



## RED LAKE RESERVATION HOUSING AUTHORITY

PO BOX 219, HIGHWAY 1 EAST

RED LAKE, MINNESOTA 56671

PHONE (218) 679-3368

FAX (218) 679-2264



### 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 Auginash, Secretary  
Emily Parkhurst-Johnson, Commissioner • Brandon Raincloud, Commissioner • Paul Smith, Commissioner



Income: Check "Yes" or "No" to all of the following. If "yes", enter name of household member and amount:

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

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:

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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 MANAGERS PHONE NUMBER:** \_\_\_\_\_

**ADDRESS OF RENTAL PROPERTY:** \_\_\_\_\_

**TOTAL AMOUNT DUE UPON MOVE IN:** \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING THIS FORM

DATE: \_\_\_\_\_

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)

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

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

IHA 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 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
- 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 termination 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 payments 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 dividends). 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 HAs 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 |       | 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 Fair Housing Act (42 U.S.C. 3601-19). 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 employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

# 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



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

**PUBLIC ASSISTANCE VERIFICATION**

- ( ) GENERAL ASSISTANCE
- ( ) MFIP

AMOUNT: \_\_\_\_\_  
DATE: \_\_\_\_\_

NAME ON GRANT \_\_\_\_\_  
# OF ADULTS ON GRANT \_\_\_\_\_  
# OF CHILDREN ON GRANT \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

**PUBLIC ASSISTANCE**

- ( ) GENERAL ASSISTANCE
- ( ) MFIP

AMOUNT: \_\_\_\_\_  
DATE: \_\_\_\_\_

NAME ON GRANT \_\_\_\_\_  
# OF ADULTS ON GRANT \_\_\_\_\_  
# OF CHILDREN ON GRANT \_\_\_\_\_

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: \_\_\_\_\_



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## 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 Auginash, Secretary  
James Brun, Commissioner • Myron Kingbird, Commissioner • Lisa Defoe, Commissioner

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PLEASE PRINT:

NAME: \_\_\_\_\_  
FIRST
MIDDLE
LAST
MAIDEN

COMPLETE ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### TO BE COMPLETED BY THE ENROLLMENT DEPT. ONLY

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\_\_\_\_\_ 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