



# CROW CREEK HOUSING AUTHORITY

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

## TENANT BASE ASSISTANCE REQUEST FORM

The Tenant Base Assistance Program is to help *enrolled members of the Crow Creek Sioux Tribe who reside within the boundaries of the Crow Creek Sioux Reservation or live in Service Area, Chamberlain SD, and 21 years of age to relocate within the state of South Dakota.* The Tenant Base Assistance is a *one-time* assistance. Please understand if *you have received assistance in the past, owe the Crow Creek Housing Authority, or have been convicted of a felony and/or have any background cases open, your application will not be considered due to program regulations.*

### Please attach the following with this application:

**\*Copy, Tribal enrollment or Abstract      \* Copy, Proof of Income      \* Copy, Rental/Lease agreement**

Date: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Current Address: \_\_\_\_\_

1. Are you an enrolled member of the CCST? ☐ Yes ☐ No **If yes, Please attach a copy of enrollment**
2. Do you have an income source? ☐ Yes ☐ No **If yes, Please attach a copy of Income source**
3. Have you rented from CCHA? ☐ Yes ☐ No **If yes, Do you owe past due rent:** ☐ Yes ☐ No
4. Are you a convicted felon? ☐ Yes ☐ No **Explain:** \_\_\_\_\_
5. Do you reside on the CCST Reservation? ☐ Yes ☐ No **If yes, Address:** \_\_\_\_\_
6. Are you a college student? ☐ Yes ☐ No **If yes, Please provide acceptance letter for College**

Landlord: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Cell#: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Amount Requesting: \_\_\_\_\_ 1<sup>st</sup> Month's Rent: \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_

↓ OFFICE USE ONLY ↓

**APPROVAL** – Once approved, the Tenant Base Assistance check will be mailed directly to the vendor. The check will not be hand delivered by the applicant or any individual.

☐ Yes ☐ No Have they received assistance before.

☐ Yes ☐ No Do they owe Crow Creek Housing Authority.

☐ Yes ☐ No Reason for Denial: \_\_\_\_\_

Occupancy Specialist

Date

Executive Director

Date



# CROW CREEK HOUSING AUTHORITY

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

## **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

\_\_\_\_\_  
Applicant Signature

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Applicant Print Name

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_  
Date