

## Transitional Living Center - Application Checklist

- Must be Completed *and* Signed by ALL Members of the Household that are 18 and older or an Emancipated Minor.
  
- Copy of Tribal I.D.

### INCOME VERIFICATION (of all household members 18 and older):

- |   |   |
|---|---|
| <input type="checkbox"/> Copy of the Most Current Pay Stub    | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Copy of Social Security Award Letter | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Copy of VA or Retirement Check Stubs | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Copy of TANF/GA/Welfare Check Stubs  | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Worker's Compensation Check Stubs    | <input type="checkbox"/> Not applicable |

### ADDITIONAL INFORMATION REQUESTED (If Applicable)

- Criminal/Drug Charge** (provide documentation all court requirements have been met)
- Probation/Parole** (letter of compliance from Probation/Parole Officer)
- Registered Violent/Sexual Offender** (proof of registration)
- Temporary/Joint Custody** (provide Court Ordered Documentation)

**TRANSITIONAL LIVING CENTER  
INTERVIEW**

RECEIVED:

  
  
  

FOR OFFICE USE ONLY

- CSKT Tribal Member**
- Enrolled in Other Tribe**
- Parent of Enrolled Minor in CSKT**

**Enrolled Minor(s):** \_\_\_\_\_ **Enrollment Number:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Interview:** \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle

Contact Address: \_\_\_\_\_

Street Address City State Zip

Telephone Number \_\_\_\_\_ Message Telephone \_\_\_\_\_

Vehicle \_\_\_\_\_

Make Model Year

Are you enrolled in Federally Recognized Tribe  Yes  No, if yes, what is the Name of your Tribe \_\_\_\_\_ Enrollment# \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

**Family Composition: List ALL Family Members**

Last Name, First Name, Middle Initial	Relationship to Applicant	Sex	Date of Birth	Social Security #	Tribal Affiliation	Enrollment #
1.	Self					
2.						
3.						
4.						
5.						
6.						

**BACKGROUND CHECKS WILL BE COMPLETED ON ALL ADULTS IN THE HOUSEHOLD**

Have you or any of your household members ever been convicted of a **FELONY**?  Yes  No

If yes When, Where, and for What: \_\_\_\_\_

Are you or any of your household members required to register for the Sexual or Violent Offender Registry?  Yes  No If yes Who, When and Where? \_\_\_\_\_

Have you or any member of your household ever been **CHARGED and/or ARRESTED** for any Drug-Related Criminal Activity, Drug Paraphernalia or Criminal Activity?  Yes  No

If yes Who, When and Where? \_\_\_\_\_

Is **ANY** household member on Probation or Parole?  Yes  No If yes, Who: \_\_\_\_\_

Name of Probation/Parole Officer: \_\_\_\_\_ Telephone # \_\_\_\_\_ Ext. \_\_\_\_\_

**HOUSEHOLD INCOME**

Household Member	Employer	Employer Telephone #	Gross Wages Received Annually
1.			
2.			

Does any household member receive income from the following ON A MONTHLY or REOCCURING BASIS?

Source of Income	Yes	No	Amount Received Monthly	Amount Received on a Reoccurring Basis
Is any member Self-Employed? <i>(Please provide a copy of the most recent Tax Return or the Past Six Months of Profit/Loss Statements)</i>			\$	\$
Welfare Assistance <i>(TANF, General Assistance)</i>			\$	\$
Veteran's Administration			\$	\$
Child Support <i>(Provide Court Order)</i>			\$	\$
Social Security			\$	\$
Disability Benefits <i>(Supplemental Social Security)</i>			\$	\$
Retirement Benefits			\$	\$
Pension <i>(PERA, Railroad, etc.)</i>			\$	\$
Worker's Compensation			\$	\$
Per Capita/Gaming			\$	\$
Other: <i>(list)</i>			\$	\$

Give an explanation of your emergency situation:

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

If your current living arrangements are homeless, what are the reasons that lead to this?

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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:

- 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.)
- Families listing more dependents than are eligible or who live in the household.
- Families misrepresenting age to either get benefits for “elderly” or claim children as dependents after they reach age 18.
- 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).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Authorized SKHA Staff

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Date Signed

**AUTHORIZATION TO RELEASE INFORMATION**

I/We have applied for a program or are currently residing in a unit under the management of the Salish & Kootenai Housing Authority (hereinafter the Housing Authority.) As part of the application/certification process the Housing Authority may need to verify information contained in my/our application or file update and in other documents that are required.

I/We authorize you to provide the Housing Authority all information and documentation that they request.

This authorization also includes any minor children of the above named individuals.

All household members age 18 or older or Emancipated Minor please print your full legal name and list your Social Security Number below:

Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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**A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS  
AN ORIGINAL.**

Your prompt reply to the Housing Authority is appreciated. Furthermore I/We grant the Housing Authority permission to release information necessary in assisting me/us in obtaining other services for which I/We may be eligible.

All household members age 18 or older or Emancipated Minor sign below:

Head of Household Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

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

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

# THIS RELEASE OF INFORMATION IS GOOD FOR ONE YEAR FROM THE DATE SIGNED.

## Transitional Living Center Drug Testing Procedures

1. During each application process, the Intake and Eligibility Staff will explain the TLC Drug Testing Procedures form and have the applicant sign the document and make sure that they understand our drug testing procedures to get into TLC.
2. When a TLC unit becomes available for a potential applicant, the TLC Case Manager/Coordinator will contact the applicant by phone. The TLC Case Manager/Coordinator will then notify the applicant that they have one hour to come to the Salish Kootenai Housing Authority to submit to a drug test.

### Exceptions to Drug Testing:

- a. If an applicant is still in jail or they are currently in a Pre-Release Facility.
3. Drug Testing will be witnessed by Salish Kootenai Housing Authority Staff.
4. If the potential applicant does not have any type of transportation to come in and submit to the drug test, the TLC Case Manager/Coordinator will provide transportation for the applicant as long as they reside a reasonable distance from the Salish Kootenai Housing Authority.
5. If the applicant refuses to submit to a drug test or they do not show up within one hour for their scheduled UA, said applicant will be removed from the TLC eligibility list and applicant must re-apply for TLC services.
6. If the applicant fails the drug test they will be removed from the TLC eligibility list and future applications will comply with SKHA Drug and Criminal Policy and the Transitional Living Center Admissions Policy.
7. If the applicant passes his/her drug test the TLC Case Manager/Coordinator will then provide the applicant with a move-in date and a time to review the Policies and Procedures of TLC within 5 days of the drug testing procedure.
8. The applicant further agrees to random drug testing at the discretion of the Housing Authority while being a guest at TLC.

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Signature

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Date

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Signature

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Date

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Intake Eligibility Staff

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Date

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\*\*\*FOR OFFICE USE ONLY\*\*\*

Background complete  \_\_\_\_\_ Staff Initial

Approved ~ Date: \_\_\_\_\_  
Comments:

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

Denied ~ Date: \_\_\_\_\_  
Reason:

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

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Program Compliance/Development Coordinator

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Date signed