

Please give information on your current housing situation and why you are applying for tribal housing.

Situation: _____

Have you ever been evicted from a residence? YES NO
 If yes, please explain: _____

Please list current and past landlords, including their address and telephone number references.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

References and Emergency Contact

Personal Reference: _____ Phone: _____
(someone not related)

Address: _____

Personal Reference: _____ Phone: _____
(someone not related)

Address: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Disclaimer and Signature

I certify that the information provided above is true and correct to the best of my knowledge. I further understand that I may be denied housing if I willfully provide any information that is not correct; have a poor rental history (with the Tribe or other landlords); owe any past due rent. I also give my permission to the Tribal Housing officer to verify any information I have voluntarily provided.

Signature: _____ Date: _____



Tribal Housing Department

Southern Ute Indian Tribe

P.O. Box 737-24

285 Lakin St.

Ignacio, CO 81137

Phone: 970-563-4710 – Fax 970-563-4832

AUTHORIZATION FOR THE RELEASE OF INFORMATION

By my signature below, I authorize all persons or companies in the categories listed below to release without liability information regarding my employment, income and/or assets, and my criminal history background to the Southern Ute Tribal Housing for the purposes of verifying information related to my application for Tribal Housing or re-certification for continued Tribal Housing, including but not limited to, personal identity, student status, employment, wages, income, assets, medical care, medical care allowance, child care allowance and alimony. Tribal Housing cannot use this Authorization to obtain information about me that is not pertinent to my eligibility for the initial occupancy or continued occupancy of Tribal Housing.

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Military (Army/Air Force/Navy/Marines)
Support and Alimony Providers
Medical and Child Providers
Banks and other Financial Institutions
Southern Ute Community Action Program

Welfare Agencies
Veterans Administrations
State Unemployment Agencies
Social Security Administration
Southern Ute Indian Tribal Departments, including, but not limited to Southern Ute Police Department, Social Services, Finance & Casino

Previous Landlords
Retirement Systems
Education Institutions
Law Enforcement Agencies

I agree that a photocopy of the Authorization may be used for the purposes stated above. The original of this Authorization shall remain in Tribal Housing's files and will stay in effect for twelve months from the date signed. I understand that I have a right to review my file and correct any incorrect information.

Signature and Date

Date of Birth

Print Name

Social Security Number