



# *WHITE EARTH RESERVATION HOUSING AUTHORITY*

3303 US Hwy 59, Waubun, MN 56589  
Telephone: (218) 473-4663 • Toll Free: (800) 726-4016 • Fax: (218) 473-2910

**\*\*MUST BE ELIGIBLE TO HAVE SERVICE HOOKUPS IN YOUR NAME WITH ALL UTILITY COMPANIES. IF YOU ARE NOT ELIGIBLE TO HAVE SERVICE HOOKUPS IN YOUR NAME YOU WILL NOT BE ELIGIBLE FOR HOUSING ASSISTANCE\*\***

**\*PLEASE NOTE A SECURITY DEPOSIT OF \$250.00 WILL BE REQUIRED TO BE PAID IN FULL THE DAY THE LEASE IS SIGNED\***

- 1) You must list first, middle, last name, social security numbers, date of birth, tribal enrollment numbers and affiliation of all persons listed on application. COPIES WILL NEED TO BE PROVIDED TO COMPLETE APPLICATION.
- 2) You must sign the appropriate documents provided in application to verify any household income.
- 3) You must have a satisfactory past rental history with White Earth Housing (if ever rented from WEHA)
- 4) You and anyone over 18 years of age listed on application are required to sign a criminal background check form, if there are more than two adults listed you will need to request extra forms. Please note that if a background form is not signed by member over 18 years old this will consider your application incomplete and prolong the process of your application.
- 5) Three verifiable landlord references.
- 6) You must have immediate custody of all children and they must reside with you on a permanent basis that you are claiming on this application.
- 7) Your application will be placed on the waiting list according to the date we received completed application.
- 8) Please ask for assistance if you do not understand any items on this application
- 9) PRIOR TO MOVE-IN WHITE EARTH HOUSING AUTHORITY REQUIRES THE APPLICANTS TO ATTEND "HAND ON MAINTENANCE" TRAINING COURSE. THIS TRAINING IS REQUIRED FOR ALL WEHA TENANTS.

**\*\*Please note that if your application is missing information it will be considered incomplete and will not be processed. You will be notified by letter of the missing information and your application will be placed in inactive. Once missing information is returned your application will be processed and placed on the waiting list from the date the information was received\*\***

**PLEASE DO NOT DISREGARD THIS MESSAGE TO ITEMS THAT ARE REQUESTED ABOVE TO AVOID DELAYS OF HOUSING NEEDS**

Sincerely,  
White Earth Housing Authority

## Application Checklist

\_\_\_ Tribal Enrollment verification for any household member listed on the application that this applies to.

\_\_\_ Photo I.D.'s for all adults listed on application.

\_\_\_ Copies of Birth Certificates/Social Security Cards for all household members listed on application.

\_\_\_ Income verification forms must be signed and dated by all adult members.

\_\_\_ Background forms must be completed by anyone 18 or older listed on application.

\_\_\_ Signature pages must have all members over 18 signed and dated.

***If any of the above information is missing, your application will NOT be processed and will be placed in inactive until it is turned in.***

***Thank you for your cooperation.***

## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

### Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

### Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms **HUD-9887 & 9887-A** (02/2007)



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## AUTHORIZATION:

I authorize White Earth Housing Authority to request, receive and exchange information with the following programs to verify if I meet eligibility and occupancy requirements.

Please initial the following programs/organizations who may exchange information.

- \_\_\_\_\_ Initial 1. Indian Child Welfare/County Child Services \_\_\_\_\_
- \_\_\_\_\_ Initial 2. Past/Present Landlords \_\_\_\_\_
- \_\_\_\_\_ Initial 3. Mental/Chemical Health Providers \_\_\_\_\_
- \_\_\_\_\_ Initial 4. Energy Assistance Programs \_\_\_\_\_
- \_\_\_\_\_ Initial 5. White Earth Homeless Program \_\_\_\_\_
- \_\_\_\_\_ Initial 6. Mahube \_\_\_\_\_
- \_\_\_\_\_ Initial 7. Utility Companies please list \_\_\_\_\_

I understand that I may revoke this consent at any time and in any event, this consent automatically expires in one year from today's date. I understand that the information disclosed by this consent cannot be released to anyone other than those listed unless I give written permission.

I verify that I have been provided a copy of this release form, this authorization included records prepared prior to and subsequent to the date of this authorization.

All authorizing adults must sign and date.

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Print First and Last Name	Signature	Date
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Print First and Last Name	Signature	Date
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Print First and Last Name	Signature	Date
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# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.**

Signatures:

Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date



## Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

# Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

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**Name of Applicant or Tenant (Print)**

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**Signature of Applicant or Tenant & Date**

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

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Name of Project Owner or his/her representative

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Title

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Signature & Date  
cc:Applicant/Tenant  
Owner file

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.



**Application for White Earth Housing Assistance; please mark the program applying for:**

**Mailing Address:** \_\_\_\_\_

Please list the year(s), county(s) and state(s) you have lived in the past ten (10) years.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

1. Have you ever served in the Armed Forces? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Do you have any disabilities, handicap or health conditions that may require special living accommodations?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
  - A. Nature: \_\_\_\_\_
  - B. Written Verification \_\_\_\_\_

3. Have you ever lived in White Earth Housing before? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - A. Where: \_\_\_\_\_
  - B. Dates: \_\_\_\_\_
  - C. Did you leave in good standing? \_\_\_\_\_

4. Have you ever been convicted of a felony or gross misdemeanor? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - A. Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you own your own trailer home? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - A. Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please list name address and phone numbers of your previous landlord/professional references: (if you do not have landlord references, they can be from professional service agencies)

REFERENCES FROM FAMILY OR FRIENDS ARE NOT ACCEPTED

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

Tribal Affiliation: I.D# \_\_\_\_\_ Tribe: \_\_\_\_\_

***\*\*please note that this application must be updated yearly. If you do not update your application yearly, after being notified, you will be removed from the waiting list. You must update mailing address and phone number if any changes are made while you are on the waiting list. You will be given 14 days to update prior to being removed. Screening process must be passed, and all documents must be submitted before this application will be considered complete and accepted. All income of family members 18 year or over must be listed. All family members 18 years or over must sign where applicable. I hereby state that the above information is full, true and complete to the best of my knowledge; I have no objections to inquire being made for the purpose of verifying the statements made herein. I understand that this is not a contract and does not bind either party.***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member

\_\_\_\_\_  
Date

**Instructions for Using this Form**

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.

**NOTE:** Do not use this form to:

- Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or
- Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at [www.ssa.gov/online/ssa-7050.pdf](http://www.ssa.gov/online/ssa-7050.pdf).

**How to Complete this Form**

We will not honor this form unless all required fields are completed. An asterisk (\*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the requested information pertains.
- Fill in the name and address of the person or organization where you want us to send the requested information.
- Specify the reason you want us to release the information.
- Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.
- For non-medical information, you, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.
- If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.

**PRIVACY ACT STATEMENT**

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent. We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses, which include but are not limited to the following:

1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and or coverage;
2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, [www.socialsecurity.gov](http://www.socialsecurity.gov), or at your local Social Security office.

**PAPERWORK REDUCTION ACT STATEMENT**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.***

**Consent for Release of Information**

You must complete all required fields. We will not honor your request unless all required fields are completed. (\*Signifies a required field. \*\*Please complete these fields in case we need to contact you about the consent form).

TO: Social Security Administration

**\*My Full Name**

**\*My Date of Birth**  
(MM/DD/YYYY)

**\*My Social Security Number**

I authorize the Social Security Administration to release information or records about me to:

**\*NAME OF PERSON OR ORGANIZATION:**

White Earth Housing

**\*ADDRESS OF PERSON OR ORGANIZATION:**

3303 US Hwy 59

Waubun, MN 56589

**\*I want this information released because:**

We may charge a fee to release information for non-program purposes.

**\*Please release the following information selected from the list below:**

Check at least one box. We will not disclose records unless you include date ranges where applicable.

1. ☐ Verification of Social Security Number
2. ☐ Current monthly Social Security benefit amount
3. ☐ Current monthly Supplemental Security Income payment amount
4. ☐ My benefit or payment amounts from date \_\_\_\_\_ to date \_\_\_\_\_
5. ☐ My Medicare entitlement from date \_\_\_\_\_ to date \_\_\_\_\_
6. ☐ Medical records from my claims folder(s) from date \_\_\_\_\_ to date \_\_\_\_\_  
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
7. ☐ Complete medical records from my claims folder(s)
8. ☐ Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

**\*Signature:**

**\*Date:**

**\*\*Address:**

**\*\*Daytime Phone:**

**Relationship (if not the subject of the record):**

**\*\*Daytime Phone:**

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness

2. Signature of witness

Address(Number and street, City, State, and Zip Code)

Address(Number and street, City, State, and Zip Code)

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(MM/DD/YYYY)

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White Earth Housing

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Waubun, MN 56589

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If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
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8. ☐ Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

**\*Signature:**

**\*Date:**

**\*\*Address:**

**\*\*Daytime Phone:**

**Relationship (if not the subject of the record):**

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Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness

2. Signature of witness

Address(Number and street, City, State, and Zip Code)

Address(Number and street, City, State, and Zip Code)



## Employment Verification

TO:

RE:

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

Name

Social Security Number

FROM: White Earth Housing Authority

3303 US Hwy 59

Waubun, MN 56589

Thank you for your prompt response. All information is confidential.

Please contact \_\_\_\_\_

at ( ) \_\_\_\_\_ if you have any questions.

### PERMISSION FOR RELEASE OF INFORMATION

**You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature

Date

### THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_

Presently Employed Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week \_\_\_\_\_ Year-to-date earnings \$ \_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Overtime Rate \$ \_\_\_\_\_ per hour Average # of overtime hours per week \_\_\_\_\_

Shift Differential Rate \$ \_\_\_\_\_ per hour Average # of shift differential hours per week \_\_\_\_\_

Commissions, bonuses, tips, other \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months \_\_\_\_\_ Effective date \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) \_\_\_\_\_

Additional remarks \_\_\_\_\_

Signature

Print your name

Title

Address

Date

Tel. #

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

**Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

## Employment Verification

TO:

RE:

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

Name

Social Security Number

FROM: White Earth Housing Authority

3303 US Hwy 59

Waubun, MN 56589

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Date

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Presently Employed Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week \_\_\_\_\_ Year-to-date earnings \$ \_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Overtime Rate \$ \_\_\_\_\_ per hour Average # of overtime hours per week \_\_\_\_\_

Shift Differential Rate \$ \_\_\_\_\_ per hour Average # of shift differential hours per week \_\_\_\_\_

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List any anticipated change in the employee's rate of pay within the next 12 months \_\_\_\_\_ Effective date \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) \_\_\_\_\_

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Signature

Date

Applicant/Tenant Address/ City / State / Zip Code

## THIS SECTION TO BE COMPLETED BY COUNTY HUMAN SERVICES AGENCY

Does the above address match your records? YES ☐ NO ☐ Number of Persons on Grant: ADULT(S) \_\_\_\_\_ CHILD(REN) \_\_\_\_\_  
Full Grant

	Monthly Amount	YES	NO
Minnesota Family Investment Program	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
MFIP Housing Assistance Grant	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Work Program	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Work Benefit Program	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
General Assistance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Minnesota Supplemental Assistance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Assistance: Type _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Effective date of grant: \_\_\_\_\_. If this person is not receiving the full grant, please explain why: \_\_\_\_\_

When do you anticipate the full grant will be reinstated? \_\_\_\_\_

Other known household income? YES ☐ NO ☐ Source & Monthly Amount: \_\_\_\_\_Does this person receive child support? YES ☐ NO ☐ If YES, what is the monthly amount? \$ \_\_\_\_\_. Total amount received during the last 12 months: \$ \_\_\_\_\_. If NO, has every reasonable effort been made by the applicant to collect any amount which may be due, including, but not limited to, filing with the appropriate courts or agencies responsible for the enforcement of any payments?YES ☐ NO ☐ (Child support sanction) UNKNOWN ☐

County Human Services Agency

Signature: \_\_\_\_\_  
Print your name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_Date: \_\_\_\_\_  
Tel. #: \_\_\_\_\_**PENALTIES FOR MISUSING THIS CONTENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

TO:

RE:

Name

Social Security Number

FROM: White Earth Housing Authority

3303 US Hwy 59

Waubun, MN 56589

Thank you for your prompt response. All information is confidential.

Please contact \_\_\_\_\_  
at ( ) \_\_\_\_\_ if you have any questions.

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Signature

Date

Applicant/Tenant Address/ City / State / Zip Code

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	Monthly Amount	YES	NO
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RE:

Name

Social Security Number

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Signature

Date

**THIS SECTION TO BE COMPLETED BY SUPPORT ENFORCEMENT AGENCY**

I hereby certify that \$\_\_\_\_\_ per \_\_\_\_\_ week \_\_\_\_\_ month other \_\_\_\_\_ is court ordered to be paid for the support of:

Name(s) of person/child(ren) for whom support is paid

Address

City

State

Zip Code

Does this person receive the full amount of the award?

YES ☐

NO ☐

If NO, has every reasonable effort been made by the applicant to collect any amount which may be due, including, but not limited to, filing with the appropriate courts or agencies responsible for the enforcement of any payments?

YES ☐

NO ☐

Total amount received during the last 12 months: \$\_\_\_\_\_

Signature:

Print your name:

Title:

Address

Date:

Tel. #:

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**TO:**

**RE:**

**Name**

**Social Security Number**

**FROM: White Earth Housing Authority**

**3303 US Hwy 59**

**Waubun, MN 56589**

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Address

City

State

Zip Code

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YES ☐

NO ☐

If NO, has every reasonable effort been made by the applicant to collect any amount which may be due, including, but not limited to, filing with the appropriate courts or agencies responsible for the enforcement of any payments?

YES ☐

NO ☐

Total amount received during the last 12 months: \$\_\_\_\_\_

Signature:

Print your name:

Title:

Address

Date:

Tel. #:

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WHITE EARTH HOUSING AUTHORITY  
3303 U.S. HIGHWAY 59 SOUTH  
WAUBUN, MN. 56589  
Phone: (218) 473-4663  
Toll free: (800) 726-4016  
Fax: (218) 473-2910

### CHILD CARE STATEMENT

---

I hereby state that I have a reliable adult who provides care for my child (ren) while I'm at my place of employment or School. The name(s) of the child (ren) cared for are:

---

I understand that if I change my childcare provider or the amount paid for the care of the child (ren), that this information must be reported to White Earth Housing Authority.

I'm currently paying\$\_\_\_\_\_ per ( ) hour ( ) week ( ) Monthly for the care of my child (ren) to the following:

Provider's Name:\_\_\_\_\_

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

Phone:\_\_\_\_\_

I'am not being reimbursed from any outside source for the payment. Should I be reimbursed in the future, I understand I must promptly report this information to White Earth Housing Authority.

**Applicant:**\_\_\_\_\_ (Print Name)

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

---

I hereby certify that the above amount stated as paid to me for childcare is correct.

Childcare Provider Signature:\_\_\_\_\_ Date:\_\_\_\_\_

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal; offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

WHITE EARTH RESERVATION HOUSING AUTHORITY

MILEAGE DEDUCTION FORM

I, \_\_\_\_\_, drive from my home which is

Located in \_\_\_\_\_, to my place of employment

Which is located in \_\_\_\_\_, the miles from my home to my

Place of employment is \_\_\_\_\_ miles (one way).

\_\_\_\_\_  
Tenant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employers Signature

\_\_\_\_\_  
Date

## Per Capita/Trust Account Verification

Verification of Per-cap Payments For: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

This form should be completed and signed by a representative of the Tribal entity responsible for the per cap payments. This form should NOT be completed by the prospective tenant.

Does this person receive Per Cap Payments where income is derived from Trust Land or Gaming/Casino Proceeds? **YES** **NO**

If yes, please state whether the income is derived from Trust Land or Gaming/Casino,  
\_\_\_\_\_

Date Per-cap benefits start(ed): \_\_\_\_\_

Date Per-cap benefits ended (if ended) \_\_\_\_\_

Rate paid per: Week \$ \_\_\_\_\_ Month \$ \_\_\_\_\_ Year \$ \_\_\_\_\_

Is this amount expected to increase within the next 12 months? **YES** **NO**

If Yes, does the minor or their guardian have access to this trust account? **YES** **NO**

When will minor or guardian have access to this trust account? \_\_\_\_\_

When will this person start receiving money from this trust account? \_\_\_\_\_

Will it be a lump sum or periodic payments? \_\_\_\_\_

If periodic payments, at what amount will the payments be? \$ \_\_\_\_\_

How often will it be paid? (i.e., monthly, yearly, etc.) \_\_\_\_\_

Additional Notes/Comments:

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

Preparer Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Preparer Signature: \_\_\_\_\_

Title (Print): \_\_\_\_\_ Telephone #: \_\_\_\_\_

NOTE: Gaming/Casino proceeds are always included as income. Payment derived from trust land, i.e grazing leases, oil & gas, timber, etc., the first \$2,000 is not counted.

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White Earth Compliance Division  
Compliance Adjudication Department  
P.O. Box 395  
Mahnomen, MN 56557  
Phone: (218)935-2148  
Fax: 218-935-5087

**\*\* PLEASE PRINT CLEARLY \*\***

The following named individual has an application with this agency for a Criminal Background Check.

First Name of Applicant (please print): \_\_\_\_\_

Middle (full) (please print): \_\_\_\_\_

Last Name of Applicant (please print): \_\_\_\_\_

Maiden, Alias or Former (please print): \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (please circle): **MALE** **FEMALE**

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I authorize the White Earth Compliance Adjudication Department to perform a background check as required by Federal/State or Tribal Ordinance for the purpose of employment.

By submitting this form, I hereby authorize the White Earth Compliance Adjudication Department to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Compliance Adjudication Department from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Office Use Only:

DEPARTMENT: \_\_\_\_\_ BILL TO: \_\_\_\_\_

POSITION: \_\_\_\_\_ ACTION: \_\_\_\_\_

REPORTS REQUESTED: ☐ STATE ☐ MVR Please list the STATE(S) you are requesting to be ran: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ AUTHORIZING SIGNATURE: \_\_\_\_\_

DATE SCANNED TO COMPLIANCE: \_\_\_\_\_ (PLEASE CIRCLE) ☐ SAFETY SENSITIVE ☐ NON SAFETY



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Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (please circle): **MALE** **FEMALE**

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**Signature of Applicant**

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**Date**

Office Use Only:

DEPARTMENT: \_\_\_\_\_ BILL TO: \_\_\_\_\_

POSITION: \_\_\_\_\_ ACTION: \_\_\_\_\_

REPORTS REQUESTED: **STATE** **MVR** Please list the STATE(S) you are requesting to be ran: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ AUTHORIZING SIGNATURE: \_\_\_\_\_

DATE SCANNED TO COMPLIANCE: \_\_\_\_\_ (PLEASE CIRCLE) **SAFETY SENSITIVE** **NON SAFETY**



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Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (please circle): **MALE** **FEMALE**

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**Date**

Office Use Only:

DEPARTMENT: \_\_\_\_\_ BILL TO: \_\_\_\_\_

POSITION: \_\_\_\_\_ ACTION: \_\_\_\_\_

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DATE REQUESTED: \_\_\_\_\_ AUTHORIZING SIGNATURE: \_\_\_\_\_

DATE SCANNED TO COMPLIANCE: \_\_\_\_\_ (PLEASE CIRCLE) ☐ SAFETY SENSITIVE ☐ NON SAFETY





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**Maiden, Alias or Former** (please print): \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex** (please circle): **MALE** **FEMALE**

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**Date**

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**POSITION:** \_\_\_\_\_ **ACTION:** \_\_\_\_\_

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**DATE SCANNED TO COMPLIANCE:** \_\_\_\_\_ (PLEASE CIRCLE) **SAFETY SENSITIVE** **NON SAFETY**