STANDING ROCK SIOUX TRIBE

HOUSING AUTHORITY

# STANDING ROCK HOUSING AUTHORITY APPLICATION

15 WOLF AVENUE – FORT YATES NORTH DAKOTA 58538
O - 701-854-3891 www.standingrockhousing.org F- 701-854-3946

**WELCOME** All rental applicants to SRHA, please submit this application in its entirety, attach copies/documents of Tribal Enrollment verifying date of birth.

Wait lists are on a first-come, first-served basis as indicated by date and time stamp. It is the responsibility of each applicant to ***update their application every 6 months*** to remain on the waiting list, please remember the date application was submitted, there will be no reminders mailed.

All composition members 18 years of age and older will be subject to a background check upon selection of a SRHA unit. ***Please be reminded, if selected and found eligible for a unit, electrical meter must be in Head of Household prior to moving in and remain during tenancy. In most cases tenants are responsible for payment of their electricity and propane***.

**What makes a potential or current tenant ineligible?**

- Knowingly providing false information on application or to SRHA personnel during recertification
- Outstanding debt owed to SRHA (except for elderly with a repayment agreement)
- Conviction of drug-related criminal activity within the past 5 years
- Conviction of violent criminal activity within the past 3 years
- Conviction of gang or gang related criminal activity within the past 3 years
- Currently required to register as a sex offender
- Evicted from any Housing Authority in the past 5 years
- Abandoned any Housing Authority in the past 5 years

**Upon selection of a unit, this application/questionnaire will proceed with the following:**

- Verification of Income
- Verification Head of Household has primary custody of children under the age of 18, where applicable
- Release of Information form completed and signed where applicable
- Privacy Act Disclosure form completed and signed
- All verification that is answered "Yes" on this application/questionnaire

***Thank you for your interest in renting from SRHA we look forward to serving you, your composition members and working together to keep our homes and communities safe.***

**NOTE TO TENANT:** For us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. ***Providing false information may result in loss of your housing.***

| | |
|---|---|
| Name: | Landline or Cell #: (  ) |
| Current Mailing Address: | Email Address: |
| District Requested/Currently Residing  SRHA unit# _____ | Date & Time Received:<br><br>Employee Initials: |

# HOUSEHOLD COMPOSITION

***Please read each question carefully, answer each question completely and be prepared to verify items check "yes".***

List yourself and anyone who will live with you ***within the next 12 months***. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

***Please list household members starting with Head of Household (HOH) on line 1, then in order of oldest to youngest.***

| | *Last Name, First, Middle Initial* | *Relationship to HOH* | *Birthdate* | *Age* | *Last 4 of Social Security #* | *Student Status:* | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | *Full time* | *Part Time* | *N/A* |
| *1.* | | *Head* | | | | | | |
| *2.* | | | | | | | | |
| *3.* | | | | | | | | |
| *4.* | | | | | | | | |
| *5.* | | | | | | | | |
| *6.* | | | | | | | | |
| *7.* | | | | | | | | |
| *8.* | | | | | | | | |
| *9.* | | | | | | | | |

1.) Do you anticipate any changes in the size of your household ***within the next 12 months?*** ☐ Yes ☐ No

*(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)*

If yes, please describe any changes here: _____

2.) Will anyone under age 18 listed above live in the unit ***less than 50%*** of the next 12 months? ☐ Yes ☐ No

If yes, please explain here: _____

3.) Does any member in your household have a disability and require a live-in care attendant? ☐ Yes ☐ No

4.) Is any adult member of your household separated, but not divorced? ☐ Yes ☐ No

5.) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? ☐ Yes ☐ No

## STUDENT ELIGIBILITY QUESTIONS

6.) Are **ALL** members of your household full-time students? ☐ Yes ☐ No

7.) Will **ALL** members of your household be full-time students during any 5 months of this year? ☐ Yes ☐ No
*(Example: a student who goes to school full-time in any parts of January, February, April, October and November)*

8.) Will **ALL** members of your household be full-time students during 5 months of next year? ☐ Yes ☐ No

9.) Is **ANY ADULT** member of your household a part or full-time student in a college or University ☐ Yes ☐ No

If yes, who is enrolled? _____ Which school are they enrolled in? _____

How do they pay for their education? _____ What is the cost of tuition per semester? $_____

10.) Does **ANY ADULT** member of your household intend to become a student **within the next 12 Months?** ☐ Yes ☐ No

If yes, who will enroll in school? _____

If yes, will they be enrolled as part- or full-time students? _____

## CHILD SUPPORT / ALIMONY INFORMATION

11.) Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support is being received? (Case id) _____ ☐ Yes ☐ No

**IF "NO" SKIP TO QUESTION 12**

a.) Name of person with court order: _____ Payment Amount: $ _____ per _____

b.) Name of person(s) paying support/alimony: _____

Are the **FULL** court-ordered amount(s) being received? ☐ Yes ☐ No

If **"NO"** are you making efforts to collect amounts due? ☐ Yes ☐ No

If **"YES",** please explain efforts you are making here: _____

12.) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED?**

(This includes help from children's father or mother for clothes, groceries etc.) ☐ Yes ☐ No

**IF "NO" SKIP TO NEXT SECTION**

a.) Payment Amount: $ _____ per _____

b.) Name of person(s) paying support/alimony:

_____ Phone: _____ for child: _____

_____ Phone: _____ for child: _____

# INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from home.

| YES, | NO | TYPE OF INCOME | AMOUNT |
|---|---|---|---|

☐ ☐ **13.) Are any members of the household employed?**

**Job 1.)** Who is employed? _____ **AMT $** _____

What Company/Business: _____ **PER** _____

Company/Business Phone: _____

**Job 2.)** Who is employed? _____ **AMT $** _____

What Company/Business: _____ **PER** _____

Company/Business Phone: _____

☐ **Check if there are any additional jobs in the household.**
(Attach separate sheet with contact information)

☐ ☐ **14.) Are any members of the household self-employed?**

Who is self-employed? _____ **AMT $** _____

What type of work does this person do? _____ **PER** _____

☐ ☐ **15.) Are any adult members of your household unemployed?**

Which adult members are unemployed? _____

☐ ☐ **16.) Does any household member receive pay from the military?**

Who is paid by the military? _____ **AMT $** _____

Which branch of the military? _____ **PER** _____

Contact Person: _____ Phone: _____

☐ ☐ **17.) Does any household member receive any payments from Social Security Administration?**
**Which type:** ☐ **SS** ☐ **SSI** ☐ **Other**

Who receives payments from the Social Security Office? _____ **AMT $** _____

**PER** _____

☐ ☐ **18.) Does any household member receive severance pay or worker's compensation?**

Who is receiving severance or worker's compensation? _____ **AMT $** _____

Which company pays them? _____ **PER** _____

Contact Person: _____ Phone: _____

# INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of the household, including minors and those temporarily absent from the home.

| YES, | NO | TYPE OF INCOME | AMOUNT |
|---|---|---|---|

☐ ☐ **19.) Is any household member unemployed and receiving payments from an Unemployment Agency?**

Who is receiving unemployment benefits? _____ **AMT $** _____

Contact Person? _____ Phone: _____ **PER** _____

☐ ☐ **20.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here)**

Who is receiving TANF or AFDC benefits? _____ **AMT $** _____

Caseworker: _____ Phone: _____ **PER** _____

☐ ☐ **21.) Does any household member receive periodic payments from pension, annuity or retirement benefit account?** Please Check One: ☐ Pension ☐ Annuity ☐ Other Retirement

Who receives these payments? _____ **AMT $** _____

What company pays this person? _____ **PER** _____

Contact Person: _____ Phone: _____

☐ ☐ **22.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?**

What is the name of the person that pays you? _____ **AMT $** _____

What is their address? _____ **PER** _____

Phone number: _____

☐ ☐ **23.) Is there any other source of income we haven't already asked about above that you receive?**

Please Describe: _____

☐ ☐ **24.) Does your household expect any changes in their income *within the next 12 months*?**

Please Describe: _____

☐ ☐ **25.) Does your household receive long-term care insurance payments, *more than $180 per day*, for a family member residing in a long-term care facility?**

Which household member is in a long-term facility? _____ **AMT $** _____

Which household member are the payments made to? _____ **PER** _____

What company pays this person? _____

Contact Person: _____ Phone: _____

☐ ☐ **26.) Do any adult members of your household have zero income?**

Household members who have zero income: _____

# ACCOUNT / ASSET INFORMATION

The questions regarding household accounts/assets apply to all members of the household, including minors and those temporarily absent from the home

YES, NO

## ACCOUNT INFORMATION

☐ ☐ **27.) Does any household member have a checking, Savings, CD or Money Market account?**

**Bank 1.)** Bank Name: _____ Name(s) on Account: _____

Account Type: ☐ Checking ☐ Savings ☐ CD ☐ Money Market

**Bank 2.)** Bank Name: _____ Name(s) on Account: _____

Account Type: ☐ Checking ☐ Savings ☐ CD ☐ Money Market

☐ **Check if there are any additional accounts of these types belonging to the household.**
(Attach separate sheet with bank name, account type and name(s) on the account)

☐ ☐ **28.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a whole life Insurance Policy?** (Life insurance that you can make withdrawals from even if there isn't a death. We do not count **TERM** insurance)

Institution Name: _____ Name(s) on Account: _____

Contact Person: _____ Phone: _____

☐ ☐ **29.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement?**

Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: ☐ IRA ☐ Keogh ☐ 401K ☐ Other

☐ ☐ **30.) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401k or Annuity accounts)?**

Institution Name: _____ Name(s) on Account: _____

Contact Person: _____ Phone: _____

☐ ☐ **31.) Does any household member own any Real Estate?** (Include rental property, primary residence, vacation property, time-shares, commercial property and property being sold by deed of trust or contracts for deed.)

Property Owner(s): _____ Type of Property: _____

What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.) Contact Person: _____ Phone: _____

☐ ☐ **32.) Does any household member have personal property that they hold for investment purposes that they plan to sell later for profit?** (examples include coin or stamp collections, antique cars, jewelry etc.)

Property Type: _____ Estimated Cash Value $ _____

☐ ☐ **33.) Does any household member have a Trust Account?**

Institution Name: _____ Name(s) on Account: _____

Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____

☐ ☐ **34.) Does any household member have any Treasury Bills or Government Savings Bonds?**

Which household member: _____

☐ ☐ **35.) Does any household member have cash on hand or safe deposit boxes?**

Which household member: _____ What amount is kept on hand? $_____

# ACCOUNT / ASSET INFORMATION CONTINUED

The questions regarding household accounts/assets apply to all members of the household, including minors and those temporarily absent from the home

| YES, | NO | ACCOUNT INFORMATION |
|---|---|---|
| ☐ | ☐ | **36.) Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use of vehicles, furniture, clothing etc.)** |

What type of account or asset is this? _____

What is the estimated value of this asset if you were to sell it today $_____

| | | |
|---|---|---|
| ☐ | ☐ | **37.) In the past two years, have any household members given away any asset(s) for less than they were worth?** (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.) |

What was the estimated value of this asset? $_____

# HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for compliant properties. Under penalty of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in loss of my housing at this property.

I also understand that the information provided is confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in this housing program.

**CERTIFICATION: All household members who are 18 years of age or will be 18 years of age within the upcoming 12-month period must sign below.**

_____ _____
Head of Household Date

_____ _____
Co-Head of Household Date

_____ _____
Other Adult Member Date

_____ _____
Other Adult Member Date

_____ _____
Other Adult Member Date

***BOC Approval: August 19, 2026***

**NOTE: Standing Rock Enrolled Members receive priority, Standing Rock Enrolled Members who are Veterans also receive priority. We do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.**