

HOUSING APPLICATION REQUIREMENTS

When submitting your housing application:

1. Please make sure all information is accurate and the application is filled out entirely. ***If all information is not provided, your application will be considered incomplete and placed in “pending status,” therefore you will have 10 additional days to provide the information. If the information is not provided by the 10th day, your application will be considered “in-active” and you will have to re-apply.***
2. Head of House hold is the only one to sign and date the Housing application, and the following forms: Federal Privacy Act, Criminal History Check, and Former Landlord Verification forms.
3. All adults 18 years and over must sign and date the Authorization for Release of Information.
4. On the application please make sure you fill out item ***B. Income***; for all family members who are working and or receiving Social Security, Pension, AFDC, GA, etc.,
5. A copy of ***Social Security cards*** and ***Tribal Identification*** must be provided for all household members listed.

C. Disabled Household Members

Name of Family Member	Nature of Disability	Perm. or Temp.

D. Present Housing Conditions and Needs

1. Without Housing: Y N

Reason _____

2. About to be without Housing: Y N

Reason _____

Type of notice and effective date _____

3. Present living conditions:

a. Dwelling structurally unsafe Y N

b. No potable running water in dwelling unit Y N

c. No usable flush toilet in dwelling unit Y N

d. No installed usable tub or shower in dwelling unit Y N

e. No operating sink or proper stove connections in kitchen Y N

f. Inadequate or no electric wiring system in dwelling unit Y N

g. Inadequate or unsafe heating facilities for dwelling unit Y N

h. Overcrowded: No. Bedrooms _____ No. of Persons _____

4. Other conditions and factors of housing need (specify)

E. Current Residence

Applicant's Physical Address _____

Applicant's Mailing Address _____

Applicant's Phone Number _____

How Long at Present Residence _____

Landlord Name _____

Landlord Address _____

Landlord Address _____

Landlord Phone Number _____

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statement made herein.

Print Name _____ Date _____

Applicants Signature _____

FEDERAL PRIVACY ACT NOTICE
for the
Section 8 Rental Certificate, Rental Voucher, Moderate
Rehabilitation, and the Public and Indian Housing Programs

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses 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 to the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. 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 public housing agency/Indian 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 6 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.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority; the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

I read this Federal Privacy Act Notice in its entirety on _____(dates).

Signature of Head of Household or Spouse _____

Printed/Typed Name _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction



**YAVAPAI-APACHE NATION
TRIBAL HOUSING**

P.O. Box 3310 – Camp Verde, AZ

Phone (928) 567-4191 Fax (928) 567-5310

AUTHORIZATION FOR RELEASE OF INFORMATION

Organization requesting release of information: Yavapai-Apache Nation Tribal Housing Date _____
P.O. Box 3310
Camp Verde, Arizona 86322
Office (928) 567-4191 Fax (928) 567-5310

PURPOSE

The U. S. department of Housing an Urban Development (HUD) and the above organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:
Low-income Rental Indian Housing Section 23 and 10 leased Housing
Mutual Help Homeownership opportunity Program Section 202

I authorize the above name organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs..

I authorize only HUD, and Yavapai-Apache Nation Tribal Housing to obtain information on wages or unemployment compensation for the State Employment Security Agencies.

INFORMATION COVERED:

- | | | |
|---------------------|--|-------------------------------|
| Child Care Expenses | Employment Income, Pension, and Assets | Medical Expenses |
| Credit History | Federal State, Tribal, or Legal Benefits | U.S. Social Security Agencies |
| Criminal Activity | Handicapped, Assistance Expenses | Residence and Rental History |
| Family Compensation | Identity and Martial Status | |

INDIVIDUALS OR ORGANIZATION THAT MAY RELEASE INFORMATION

Any individual or organization including any government organization may be asked to release information. For example information requested from:

- | | | |
|--|------------------------|-------------------------------------|
| Banks and other Financial Institutions | Providers of: | Schools and Colleges |
| Courts | Alimony | U.S. Social Security Agencies |
| Law Enforcement Agencies | Child Care | U.S. Department of Veterans Affairs |
| Credit Bureaus | Child Support | Utility Companies |
| Employer, Past and Present | Credit | Welfare Agencies |
| Landlords | Handicapped Assistance | |
| | Medical Care | |
| | Pension Annuities | |

COMPUTER MATCHING NOTICE & CONSENT

I agree that the Yavapai-Apache Nation Tribal Housing or HUD may conduct computer matching programs with other governmental agencies including Federal State, Tribal, or Local agencies. The government agencies include:

- | | |
|-------------------------------------|---------------------------------------|
| U.S. Office of Personnel Management | U.S. Postal Service |
| U.S. Social Security Administration | State Employment Security Agencies |
| U.S. Department of Defense | State Welfare and Food Stamp Agencies |

The match will be used to verify information supplied by the family.

CONDITIONS

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

	SIGNATURES	SOCIAL SECURITY NUMBERS	DATE
Head of Household	_____	_____	_____
Spouse	_____	_____	_____
Adult Member	_____	_____	_____
Adult Member	_____	_____	_____