

# Bah-Kho-Je Housing Authority

## The Iowa Tribe of Oklahoma

Route 1, Box 721, Perkins, OK 74059 / Phone (405) 547-2402 / Fax (405) 547-1032

"Equal Opportunity Housing Authority"

### RENTAL APPLICATION CHECK LIST

In order to determine your tentative eligibility, the following items are required:

- ☐ Application (completed)
- ☐ Degree of Indian Blood - copy of CDIB; copy of BIA enrollment card or copy of tribal enrollment letter
- ☐ Verification of ALL anticipated income sources (Employment, Social Security, Public Assistance/Welfare, Land Leases/Oil and Gas Royalties, Retirement/Disability Benefits, Child Support/Alimony, Unemployment Benefits, etc.)
- ☐ Copy of Social Security Card(s) for each Family Member
- ☐ Forms that need to be signed & filled out: Personal Declaration; Authorization for the Release of Public Information; Federal Privacy Act; Request for Employment Verification
- ☐ Rental Reference
- ☐ Other: \_\_\_\_\_

Please review this list and make sure that you have provided all requested information for your application to be complete. If this information is not provided, the staff will not be able to determine your tentative eligibility and your application will be considered ineligible.

## RENTAL APPLICATION

Name: \_\_\_\_\_

## [ ] Initial Application

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

Application Dated: \_\_\_\_\_

Date Received: \_\_\_\_\_

(City)

(State) (Zip Code)

Telephone #: \_\_\_\_\_

**List Individuals Who Will Reside In Unit:**

Name:

Relationship

DOB

Age

Social Security #

[illegible]

**List All Income of All Household Members:**

Name:

Wages tips Social

Salaries, etc. Security

Child BIA, Tribal

TANF

## Support

## Social Services

[illegible]

1. Are you now renting?    Yes    No    Monthly House Payments:
2. Do you have a lease?    Yes    No    Length of Lease:    Annually    Monthly
3. List the name, address and telephone number of your Landlord/Real Estate Company, etc.

Landlord's Name: \_\_\_\_\_

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

Phone # \_\_\_\_\_

4. How long have you resided at the present location?
5. Is your current address, the address you will reside in for the next year?
6. Are you currently in arrears in your rental payment?    Yes    No

I do hereby CERTIFY that all of the information submitted on this form is true and accurate concerning all members of my household. I also understand that all changes in this information concerning any of the household members must be reported to the Bah-Kho-Je Indian Housing Authority IN WRITING IMMEDIATELY.

\_\_\_\_\_  
Signature  
Head of Household

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Spouse

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly giving a false or fraudulent statement to any Department or Agencies of the United States.

*EQUAL OPPORTUNITY HOUSING*

**RENTAL REFERENCE**

1. Has the applicant(s) ever been late with the monthly rental payment? \_\_\_\_\_  
If yes, how often? \_\_\_\_\_ How late? \_\_\_\_\_
2. Was the applicant(s) ever served an eviction notice or at any time did you initiate eviction proceedings for non-payment of rent? \_\_\_\_\_
3. In your opinion did the applicant(s) keep the unit clean? \_\_\_\_\_
4. At any time, current or in the past, has the applicant(s) damaged the unit? \_\_\_\_\_  
If yes, please describe type of damage. \_\_\_\_\_
5. Was the applicant(s) held responsible for payment and repair of the damage? \_\_\_\_\_
6. Did the applicant(s) permit persons other than those listed on the lease to live in the unit? \_\_\_\_\_
7. Do you have any knowledge of the applicant(s) or any member of the applicant(s) family damaging or vandalizing the common areas? \_\_\_\_\_
8. Do you have any knowledge of the applicant(s) creating any physical hazards to the project or residents? \_\_\_\_\_  
If yes, please describe. \_\_\_\_\_
9. Do you have any knowledge of the applicant(s) interfering with the rights of or violating the peace and quiet of other tenants? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_
10. Has the applicant(s) given you any false information? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_
11. Do you have any knowledge of the applicant(s) ever being involved in illegal drug activity or alcohol abuse? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_
12. At any time did the applicant(s) ever give you reason to summon law enforcement officers to your property, or given you reason to suspect any illegal activity? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_
13. Do you continue to rent to or would you enter into another rental agreement with this applicant(s)? \_\_\_\_\_  
Please explain why or why not. \_\_\_\_\_

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Date

RE:

**REQUEST FOR EMPLOYMENT VERIFICATION**

Instructions: Before forwarding to employer items 1 through 5 should be completed.

The applicant/participant should sign in item 5. The employer should complete Items 8 through 17 and return to the Bah-Kho-Je Housing Authority.

**HOUSING AUTHORITY USE ONLY:**

☐ Original ☐ Recertification ☐ Copy ☐ New Application Reference Number

**PART 1- RELEASE AUTHORIZATION**

1. To: (Name & Address of Employer)		2. Applicant/Participant Name & Address	
3. Social Security Number		4. Applicant/Participant Signature	5. Date of Request
6 Signature and Title of Housing Official		7 Please Return this form to :	

**PART 2 - EMPLOYER VERIFICATION**

8 Does your company now employ applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	13 Anticipated Gross Earnings: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
9 Length of Employment: Employed from: ____ 19/20 ____ 19/20	Base Wages \$ _____ Per _____ Overtime \$ _____ Per _____
10 Reason for leaving employment _____	Commissions, Tips, Bonuses \$ _____ Per _____ Incentive Pay \$ _____ Per _____
11 Applicant/Participant's present Position:	14 Average Number of Hours worked Per Week.
12 Probability of continued employment	15 Earnings During Last 12 Months
16 Does the Applicant/Participant's Working Hours vary? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant/Participant considered as a seasonal employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17 Anticipated Earnings for the Next twelve (12) Months:	

I CERTIFY. THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

18 Employer Signature	19 Date
20 Title	21 Telephone Number

**SPECIAL DIRECTIONS TO EMPLOYER:** This form must be returned by mail to the above Address  
EQUAL OPPORTUNITY HOUSING AUTHORITY



**Authorization for the Release of Information**  
**U, S, Department of Housing & Urban Development**  
**Office of Public and Indian Housing**

This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, Request for a Copy of Tax Form

**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 HUD except to appropriate Federal, State, and local agencies, when relevant and 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 Authority (HA's) to secure your signature and the signature of each member of your household who is 18 years of age or older for the purposes of obtaining employee income information from current and previous employers and wage and claim information from the State Wage Information Collection Agency (SWICA).

**Computer Matching Notice & Consent:**

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or 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 Service  
State Employment Security Agencies  
State Welfare and Food Stamp Agencies

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

**Employment Information:**

I also authorize the above named HA and HUD to obtain information about me and my family that is pertinent to employment income information from current and previous employers.

**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 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  
Head of Household

\_\_\_\_\_  
Signature  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

TO: Bureau of Indian Affairs

\_\_\_\_ New Application  
\_\_\_\_ Recertification  
Reference # \_\_\_\_\_

[ ] \_\_\_\_\_ has made application for housing assistance through this agency

[ ] \_\_\_\_\_ is recertifying for continued Occupancy of the lease purchase program through this agency

In accordance with Federal Regulations, we are required to verify\* all household income to establish and calculate payments for continued occupancy in our housing programs.

\_\_\_\_\_  
Signature of Housing Official

\_\_\_\_\_  
Date

#### INFORMATION RELEASE AUTHORIZATION

I, \_\_\_\_\_, do hereby authorize release of any information to the Bah-Kho-Je Housing Authority regarding monies received by me through the Bureau of Indian Affairs in order that I may receive consideration for initial occupancy or continued occupancy through the Bah-Kho-Je Housing Authority.

IIM# \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### PLEASE RELEASE THE FOLLOWING INFORMATION

\$ \_\_\_\_\_ Land Lease Monies

\$ \_\_\_\_\_ Royalties

\$ \_\_\_\_\_ B.I.A. Subsistence

\$ \_\_\_\_\_ Educational Grants

\$ \_\_\_\_\_ Other (Identify)- \_\_\_\_\_

\_\_\_\_\_  
B.I.A. Official Signature, Title

\_\_\_\_\_  
Date

*Equal Opportunity Housing Authority*



## **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

The Iowa Tribe of Oklahoma, at 335588 East 750 Road, Perkins, OK 74059 (the “Company”) may obtain information about you from a third-party consumer reporting agency for employment purposes or tenancy. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; [www.backgroundscreenersofamerica.com](http://www.backgroundscreenersofamerica.com)**. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

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

## **DISCLOSURE REGARDING “INVESTIGATIVE CONSUMER REPORT” BACKGROUND INVESTIGATION**

The Iowa Tribe of Oklahoma, at 335588 East 750 Road Perkins, OK 74059 (the “Company”), to which you have applied for employment or tenancy, may request an investigative consumer report about you from a third-party consumer reporting agency, regarding your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; [www.backgroundscreenersofamerica.com](http://www.backgroundscreenersofamerica.com)**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.

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



**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

### **ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Iowa Tribe of Oklahoma (the “Company”) at any time after receipt of this authorization and throughout my employment or tenancy, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 18344 Oxnard Street,**

**Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; [www.backgroundscreenersofamerica.com](http://www.backgroundscreenersofamerica.com)** and/or Employer. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

### **BACKGROUND INFORMATION**

Last Name:	First:	Middle:
Other Names/Alias:		
*Social Security Number:	*Date of Birth:	
Driver’s License Number:	State Issuing Driver’s License:	
Present Address:		Phone Number:
City:	State:	Zip:
Email:		

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

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

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.   a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates              b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a.   Consumer Financial Protection Bureau 1700 G Street, N.W.              Washington, DC 20552          b.   Federal Trade Commission: Consumer Response Center – FCRA Washington DC 20580              (877) 382-4357</p>
<p>2    &gt; the extent not included in item 1 above:</p> <p>a.   National banks, federal savings associations, and federal branches and federal agencies of foreign banks          b.   State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act          c.   Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations          d.   Federal Credit Unions</p>	<p>a.   Office of the Comptroller of the Currency              Customer Assistance Group              1301 McKinney Street, Suite 3450              Houston, TX 77010-9050          b.   Federal Reserve Consumer Help Center              P.O. Box 1200              Minneapolis, MN 55480          c.   FDIC Consumer Response Center              1100 Walnut Street, Box #11              Kansas City, MO 64106          d.   National Credit Union Administration              Office of Consumer Protection (OCP)              Division of Consumer Compliance and Outreach (DCCO)              1775 Duke Street              Alexandria, VA 22314</p>
<p>3.   Air Carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings          Aviation Consumer Protection Division Department of Transportation          1200 New Jersey Avenue, S.E.          Washington, DC 20590</p>
<p>4.   Creditors to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board          Department of Transportation 395 E Street, S.W.          Washington, DC 20423</p>
<p>5.   Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6.   Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access          United States Small Business Administration          409 Third Street, S.W., 8<sup>th</sup> Floor          Washington, DC 20416</p>
<p>7.   Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E.          Washington, DC 20549</p>
<p>8.   Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration          1501 Farm Credit Administration          McLean, VA 22102-5090</p>
<p>9. Retailer, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA          Washington, DC 20580          (877) 382-4387</p>