the following. If "yes", enter name of household member and amount:

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Yes</th>
<th>No</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages:</td>
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<td>Employer:</td>
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<td>Wages:</td>
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<td>Employer:</td>
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<tr>
<td>Social Security</td>
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<tr>
<td>Supplemental Security Income</td>
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<tr>
<td>Welfare (MFIP, GA, MSA, etc.)</td>
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<tr>
<td>Child Support: County</td>
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<tr>
<td>Pension (V.A., RR., PERA, etc)</td>
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<tr>
<td>Workers Compensation Disability:</td>
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<tr>
<td>Unemployment</td>
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<tr>
<td>Alimony</td>
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<td>Self Employment/Child Care</td>
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<td>School Grants:</td>
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<td>Other:</td>
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</table>

Have you ever applied for or participated in rental assistance or other subsidized housing program? ________________

If yes, when and where: ______________________________________________________________________________________

_____________________________________________________________________________________________________________

APPLICANT SIGNATURE ___________________________ DATE ___________________________

_____________________________________________________________________________________________________________

FOR OFFICE USE ONLY:

VERIFIED LAND LORD INFORMATION: YES / NO DATE VERIFIED: ______

VERIFIED INCOME: YES / NO DATE VERIFIED: ______

STAFF SIGNATURE ___________________________ DATE ___________________________
LAND LORD INFORMATION

TO BE FILLED OUT BY OWNER, MANAGER OR CARETAKER ONLY

COMPLETION OF THIS FORM DOES NOT GUARANTEE OR RENT PAYMENTS

GENERAL INFORMATION

Tenant Name(s): List ALL persons who will be living in the unit:

________________________________________________________________________

________________________________________________________________________

Dwelling Type: □ Single-Family House □ Duplex □ Mobile Home □ Apartment
□ Sleeping Room

Number of Bedrooms in the Rental Unit: (Circle One) 1 2 3 4 5 6 7

Address of Rental Unit: ____________________________________________ Apt. __________

City: _______________ State: __MN__ Zip Code: __________ County: __________

Number of Adults in Rental Unit: __________ Number of Children: __________

Are you related to the Tenant(s)? □ NO □ YES Relationship: ________________

RENTAL INFORMATION

Move In Date: _____/_____/_____

Amount of Rent Paid by Tenant(s): $_______________ per month

Is the Last Month’s rent required: □ YES □ NO $_______________

Is Any Portion Paid by Rental Subsidy? □ YES □ NO Through: __________ Amt. Due __________

Amount of Damages (Security) Deposit: $____________ Paid □ YES □ NO

Check the Following that are INCLUDED in the Rental Payments:
□ Heat □ Electricity □ Water/Sewer □ Trash Removal □ None

Is the Rental Unit Located within Beltrami County? □ YES □ NO
Owner Information
All Information Must Be Complete

Checks Should Be Made Out To: ___________________________
(Name of Person who will pay taxes on this money)

Checks Should Be Sent To: ___________________________
(Address)

Owner’s Name: _______________________________________

Business Name: _______________________________________
(If Applicable)

Federal I.D. Number or SSN: ___________________________
****Check will not be issued without Federal ID # or SSN

Owner’s Address: _______________________________________

IS THE OWNER INCORPORATED? □ YES □ NO

OWNERS PHONE NUMBER: ___________________________

PROPERTY MANAGER’S NAME: ___________________________

PROPERTY MANAGER’S PHONE NUMBER: ___________________________

ADDRESS OF RENTAL PROPERTY: ___________________________

TOTAL AMOUNT DUE UPON MOVE IN: ___________________________

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE, TRUE AND CORRECT

_________________________________________ DATE: _____________

SIGNATURE OF PERSON COMPLETING THIS FORM

PLEASE RETURN THIS FORM TO: RED LAKE RESERVATION HOUSING AUTHORITY
PO BOX 219, RED LAKE, MN 56671
PHONE: (218) 679-3368 FAX: (218) 679-2264
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)

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)

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 verifica-
tion of salary and wages from current or previous employers; (2)
HUD and the HA to request wage and unemployment compensa-
tion 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 information from the
sources listed on the form. HUD and the HA need this informa-
tion 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 in-
proper 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
- Turnkey 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 consent
form may result in the denial of eligibility or termination of
assisted housing benefits, or both. Denial of eligibility or termi-
nation of benefits is subject to the HA’s grievance procedures and
Section 8 informal hearing procedures.

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is
limited to the wage and self employment information and pay-
ments of retirement income as referenced at Section 6103(I)(7)(A)
of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent 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 divi-
dends). I understand that income information obtained from these
sources will be used to verify information that I provide in
determining eligibility for assisted housing programs and the level
of benefits. Therefore, this consent form only authorizes release
directly from employers and financial institutions of information
regarding any period(s) within the last 5 years when I have
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 for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HA's that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first 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 __________________________

Social Security Number (if any) of Head of Household __________________________

Spouse __________________________ 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 Fair Housing Act (42 U.S.C. 3601-3619). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants 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 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 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 you, 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 uses 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 or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employees of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form HUD-9886 (7/94)
REQUEST FOR CERTIFICATION
OF TRIBAL MEMBERSHIP

PLEASE COMPLETE AND RETURN TO:

RED LAKE HOUSING AUTHORITY
P.O BOX 219
RED LAKE, MN 56671
PH: (218)679-3368
FAX: (218)679-2264

I GIVE PERMISSION TO THE RED LAKE ENROLLMENT DEPARTMENT TO CERTIFY MY TRIBAL ENROLLMENT/MEMBERSHIP INFORMATION:

PLEASE PRINT:

NAME: __________________________________________

FIRST    MIDDLE    LAST    MAIDEN

COMPLETE ADDRESS: __________________________________________

DATE OF BIRTH: __________________________ DATE OF REQUEST: __________________________

SIGNATURE: __________________________________________

________________________

TO BE COMPLETED BY THE ENROLLMENT DEPT. ONLY

_______ Enrolled and possesses at least one fourth degree Red Lake Band Chippewa Indian Blood

_______ Not enrolled

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT. THIS INFORMATION TAKEN FROM THE MEMBERSHIP ROLLS OF THE RED LAKE BAND OF CHIPPEWA INDIANS ON FILE AT THE ENROLLMENT DEPARTMENT, RED LAKE TRIBAL COUNCIL, RED LAKE, MINNESOTA.

CERTIFIER’S SIGNATURE/ENROLLMENT DEPT. __________________________ DATE __________________________
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 218, HIGHWAY 1 EAST
RED LAKE, MINNESOTA 56671
PHONE (218) 679-3368
FAX (218) 679-2264

Security Deposit Assistance Agreement

I (we) the undersigned agree to following terms of the Red Lake Reservation Housing Authority's security deposit assistance programs.

I (we) shall remain in the unit that the Housing Authority paid the deposit and/or first and last months rent on for the FULL duration of the lease that was agreed to and signed by the landlord and myself.

If for any reason I (we) vacate the unit, I (we) will be required to pay the Housing Authority the funds that was put towards our deposit and/or first and last months rent. This amount will be required to be paid in full to be eligible for occupancy of a Red Lake Reservation Housing Authority unit.

Applicant

Co-Applicant

Date

Date

For Office use only:

Lease start date: ________________________ Lease end date: ________________________
Landlord Name: ________________________ Landlord Phone: ________________________
First Months Rent: $__________ Last Months Rent: $__________
Deposit: $__________ Total Amount Paid: $__________

Board of Commissioners
Richard Barrett, Sr., Chairperson • Adrian Beaulieu, Vice-Chairperson • Lucille Auginah, Secretary
James Brun, Commissioner • Myron Kingbird, Commissioner • Lisa Defoe, Commissioner
REQUEST FOR CERTIFICATION OF TRIBAL MEMBERSHIP

PLEASE COMPLETE AND RETURN TO:

RED LAKE HOUSING AUTHORITY
P.O BOX 219
RED LAKE, MN 56671
PH: (218)679-3368
FAX: (218)679-2264

I GIVE PERMISSION TO THE RED LAKE ENROLLMENT DEPARTMENT TO CERTIFY MY TRIBAL ENROLLMENT/MEMBERSHIP INFORMATION:

PLEASE PRINT:

NAME: ____________________________
FIRST   MIDDLE   LAST   MAIDEN

COMPLETE ADDRESS:


DATE OF BIRTH: ___________ DATE OF REQUEST: ___________

SIGNATURE: ____________________________

TO BE COMPLETED BY THE ENROLLMENT DEPT. ONLY

_____ Enrolled and possesses at least one fourth degree Red Lake Band Chippewa Indian Blood

_____ Not enrolled

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT. THIS INFORMATION TAKEN FROM THE MEMBERSHIP ROLLS OF THE RED LAKE BAND OF CHIPPEWA INDIANS ON FILE AT THE ENROLLMENT DEPARTMENT, RED LAKE TRIBAL COUNCIL, RED LAKE, MINNESOTA.

CERTIFIER'S SIGNATURE/ENROLLMENT DEPT. ____________________________ DATE ___________