



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.*

All information must be true and accurate to the best of your knowledge. If any statements that are made through out this application are falsified for the purpose of qualifying for a home, it may jeopardize your chance of being selected for a unit with the Yavapai Apache Nation Tribal Housing.

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. If there is an adult in the household who is not a Tribal Member they must provide a copy of there I.D.



**YAVAPAI-APACHE NATION
TRIBAL HOUSING**

P.O. Box 3310 - Camp Verde, AZ 86322
 Phone (928) 567-4191 Fax (928) 567-5310

TRIBAL HOUSING APPLICATION

Date, Time, Sign

Received

Date of Application _____

A. Family Composition

Last Name	First Name	M.I	Relationship to Head of Household	Date of Birth	Age	Sex	Occupation	Tribal Member Y or N	Veterans Y or N

B. Income

Employer Name & Address	Job Title	Rate Per Hour	Hrs. per Week	Gross Pay	How Often

C. Disabled Household Members ****Documentation Attached**** Y N

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 _____



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Current Mailing Address

Name: _____

Mailing Address: _____

Contact Numbers: _____

Signature: _____



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**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



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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	_____	_____	_____

THIS FORM CANNOT BE USED TO REQUEST A COPY OF A TAX RETURN, INSTEAD, USE IRA FORM 4506, "REQUEST FOR COPY OF TAX FORM".



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Former Landlord Verification

Landlord Name: _____

Landlord Address: _____

City, State, Zip: _____

Phone Number: _____

Current Landlord **Previous Landlord** **Other**

Date of Tenancy: From _____ To _____

I, _____ (Please Print Name) hereby authorize that the following information regarding my past rental history be released to the Yavapai-Apache Nation Tribal Housing Authority.

Applicants Signature Date

Please Complete and return by Fax, Mail, or Email:

1. How much rent do/did the applicant pay per month? \$ _____
Was the rent paid in a timely manner? Yes No
If, no how late? _____ How often _____
2. Do/did the tenants keep their unit clean? Yes No
3. Do/did the applicant or his/her guest cause damages to the unit or to the common areas? Yes No
Please Describe:

4. Do/did you have any problems with the tenant household member, visitors, or guest? Yes No

- 5. Do/did they have a history of disturbing the neighbors, or community? Yes No
- 6. Do/did they have a history of violence or harassment of the neighbors or community? Yes No
- 7. Have you ever received any complaints regarding the applicant or his/her household members, visitors, guest? Yes No
- 8. Does/did the applicant permit persons other than those on the lease to live in the unit? Yes No
- 9. Did you keep any of the security deposit? Yes No
How much? _____ Why? _____
- 10. Is there any rent or charges for damages that the applicant owes? Yes No
- 11. Have you ever had to begin eviction proceeding against this tenant? Yes No
- 12. Would you rent to this tenant again? Yes No

Landlord Printed Name: _____

Landlord Signature: _____ Date: _____

This form was filled out by: _____ Title: _____

Over the phone at _____ (time), at the Yavapai Apache Nation Tribal Housing Office. Because
Landlord was unable to send back form.



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AUTHORIZATION TO CONDUCT CRIMINAL HISTORY CHECK

I, _____ (Please Print Name) herby acknowledge and agree to give the Yavapai- Apache Nation Tribal Police Department (YAPD) the right to investigate my background, with the understanding that this information will be used for the sole purpose of conducting a Criminal History Check. YAPD, herby agrees to release this information solely to the Yavapai-Apache Nation Tribal Housing (YANTH). I understand that the YAPD will work with the Department of the Public Safety through the use of the **Arizona Criminal Justice Information System**. YANTH may also utilize the **Dru Sjodin National Sex Offender database**.

<u>First Name</u>	<u>Last Name</u>
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<u>Phone Number</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
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<u>Physical Address</u>

Aliases:

1. _____
2. _____
3. _____

Residential addresses used since 18th birthday (if more space is needed use separate sheet of paper):

1. _____
2. _____
3. _____

Voluntary Information of Prior Criminal Conviction:

1. _____
2. _____
3. _____

Signature _____ Date _____