

**LEECH LAKE BAND OF OJIBWE  
HOUSING AUTHORITY**

611 Elm Ave. NW  
P.O. Box 938  
Cass Lake, MN 56633  
*Phone# 218-335-8280*  
*Toll Free # 866-223-2233*

**Tax Credit**  
**HOUSING ASSISTANCE APPLICATION**

Dear Applicant,

Thank you for your interest in Leech Lake Band of Ojibwe's Housing Authority Programs. The Leech Lake Housing Authority strives to assist our applicants and tenants with housing opportunities that best fit their housing needs.

We apologize that we do not have emergency housing services at this time.

In order for us to provide you with quality service, **please fill out our application completely (front and back pages) and attach the required documentation.** Upon completion; your application will be processed for eligibility, which includes certification of eligibility by Leech Lake Housing Authority Board of Commissioners. Once your application has been certified as eligible you will be placed on the waiting list for the area of your choice. Please note *\*we use a point system, which gives preference points to Leech Lake Band Members.*

We are unable to provide you with an anticipated timeframe for placement as selections are made when there are vacant units available.

Please *update* your application every **six (6) months** when you are *notified* and you will *receive 10 additional points* to your application if you are still interesting in housing assistance.

If you are ineligible for services with Leech Lake Housing Authority our intake staff will notify you.

If you have any questions we have intake staff available to assist you with your application.

Mii-gwitch,

Leech Lake Housing Authority  
Management Staff

**LEECH LAKE BAND OF OJIBWE  
HOUSING ASSISTANCE APPLICATION  
Tax Credit Program**

Application **requires** all of the following documents and information before the application is considered complete:

- ✓ ALL AREAS OF APPLICATION IS COMPLETELY FILLED OUT.
- ✓ Full First Name, Last Name, Middle Initial, and Date of Birth for **ALL** household applicants, including head of household.
- ✓ Copy of Social Security Card(s) for **ALL** household applicants.
- ✓ Income Verification of **ALL** sources of income for all household applicants 18 years of age and older.
- ✓ Provide documentation of enrollment in a federally recognized tribe for all household applicants. (Preference will be given to applicants enrolled in the Leech Lake Band of Ojibwe)
- ✓ All applicant(s) 18 years of age and older must sign all release of information forms for income and Criminal Background Report(s).
- ✓ **PLEASE NOTE: ALL APPLICANTS MUST BE ELIGIBLE FOR UTILITY SERVICES. *PREVIOUS LLHA TENANTS MUST HAVE SATISFACTORY RENTAL HISTORY.***
- ✓ When an Applicant is selected for a unit, all Household members will be **REQUIRED** to attend a Preventative Maintenance Class; which will provide information to the tenant on how to maintain their unit.

**REMINDER: ALL INFORMATION AND DOCUMENTATION STATED ABOVE MUST BE SUBMITTED WITH YOUR APPLICATION BEFORE YOUR APPLICATION IS CONSIDERED COMPLETE. Once you are deemed eligible for the Waiting List a Letter of Acceptance will be mailed to you. To receive additional points you must update your application and information including Income every 6-MONTHS.**

**Only completed applications are eligible for submission to the Leech Lake Band of Ojibwe Housing Authority Board of Commissioners for certification. Once you are approved for the waiting list, you must update every six (6) months and bring in current income documentation to remain on the waiting list.**

**\*\*Please print legibly; DO NOT LEAVE ANYTHING BLANK. If so, this will be considered an incomplete application and will not be processed.**

**Tax Credit Application**

Applicant's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

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

Applicants Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No **You must provide documentation**

Are you or anyone in your household physically disabled, handicapped, or elderly that will require special living conditions, such as Wheel Chair accessibility? \_\_\_\_\_ Yes \_\_\_\_\_ No

***\*\*Please provide proof of Disability, so that we may provide you with preference points and that you may require a handicap accessible unit.***

Low Income Limits at 80% of U.S. Median Income

Select an area of preference \_\_\_\_\_ How many bedrooms are needed? \_\_\_\_\_

***\*Only one (1) area selection per program-DO NOT LEAVE BLANK***

Please tell us about your family composition. List yourself as person #1

	Last Name	First Name	MI	Gender	Tribal Affiliation
1					
2					
3					
4					
5					
6					
7					

	Date of Birth	Place of Birth	Occupation	Social Security Number (Required)
1				
2				
3				
4				
5				
6				
7				

Please list ALL income received by each person in your household that is 18 years or older

**----DOCUMENTATION REQUIRED----**

**Unearned income** (includes; MFIP, SSI, Social Security, Child Support, Per Capita, etc.)

Who receives income	Where does the income come from	How much	How often

**----DOCUMENTATION REQUIRED----**

**Earned income**

Who receives income?	Where is/are applicant(s) employed	Gross Wage	How often

**Household Assets**

Describe Assets:	Who owns asset?	Value of asset
Cash		\$
Savings, Checking, IRA		\$
Real Estate		\$
Other		\$
<b>TOTAL</b>		\$

Have you been convicted of a Felony within the past ten (10) years? \_\_\_\_ Yes \_\_\_\_ No

Please list the County, State and Country you have lived in for the past ten (10) years:

A: \_\_\_\_\_  
 B: \_\_\_\_\_  
 C: \_\_\_\_\_

**\*\*DO NOT LEAVE BLANK**

Please list the names, addresses and telephone numbers of two (2) of your closest relatives NOT living with you:

\_\_\_\_\_

*Name* *Address* *Phone Number*

\_\_\_\_\_

*Name* *Address* *Phone Number*

Please list two (2) Landlord(s) or Professional References:

\_\_\_\_\_

*Name* *Address* *Phone Number*

\_\_\_\_\_

*Name* *Address* *Phone Number*

I certify that the information contained in this application is complete, true and correct to the best of my knowledge. I have no objection to inquires being made for the purpose of verifying the statements made herein to determine my eligibility. I further understand that this is not a contract and does not bind either party.

I have attached copies of the following required documents:

\_\_\_\_ Proof of Veteran Status, Handicap or Disability

\_\_\_\_ Proof of Income

\_\_\_\_ Tribal Information

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

RELEASE OF INFORMATION

IHA/PHA Release of Information

This information can't be used to request copy of tax returns  
Use for 4508, Request for a copy of Tax Return

Leech Lake Band of Ojibwe Housing Authority  
PO Box 938  
611 Elm Ave. NW  
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Phone: (218)335-8280

Sensitive Information: The consent granted by this form may be used as a basis to collect sensitive information, which is protected by the Privacy Act. Such information will not be disclosed or released outside of LLBO-HA except to appropriate Federal, State and Local agencies, when relevant and to Civil, Criminal, or Regulatory investigators and Prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

Purpose: This form enables the U.S. Department of Housing and Urban Development (HUD) and the above named Public Housing Agency or Indian Housing Agency (HA'S) to secure your signature and the signature of each member of your household who is 18 years of age or older. For purposes of obtaining a Criminal Background Record; or obtaining income information from current and previous employees and wage and claim information from the State Wage Information Collection Agency (SWICA) or other agencies for unearned income.

Computer Matching Notice and Consent:

I understand that Leech Lake Band of Ojibwe Tribal Housing (or HUD) may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or Local agencies. The Government agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Agency
- State Health and Human Service Agencies

The match will be used to verify information supplied by my family.

I authorize the Leech Lake Band of Ojibwe Tribal Housing Program to obtain information from the above agencies with computer matching.

**Income Information**

I authorize the Leech Lake Band of Ojibwe Tribal Housing Program to obtain information about me and my family that is pertinent to employment income information from current and previous employers and/or income information from other sources.

**Criminal Background**

I authorize the Leech Lake Band of Ojibwe Tribal Housing Program to obtain information on my criminal background.

**Other Information**

I also authorize the Leech Lake Band of Ojibwe Tribal Housing Program to obtain other additional information in regards to certification or re-certification of my application for any or all housing programs.

**Conditions**

I agree that photocopies of this authorization may be used for the purposes stated above. If I or any adult member of my family fails to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance, tenancy or both.

\_\_\_\_\_  
Print your Name, Sign and Date-Head of Household

\_\_\_\_\_  
Print your Name, Sign and Date-Spouse or Other Adult

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print your Name, Sign and Date-Other Adult

\_\_\_\_\_  
Print your Name, Sign and Date-Other Adult

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

Leech Lake Band of Ojibwe Housing Authority  
FEDERAL PRIVACY ACT – STATEMENT

The Leech Lake Band of Ojibwe Housing Authority will be collecting information you gave to the; Public Housing Agency/Indian Housing Authority, The Authority at application or re-examination. HUD will be collecting the information for “HUD-50058.” The data it will collect include; Name, Gender, Date of Birth, Social Security Number (SSN), Income (by source), Assets, Certain deductible Expenses and Rental Payment.

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 conducting a Computer Match.

HUD may give the 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 than those uses, HUD will not release the information outside HUD, except as permitted by Law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543, requires applicants and Residents to give the Authority the SSN’S of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN and you do not give them to the Authority, the Authority is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 of seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 Stat., 348, 408 require applicants and Residents to provide other information (listed in the first paragraph) to the Authority. If you are an applicant and fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

I have read the Federal Privacy Act Statement on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature; Head of Household or Spouse