

SOKAOGON CHIPPEWA HOUSING INDIAN TRIBE OF WISCONSIN
SOKAOGON CHIPPEWA HOUSING
CHIEF WILLARD LEROY ACKLEY MEMORIAL
MOLE LAKE RESERVATION
3265 INDIAN SETTLEMENT RD
CRANDON, WI 54520
TEL (715) 478-2001 FAX (715) 478-2865

APPLICATION FOR ADMISSION

Date: _____ **20**_____
Time: _____

INTRODUCTION

The goal of the Sokaogon Chippewa Housing Department is to provide clean, safe, adequate, and affordable housing for qualified “FAMILIES” and the “ELDERLY.”

Rental and Homeownership programs are offered by the Sokaogon Chippewa Housing Department to qualified families with “LOW-INCOMES.”

Applications are reviewed and ranked based on the information provided by you- the applicant.

Instructions

1. When filling out this application, please **PRINT NEATLY** and **LEGIBLY**.
2. Answer all the questions by filling in the desired response, marking the appropriate block, or providing the narrative responses.
3. To ensure you get the best possible chance for a unit you will be required to provide certain documentation to support your claims. Those areas that require supporting documentation are so noted. (**S.S. Card, Tribal ID, Current Check Stub**)
4. When requesting to provide supporting documentation, please bring the originals to the Sokaogon Chippewa Tribal Housing Office. We will make copies, attach them to your application and return the originals to you.

GENERAL INFORMATION

Type of Housing desired: **Rental** **Single** **Elderly** **Family** **Home Ownership**

Applicants Name: _____

Applicants **CURRENT** Mailing Address: _____

(Street Name, P.O. Box Number)

(City, State, Zip)

Marital Status: Married Single Separated Divorced Widowed

Applicants **CURRENT** Telephone Number: Home (____) ____ - _____

Work (____) ____ - _____

Ethnic Group most commonly associated with: White Black Hispanic
 American Indian Alaskan Native Pacific Islander Other

Is Applicant or Spouse (Significant Other) an Enrolled Sokaogon Chippewa Indian?

Yes No

If YES, who is the Enrolled Member: _____

(First Name)

(Last Name)

Date of Birth of Enrolled Member: ____/____/____

ENROLLMENT NUMBER _____

Sokaogon Housing Dept. **USE ONLY.** Verification of Enrollment Status By
Occupancy Specialist Staff. _____

(Signature & Date)

DISABLED/ HANDICAPPED:

Is the Applicant or any member of the Household classified as “LEGALLY
DISABLED” or “HANDICAPPED” as defined by the U.S. Federal Government?

Yes No

If YES, who is the Disabled Member(s)? _____

(First & Last Name)

(First & Last Name)

(First & Last Name)

What is the nature of the **DISABILITY/HANDICAP?**

Please Provide the Sokaogon Chippewa Tribal Housing Department with a **COPY** of a
Doctors, State, or Federal Agencies Verification of the Disability condition.

PREGNANCIES:

Is the Applicant or Spouse (Significant Other) currently pregnant?

Yes No

If YES, please give the estimated Delivery Date: _____

If the birth of a child will affect determination of dwelling size (No. of bedrooms), written verification from a Physician will be required if move in is anticipated prior to birth of the new child.

HOUSEHOLD COMPOSITION. Please fill in ALL of the information requested on the Household composition form attached to this application.

Are all the Family Member(s) listed on the HOUSEHOLD COMPOSITION form CURRENTLY living with you? YES NO

If NO, please explain:

CUSTODY OF MINORS:

Do you the Applicant or Spouse (Significant Other) have LEGAL custody for all of the minor children listed on this application? YES NO

PROOF of Custody for minor children, OTHER THAN YOUR OWN, will be required in order to process this Application.

NOTE: In those cases where a final custody decision is pending, you will need written verification from the Courts or a Government Agency (i.e. Sokaogon Chippewa Community Human Services) attesting to the custody relationship between you and the minor(s).

SOCIAL SECURITY NUMBERS. SSN's are required to verify a vast range of information relative to the processing of your application for Housing Assistance. Because of repeated problems with fraud and abuse by applicants (i.e. using another persons SSN), you are required to provide the Sokaogon Chippewa Housing Department with the "**original**" card issued by the Social Security Administration for you, your spouse (significant other), and any children residing with you. These original cares are required because they link the individuals name with his/her SSN. The Sokaogon Chippewa Housing Department staff will make a copy, for our records, and return the original(s) to you.

EMPLOYMENT DATA:

Is the Applicant CURRENTLY Employed? YES NO

(Street Number, P.O. Box #)

(City, State, Zip)

(Phone Number)

(First & Last Name)

(Street Number, P.O. Box #)

(City, State, Zip)

(Phone Number)

(First & Last Name)

(Street Number, P.O. Box #)

(City, State, Zip)

(Phone Number)

HOUSING DATA:

Have you ever rented a Private Home, Trailer, or an Apartment? YES NO

Please explain in detail why you left your last place of residence: (give reasons)

Have you or your Spouse (Significant Other) ever rented a Public or Indian Housing Authority (or Housing Department) home or apartment? YES NO

If YES, list the approximate dates you occupied the unit:

_____ to _____

If YES, please provide the information listed below:

(Name of Housing Agency)

(Mailing Address)

(City, State, Zip)

PREVIOUS LANDLORD: _____ **Phone #** _____

PRESENT LANDLORD: _____ **Phone #** _____

Is there anything else we should know about your current living conditions? (i.e. it is overcrowded, sub-standard, no plumbing, were evicted, the house burned down, etc.)

SPECIAL CONSIDERATIONS:

Ever Abandoned a rental unit?	YES	NO
Have Outstanding Debts owed to the Sokaogon Chippewa Tribal Housing or Public Housing Departments?	YES	NO
Outstanding debts to previous landlords in the Community?	YES	NO
Have a history of Destruction of Property?	YES	NO
Have a history of Dealing Drugs?	YES	NO
Have a history of Evictions?	YES	NO
Have a history of Failing to Cooperate (i.e. supplying requested information?)	YES	NO
Have a history of committing FRAUD?	YES	NO
Have a history of GANG INVOLVEMENT?	YES	NO
Have a history of Grossly Unsanitary or Hazardous Housekeeping?	YES	NO
Have a history of Criminal Activity (Habitual Criminal)?	YES	NO
Have a history of MEDICAL PROBLEMS?	YES	NO
Have a history of Non-Compliance with Rental Agreements?	YES	NO
Feel you are Over Income (as defined by HUD) for Federally Subsidized Housing?	YES	NO
Have a history of disturbing neighbors?	YES	NO

policy has been necessitated due to persistent fraudulent claims by Applicants seeking larger dwelling units.

_____ (Applicant's Initials)

I understand that this APPLICATION IS ONLY VALID FOR A PERIOD OF SIX (6) MONTHS. If I do not come into the Sokaogon Chippewa Housing Department office to update my application prior to that six (6) month period elapsing, my APPLICATION WILL BE MOVED TO THE INACTIVE/INCOMPLETE FILE. Should I still desire Housing Assistance from the Sokaogon Chippewa Tribal Housing Department, I must submit a new application.

_____ (Applicant's Initials)

CERTIFICATION

I, affirm that the information provided on this APPLICATION FORM is true and correct to the best of my knowledge. I further understand that misrepresentation of facts constitutes FRAUD and could render me ineligible for housing.

(Signature of Head of Household) (Date)

(Signature of Spouse (Significant Other) residing in home) (Date)

(Signature of Household Member over 18) (Date)

HOUSEHOLD COMPOSITION							
No.	First & Last Name	Age	Relationship	Date of Birth	Sex	Social Security	Occupation
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							

Notes:

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.