



NORTHERN CHEYENNE TRIBAL HOUSING AUTHORITY

Low Rent Application

For more information, please contact Housing Division Manager:
Phone: (406) 477-6419

Application Checklist

Please review your application to make sure that contains the following information:

For all Applicants:

- Social Security Cards (for all on application)
- Tribal Enrollment
- Income Verification

If these three documents are not attached to your application, it will not be processed.

****Applicants will need to update yearly, or you will be taken off the waiting list****

Thank you.

Northern Cheyenne Tribal Housing Authority
Occupancy Department



Low Rent Application

Applicant(s) Name: _____

Social Security #: _____

Spouse's Name: _____

Spouse's Social Security #: _____

Address: _____

Telephone #: _____

Which Community do you prefer to live?
(check all that apply)

Ashland

Birney

Busby

Muddy Cluster

Lame Deer

Transfer Request

In District

Out of District

Check One: Former NCTHA Tenant? Yes ___ No ___ Currently a NCTHA Tenant? ___

Name of Family Members	Relationship to Applicant	D.O.B.	Sex	Enrollment Number	Social Security Number

Do you anticipate changes in family size? _____

Have you or any of your household members ever been convicted of a felony? _____

If so, please explain when, where and for what? _____

Do you or any adult household members owe an outstanding bill with TRECO/ Big Horn Electric or, NC Utilities? Yes ___ No ___

Reminder you must have a ZERO balance with these companies before being assigned a unit.



CONSENT TO RELEASE INFORMATION

PART A: _____ Date: _____
 Name: _____ Address: _____

Hereby request to release the following information to the Northern Cheyenne Housing Authority: (Check stubs shall accompany income listed below; state assistance, etc.)

	Head of Household	Spouse
Employer's Name	_____	_____
Employer's Address	_____	_____
Public Assistance	_____	_____
Social Security	_____	_____
Other	_____	_____
_____	_____	_____
Date	Signature	Signature
	_____	_____
	Social Security Number	Social Security Number

*******THIS CONSENT FORM EXPIRES 15 MONTHS FROM DATE SIGNED*******

PART B: Employer must complete this part:

Employer's Name	Employer's Name
Address	Address

Date Started: _____

Date Started: _____

Hours Per Week: _____
 Hourly Wage: _____
 Completed By: _____
 Title: _____
 Date: _____
 Telephone: _____

Hours Per Week: _____
 Hourly Wage: _____
 Completed By: _____
 Title: _____
 Date: _____
 Telephone: _____



Name and address of Employer: _____

Employer's Telephone No: _____

Describe current living conditions? (type of home): _____
If you are currently without housing describe why? _____

Income from Employment: _____ Current monthly rent payment? _____

Do you anticipate being without housing in the next 6 months? _____ If yes, why?

Please list previous all landlord's names, addresses, and telephone numbers for the past five years:

INCOME FROM OTHER HOUSE MEMBERS:

Source: _____ Amount: _____

Source: _____ Amount: _____

INCOME FROM OTHER RESOURCES

Source: _____ Amount: _____

Source: _____ Amount: _____

I understand this is not a contract and does not bind either party. This information is true and complete to the best of my knowledge. I have no objections if inquiries are made for the purpose of verifying the statements and information given here.

Signature of Applicant: _____ Date: _____

Signature of Other: _____ Date: _____

Received by: _____ Date: _____ Time: _____

**YOU WILL ALSO NEED TO UPDATE YOUR APPLICATION YEARLY OR YOU
WILL BE TAKEN OFF THE WAITING LIST.
THANK YOU**