



# CROW CREEK HOUSING AUTHORITY

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P.O. Box 19 • Fort Thompson, SD 57339  
Phone (605) 245-2250 • Fax (605) 245-2247

## APPLICATION PROCESS

1. Application must be filled out completely.
2. Need copies of all **income** for everyone in household.
3. Head of Household needs to attach a copy of **Tribal enrollment** card.
4. Need copies of **birth certificates** for everyone on application.
5. Need copies of **social security cards** for everyone on application.
6. Veteran: Copy of *DD214* Form
7. Disability: Copy of *Acceptance Letter*

**Note: Failure to follow the application process will result in an incomplete application and the application will not be processed for eligibility.**

- By my signature below, I have fully completed the housing admissions application and have attached all necessary documents listed above.
- Therefore, I am returning a completed application to the housing authority.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Time: \_\_\_\_\_

Application Complete: Yes \_\_\_\_\_ No \_\_\_\_\_

Received By: \_\_\_\_\_

# Crow Creek Housing Authority Application for Admission

- ☐ Low Rental Housing Program
- Preferences (List 1<sup>st</sup> choice, 2<sup>nd</sup>, 3<sup>rd</sup>)
- ☐ Fort Thompson \_\_\_\_ **(chose only**
- ☐ Big Bend \_\_\_\_ **if you want**
- ☐ Crow Creek \_\_\_\_ **to live in that**
- ☐ Home Ownership Program **district)**
- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Phone No \_\_\_\_\_
- Email \_\_\_\_\_

## 1. Family Composition

### A. Persons Who Will Move Into the House

Family Member	Family Member Name	Relation to Family Head	Date of Birth	Age	Sex	Occupation and/or School Grade
1.						
S.S. #						
2.						
S.S. #						
3.						
S.S. #						
4.						
S.S. #						
5.						
S.S. #						
6.						
S.S. #						
7.						
S.S. #						
8.						
S.S. #						
9.						
S.S. #						
10.						
S.S. #						

\*\*\* All areas must be filled in and completed, or the application will not be considered \*\*\*

## Crow Creek Housing Authority Application for Admission

- B. Do you anticipate any changes in your family composition? \_\_\_\_\_  
\_\_\_\_\_
- C. Are you or any other member of your household **Handicapped?** \_\_\_\_\_  
**Veteran?** \_\_\_\_\_ If so, please attach your DD214 form.  
**Disabled:** \_\_\_\_\_ If so, please attach the Disability Acceptance Letter.
- D. Have you or any member of your household ever lived in one of our units before? \_\_\_\_\_  
If yes, what unit number: \_\_\_\_\_

### 2. Family Income

A. Income From Employment      **Yes**      **No**

Family Member	Hours/week	Rate/Hour	Rate/Month	Rate/Year	Employer Name and Address

B. Other Income      **Yes**      **No**

Source	Rate/Month	Rate/Year	Family Member
Welfare			
Social Security			
S.S.I.			
Pension			
Own Business			
General Assistance			
Other			

### 3. Present Housing Condition and Need

A. Without Housing? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason \_\_\_\_\_

Present Living Arrangements \_\_\_\_\_

\*\*\*Present/Previous Landlord Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Utility Company and Address:

\_\_\_\_\_

Credit Reference and Address:

\_\_\_\_\_

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## Crow Creek Housing Authority Application for Admission

B. About to be without housing? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason \_\_\_\_\_  
Type of Notice and Effective Date \_\_\_\_\_

C. Do You Have?

Drinking Running Water in the Dwelling Unit \_\_\_\_\_

Working Toilet in the Dwelling Unit \_\_\_\_\_

Installed Usable Tub/Shower in the Dwelling Unit \_\_\_\_\_

Operating Sink and Proper Stove Connections in the Kitchen \_\_\_\_\_

Adequate Electric Wiring System in the Dwelling Unit \_\_\_\_\_

Adequate and Safe Heating Facilities in the Dwelling Unit \_\_\_\_\_

D. How many bedrooms does your present dwelling unit have: \_\_\_\_\_

How many persons now reside in your Dwelling Unit? \_\_\_\_\_

E. Is your present dwelling structurally safe? Yes \_\_\_\_\_ No \_\_\_\_\_

F. How many families reside in the dwelling unit? \_\_\_\_\_

G. What is your monthly rent? \_\_\_\_\_

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### 4. Assets

A. Does anyone in the household own a car, truck, motorcycle, boat, recreational vehicle (camper, snowmobile), or any other vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Type \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

Type \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

Type \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

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### 5. Disclosure

A. Please list any close relatives working for the Crow Creek Housing Authority or relative to seated members of the Board of Commissioners or Tribal Council.

\_\_\_\_\_  
\_\_\_\_\_

## Crow Creek Housing Authority Application for Admission

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

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Applicant Signature

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Date

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Occupancy Signature

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Date

Notations: \_\_\_\_\_

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### For Crow Creek Housing Authority Use Only

- |                                       |           |          |
|---------------------------------------|-----------|----------|
| 1. Eligible                           | Yes _____ | No _____ |
| 2. Income                             | Yes _____ | No _____ |
| 3. Without Housing                    | Yes _____ | No _____ |
| 4. About to be <b>Without</b> Housing | Yes _____ | No _____ |
| 5. Substandard Housing                | Yes _____ | No _____ |
| 6. Displaced (Natural Disaster)       | Yes _____ | No _____ |
| 7. Rent Burden                        | Yes _____ | No _____ |
| 8. Elderly                            | Yes _____ | No _____ |
| 9. Veteran -                          | Yes _____ | No _____ |
| (Honorable or Medically Discharged)   |           |          |

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# Crow Creek Housing Authority Application for Admission

## Background Investigation Form & Questionnaire

**Background:** Pursuant to Section 208 of Native American Housing Assistance and Self-Determination act of 1996 (NAHASDA), recipients are permitted to obtain criminal history records of applicants for employment, and of adult applicants for and tenants of, housing assisted under NAHASDA for purposes of applicant screening, law enforcement, and eviction.

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of other residents.

Crow Creek Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past ten years?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you currently use illegal drugs or abuse alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you currently subject to a lifetime registration requirement under a state or federal sex offender registration program? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you been convicted of any drug-related crimes within the past ten years? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you been convicted of any felony within the past ten years: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Have you been convicted of any crime involving fraud dishonesty within the past ten years? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Have you been convicted of any crime involving violence within the past ten years? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Are you currently charged with any of the above criminal activities? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you have any current outstanding warrants? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Please list all states in which you have lived or have held driver's license numbers: \_\_\_\_\_  
\_\_\_\_\_
11. Have you ever used or been known by any other name? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list names used: \_\_\_\_\_

I understand that the above information is required to determine eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize the Crow Creek Housing Authority to verify the above information, and I consent to the release of the necessary information to determine eligibility. I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Crow Creek Housing Authority, a public housing authority, or to an agency contracted by Crow Creek Housing Authority to conduct criminal background checks.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (Print): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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# Crow Creek Housing Authority Application for Admission

## AUTHORIZATION FOR RELEASE OF INFORMATION

### CONSENT:

I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release to Crow Creek Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under HUD Development of South Dakota, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

### INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status  
Credit and Criminal Activity

Employment, Income and Assets  
Residence and Rental Activity

Medical or Child Care Allowances  
Tribal Enrollment/Abstract

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and for continued participation in a housing assistance program.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

Previous Landlords  
Courts and Post Offices  
Social Security Administration  
Support and Alimony Providers  
Banks and Financial Institutions  
Credit Providers and Credit Bureaus

Past and Present Employers  
State Unemployment Agencies  
Law Enforcement Agencies  
Veterans Administration  
Welfare Agencies

Public Housing Agencies  
Schools and Colleges  
Medical and Child Care Providers  
Retirement System  
Utility Companies

### CONDITIONS:

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of the authorization is on file with Crow Creek Housing Authority and will stay in effect for a year and one month from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

### WARNING:

Title 18, section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States

\_\_\_\_\_  
Head of Household Signature  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Print Name  
Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Print Name  
Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Print Name  
Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Date

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