Updated: 07/17/24

A LOWER INCOME FAMILY WHOSE ANNUAL INCOME DOES NOT EXCEED 80% OF THE MEDIAN INCOME & A VERY-LOW INCOME FAMILY WHOSE ANNUAL INCOME DOES NOT EXCEED 50% OF THE MEDIAN INCOME AS DETERMINED BY HUD ARE USED TO DETERMINE ELIGIBILITY. INCOME LIMITS FOR LOWER-INCOME AND VERY-LOW INCOME FAMILIES BY FAMILY SIZE ARE BASED ON THE LATEST PUBLISHED MEDIAN INCOME SEEN BELOW.

IF YOUR INCOME EXCEEDS THE AMOUNT BELOW, YOU WILL BE INELIGIBLE

U.S. Median								
Income	1	2	3	4	5	6	7	8
2025	Person	Person						
80%	\$58,352	\$66,688	\$75,024	\$83,360	\$90,029	\$96,698	\$103,366	\$110,035

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION

ITEMS NEEDED FOR THE APPLICATION

THE FOLLOWING ITEMS NEED TO BE WITH YOUR APPLICATION BEFORE YOU TURN IT IN:

- 1. BIRTH CERTIFICATES FOR ALL MINOR CHILDREN
- 2. SOCIAL SECURITY CARDS FOR ALL MEMBERS OF THE HOUSEHOLD. (If you do not have a social security card, you may submit an application form verifying you have applied for one, form will be good only until you receive your card.)
- 3. VERIFICATION OF ALL INCOME FOR EVERYONE 18 AND OVER. (Every Applicant must have reportable income to apply.)
- 4. VERIFICATION OF TRIBAL ENROLLMENT FOR HEAD OF HOUSEHOLD. (If head of household is not enrolled, verification of Tribal Enrollment for qualifying children.)
- 5. TWO (2) REFERENCE LETTERS FROM PREVIOUS LANDLORDS OR TWO (2) PERSONAL REFERENCE LETTERS THESE LETTERS SHOULD BE ABOUT YOUR ABILITY TO PAY YOUR BILLS AND THE UPKEEP OF A HOME (YOU DO NOT NEED THESE LETTERS IF YOU ARE APPLYING FOR THE VOUCHER (SECTION 8) PROGRAM.)
- 6. EVERYONE 18 YEARS OF AGE AND OVER NEED TO SIGN THE 3RD PAGE AUTHORIZATION FOR RELEASE OF INFORMATION.
- 7. IF YOU ARE A COLLEGE STUDENT ATTENDING AN OFF RESERVATION COLLEGE, YOU MUST PROVIDE PROOF THAT YOU ARE ACTUALLY ATTENDING COLLEGE. (THIS WILL BE VERIFIED BY PHONE OR MAIL) TO RECEIVE PREFERENCE ON THE VOUCHER (SECTION 8) PROGRAM.
- 8. ANY ADDITION REQUESTED DOCUMENTATION SUPPORTING ANY STATEMENTS MADE IN THE APPLICATION.

IT IS VERY IMPORTANT YOU HAVE ALL THE NECESSARY INFORMATION WITH YOUR APPLICATION. <u>IF YOUR APPLICATION IS INCOMPLETE IT WILL BE RETURNED TO YOU.</u>

PLEASE TURN YOUR APPLICATION INTO THE RECEPTIONIST AT THE FRONT DESK, THEY WILL DATE/TIME STAMP YOUR APPLICATION AND YOU WILL SIGN THE LOGIN BOOK. (ONLY IF THE APPLICATION IS COMPLETE WITH REPORTABLE INCOME.)

BLACKFEET HOUSING O BOX 449		APPLICANT: ADDRESS: PHONE:					
ROWNING, MT 59417 HONE: (406) 338-5031	AL						
AX: (406) 338-3404	PH						
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	ENTAL	VC	UCHER				
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NAME OF FAMILY MEMBER	TO FAMLY HEAD		AGE	SEX SOCIAL SECU	URITY NUMBER		
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2.							
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CHARLAND CALABORATE AND CO.				<u> </u>			
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AUTHORIZATION RELEASE OF INFORMATION

THIS FORM CANNOT BE USED TO REQUEST A COPY OF TAX RETURN, USE IRS FORM 4506 TO REQUEST FOR A COPY OF TAX FORM. ************************************* Sensitive information: the consent granted by this form may be use as a basis to collect sensitive information which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD accept to appropriate Federal, State and Local agencies, when relevant, and to civil, criminal, or regulatory Investigators and prosecutors. Please see the Federal Privacy Act for more detailed description of your privacy rights. **************************** This form enables the U.S. Department of Housing and Urban Development (HUD) and the above named Public Housing Agency or Indian Housing Authority (HA's) to secure your signature and the signature of each member of your household who are 18 years of age or older for purposes of obtaining employee income from current and previous employers' and wages and claim information from the State Wage information Collection Agency (SWICA), Criminal background checks from the Department of Corrections and National Sex Offender Registry Computer Matching Notice and Consent: I understand that Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching program with other governmental agencies including Federal, State and local agencies. The Governmental Agencies include: U.S. Office of Personnel Management U.S. Social Security Administration U.S. Department of Defense U.S. Postal Services State of Employment Security Agencies State of Welfare and Food Stamp Agencies Department of Corrections This match will be used to verify information supplied by the family. **Employment Information:** I also authorize the above HA and HUD to obtain information about me and my family that is pertinent to employment income information. I agree that photocopies of this authorization may be used for the purposes stated above. If I or my adult member of my family fails to sign this authorization, I understand this action may constitute grounds for denial of eligibility or termination assistance or tenancy, or both. State Wage Agencies: I authorize only HUD, a Public Housing Agency, or an Indian Housing Authority to obtain information on wages or unemployment compensation from State Agencies charged with the State unemployment law. Signature, Printed Name of Head of Household & Date Source of Income Signature, Printed Name of Other Adult & Date Source of Income Signature, Printed Name of Other Adult & Date Source of Income Signature, Printed Name of Other Adult & Date Source of Income ***************************** VERIFICATION SHEET SOC. SEC. MONTHLY TANF: MONTHLY GA: **MONTHLY** SSI: **MONTHLY** ALIMONY: MONTHLY PENSION: **MONTHLY** CHILD SUPPORT **MONTHLY** OTHER: **VERIFIED BY:** TITLE: **EMPLOYMENT VERIFICATION** EMPLOYER: ADDRESS: GROSS SALARY: \$ PER HOUR: \$ HOURS WORKED PER WEEK: DAYS WORKED PER WEEK: __ GROSS PER WEEK/BI-WEEKLY: _ VERIFIED BY: DATE: TITLE:

UNEMPLOYMENT WEEKLY BE	NEFITS:		
EFFECTIVE DATE OR START DA	ATE OF BENEFITS:		
VERIFIED BY:	DATE:	TITLE:	

FRAUD AND FEDERAL PRIVACY ACT STATEMENT

PLEASE READ THE FOLLOWING STATEMENT THEN SIGN AND DATE

SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIME PUNISHABLE BY A FINE OF UP TO \$10,000.00 OR BY IMPRISONMENT OF UP TO FIVE (5) YEARS OR BOTH FOR MAKING FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATION OR MAKING OR USING ANY FALSE WRITING OR DOCUMENTS IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

THIS MEANS THAT IF YOU, AS AN APPLICANT OR TENANT, KNOWINGLY GIVE THE BLACKFEET HOUSING FALSE INFORMATION ABOUT YOUR INCOME WITHIN TEN (10) DAYS OF A CHANGE YOU MAY BE CHARGED WITH FRAUD UNDER CHAPTER 409.325 AND/OR SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE.

IF, AS A RESULT OF COMMITTING FRAUD, WITH HOLDING INFORMATION OR MAKING A MISREPRESENTATION TO THE BLACKFEET HOUSING, YOU RECEIVE ANY RENTAL ASSISTANCE OR LOWER RENT TO WHICH YOU ARE NOT ENTITLED, YOU WILL BE RESPONSIBLE FOR MAKING RESTITUTION (REPAYMENT) IN FULL TO THE BLACKFEET HOUSING AND MAY BE SUBJECT TO TRIBAL AND FEDERAL PROSECUTION AS WELL. THIS COULD ALSO RESULT IN A FINE, IMPRISONMENT OR BOTH AS WELL AS LOSS OF YOUR ELIGIBILITY FOR ANY OF THIS AGENCY'S HOUSING PROGRAMS.

THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) WILL BE COLLECTING INFORMATION YOU GAVE TO THE BLACKFEET HOUSING AT APPLICATION OR RE-EXAMINATION, HUD WILL COLLECT THE INFORMATION OF THE FORM 50058. THE DATA IT WILL COLLECT INCLUDES NAME, BIRTH DATE, SOCIAL SECURITY NUMBER (SSN), INCOME (BY SOURCE), ASSETS, CERTAIN DEDUCTIBLE EXPENSES AND RENTAL PAYMENTS.

THE PRIVACY ACT OF 1974, AS AMENDED, REQUIRES US TO TELL YOU ABOUT THIS. WE ALSO ARE REQUIRED TO TELL YOU WHAT HUD WILL DO WITH THE INFORMATION.

HUD WILL USE THE INFORMATION TO MANAGE AND MONITOR HUD-ASSISTED HOUSING PROGRAMS. IT ALSO MAY VERIFY WHETHER THE INFORMATION IS ACCURATE AND COMPLETE BY DOING A COMPUTER MATCH.

HUD MAY GIVE INFORMATION TO FEDERAL, STATE AND LOCAL AGENCIES WHEN IT WILL BE USED FOR CIVIL, CRIMINAL OR REGULATORY INVESTIGATIONS AND PROSECUTIONS. HUD ALSO MAY MAKE SUMMARIES OF RESIDENT DATA AVAILABLE TO THE PUBLIC. OTHER THEN THESE USES, HUD WILL NOT RELEASE THE INFORMATION OUTSIDE HUD, EXCEPT AS PERMITTED OR REQUIRED BY LAW.

THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1987, 42 U.S. C. 3543 REQUIRES APPLICANTS AND RESIDENTS TO GIVE THE BLACKFEET HOUSING THE SOCIAL SECURITY NUMBERS OF HOUSEHOLD MEMBERS AT LEAST SIX (6) YEARS OLD. IF YOU ARE AN APPLICANT AND YOU HAVE BEEN ISSUED OR USE A SOCIAL SECURITY NUMBER, AND YOU DO NOT GIVE THEM TO THE BLACKFEET HOUSING, THE BLACKFEET HOUSING IS REQUIRED TO REJECT YOUR APPLICATION FOR HOUSING ASSISTANCE. IF YOU ARE RECEIVING HOUSING ASSISTANCE AND YOU HAVE BEEN ISSUED OR USE A SOCIAL SECURITY NUMBER AND YOU DO NO GIVE THEM TO THE BLACKFEET HOUSING, THE BLACKFEET HOUSING IS REQUIRED TO EVICT YOUR FAMILY OR WITHDRAW YOUR HOUSING ASSISTANCE

THE NATIVE AMERICAN HOUSING ASSISTANCE AND SELF DETERMINATION ACT OF 1996, AS AMENDED, HR-3219, AND THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1981, P.L. 97-35, 85 STAT., 348, 408 REQUIRE APPLICANTS AND RESIDENTS TO PROVIDE THE OTHER INFORMATION (LISTED ON THE FIRST PARAGRAPH) TO THE BLACKFEET HOUSING. IF YOU ARE AN APPLICANT AND YOU FAIL TO GIVE THE BLACKFEET HOUSING THIS INFORMATION, THE BLACKFEET HOUSING MAY HAVE TO REJECT YOUR APPLICATION OR DELAY ACTING ON IT. IF YOU ARE RECEIVING HOUSING ASSISTANCE AND YOU DO NOT GIVE THE BLACKFEET HOUSING THIS INFORMATION, THE BLACKFEET HOUSING MAY HAVE TO EVICT YOU OR WITHDRAW YOUR HOUSING ASSISTANCE.

I HAVE READ THE ABOVE STATEMENT, OR HAD IT READ AND EXPLAINED TO ME AND UNDERSTAND THE CONSEQUENCES OF NOT CORRECTLY REPORTING MY FAMILY COMPOSITION AND ALL OF MY INCOME, CREDIT & CRIMINAL RECORDS AND ANY CHANGES WITHIN TEN (10) DAYS OF THEIR OCCURRENCE

SIGNATURE OF APPLICANT 1	DATE	
SIGNATURE OF APPLICANT 2	DATE	