Maggie Ashiey Traner Park Application Checklist
Completed Application
Two Letters of Reference
Proof of Enrollment (If applicable)
Proof of Income
Copy of Title (naming head of household as owner).
Proof of Homeowner's insurance
Background Check (by SKHA staff).
Trailer Inspected (by SKHA inspector).
Proof of Property Taxes is paid in full (if applicable).
DUE AT TIME OF MOVE IN:
Copy of MVP/Pablo Water Sewer Contracts

Please Note: Admission requirements state that mobile home must be 1980 or newer.

Maggie Ashley Trailer Park Housing Application

NOTE: This application will not be processed until all information requested has been completed and/or submitted. Please complete the following questions in **INK**.

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I. HOUSEHOLD COMPOSITION

			COST TO THE REAL PROPERTY OF THE PARTY OF TH			
Household Member	Relationship To HOH	Sex	Date of Birth	Social Security #	Tribal Affiliation	Enrollment #
l.	Head of Household					
2.		10000				
3.						
4.				н		
5.						
5.			**	:		
7.						
8.						
Contact Information		٠ ٥	1	67	•	• · · · · · · · · · · · · · · · · · · ·

Contact Information Mailing address:		
City, State, Zip code:		
Telephone Number:	Message Number:	
II.	RENTAL HISTORY	
Date rental dates – from: Landlord Name: Mailing address:	g information as written verification will need to be obtaine to Phone Number:	ed.
Are you currently renting this u IF YES, What is your present re	nt amount?\$	
If No, please provide 2 personal	references.	

Have you ever been evicte	Control of the Contro		20					
	If yes, when: Reason for eviction:							
Do you owe SKHA for any	Do you owe SKHA for any outstanding accounts receivable? Yes No							
If yes, how much do you p		4						
Do you have a current pay	yback agreement in place	e? 🗌 Yes 🔲 No	3					
		ALD INCOME						
	III. HOUSEH	IOLD INCOME						
Does any household mem	Does any household member receive income from employment? Yes No							
Household member	Employer	Employer Telephone	Gross Wages					
Household member	Employer	Number	received Monthly					
	·		\$					
		· ·	\$					
		<u> </u>	\$					
If there is no household replan to pay for the lot res	nt? If possible, please atta	nt or self-employment, ho ach verification.						
	IV. MOBIL	Е НОМЕ						
Who owns the mobile l Self Bank Third Party	*Please attack Which Branch:	h a copy of the ti	<u>tle</u>					
Trailer Description		•						
9	Year:	· · · · · · · · · · · · · · · · · · ·						
0 - W 2000 000 00 00 00 00 00 00 00 00 00 00	Home Owner's Insura	nce with the title, ication without a copy o	of the insurance.					

MAGGIE ASHLEY TRAILER PARK

Updated: January 23, 2020

V. DECLARATIONS					
	нон	Other Household member			
Do you anticipate any change in your household composition during the next 12 months?	☐ Yes ☐ No	☐ Yes ☐ No			
Have you ever been arrested for any criminal activity?	Yes No	Yes No			
Have you ever been arrested for any drug related criminal activity?	☐ Yes ☐ No	☐ Yes ☐ No			
Are you are registered offender?	Yes No	Yes No			
If you answered yes to any of the above declarations plea					
VI. SIGNATURE	ES				
I/We hereby affirm that the foregoing information is true and contain and authorize the Landlord to make inquiries to verify the statem that any intentional misrepresentation in this application might reand/or eviction of this household. If any of the aforementioned information changes, I/we agree to	nents herein. I/we fi esult in default in the	urther understand rental agreement			
All household members age 18 or older sign below:	٠				
Head of Household Signature	Date Signed				
Applicant/Tenant Signature	Date Signed _	· ·			
Applicant/Tenant Signature	Date Signed _				
Applicant/Tenant Signature	Date Signed _				
SKHA Representative	u 3	Date			

AUTHORIZATION TO R	ELEASE INFORMATION				
Please print your full legal name and list your Social	Security Number				
Printed Name:	Social Security Number:				
Printed Name:	· · · · · · · · · · · · · · · · · · ·				
Printed Name:					
Printed Name:	Social Security Number:				
I/We have applied or are currently residing in a unit under the management of the Salish & Kootenai Housing Authority (hereinafter SKHA) Low Income Housing Tax Credit and Rural Development 515 housing programs. As part of the certification process SKHA may need to verify information contained in my/our rental application or file update and in other documents that are required. I/We authorize you to provide SKHA, all information and documentation that they request. Such information includes, BUT IS NOT LIMITED TO, employment history, any source of income; bank, money markets, and similar account balances, credit history, copies of income tax returns, criminal background checks, student status, educational costs and financial aid. This authorization also includes any minor children of the above named individuals. A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL. Your prompt reply to SKHA is appreciated. Furthermore I/We grant SKHA permission to release information necessary in assisting me in obtaining other services for which I/We may be eligible. THIS RELEASE OF INFORMATION IS GOOD FOR ONE YEAR FROM THE DATE SIGNED.					
Applicant/Tenant Signature	Date Signed				
Applicant/Tenant Signature	Date Signed				
Applicant/Tenant Signature	Date Signed				

Applicant/Tenant Signature

Date Signed _____

NOTICE

TO ALL APPLICANTS: New, Update, Recertification, Transfer

The new HUD regulation establishes administrative procedures for imposing civil penalties and assessments against person who file false claims or statements while applying for housing benefits. This regulation, which implements the Program Fraud Civil Remedies Act of 1986, applies to all applicants for Indian Housing Programs, as well as tenants and homebuyers.

The Program Fraud Remedies regulations apply to any person or persons who misrepresent or omit information from applicants for housing, income verification, re-examinations of information, family compositions, ages of family members, etc. The HUD Inspector General may investigate and they may be subject to the following penalties:

- 1. Up to \$5,000.00 for filing such a claim; or
- 2. Up to \$5,000.00 plus up to twice the amount of benefits which were fraudulently received; and
- 3. In any case, whether or not benefits were actually received by the individual family, any other remedy which may be prescribed by law will still apply. (This means that the fines do not preclude criminal charges or legal actions against the person(s) committing the fraud.)

Some of the areas where such fraud may occur:

- 4. Families reporting less than all sources of income, (e.g., only reporting husband's income when both spouses are working; or not reporting all or part of part-time income or other seasonal income.)
- 5. Families listing more dependents than are eligible or who live in the household.
- 6. Families misrepresenting age to either get benefits for "elderly" or claim children as dependents after they reach age 18.
- 7. Families not reporting all assets, such as bank accounts, real estate/homes owned (other than Trust land, which is not an asset for this program).

The attachment of this Rider shall be made a part of the Dwelling Lease.

Authorized SKHA Staff	Date Signed	
		100
Applicant/Tenant Signature	Date Signed	
Applicant/Tenant Signature	Date Signed	_
Applicant/Tenant Signature	Date Signed	_
Applicant/Tenant Signature	Date Signed	