

**CHEYENNE RIVER AGENCY
APPLICATION FOR BIA HOUSING**

NAME: _____

MAILING ADDRESS: _____

HOME # (____)____-____ CELL # (____)____-____ WORK # (____)____-____

EMPLOYED BY: BIA__BIE__OJS__ START DATE: _____

LOCATION OF JOB: _____ **PERMANENT__SEASONAL__TEMPORARY__**

ARE YOU REQUIRED TO LIVE IN GOVERNMENT HOUSING:____ (PLEASE PROVIDE CERTIFICATE OF REQUIRED OCCUPANCY AND JOB DESCRIPTION)

JOB TITLE: _____ **PAY GRADE/LEVEL:** _____ **YEARS OF GOVERNMENT SERVICE:** _____

SPOUSE/SIGNIFICANT OTHER EMPLOYED: YES or NO IF SO WHERE: _____

REASONS FOR REQUESTING BIA HOUSING: _____

HAVE YOU PREVIOUSLY RESIDED IN BIA HOUSING: YES or NO, IF SO WHEN: _____

IF A PREVIOUS RESIDENT, DID YOU LEAVE THE RESIDENCE IN GOOD STANDING (All utilities paid, fuel tank filled, damages paid if applicable) YES or NO

NUMBER IN HOUSEHOLD: _____ (This includes yourself, spouse/significant other, minor children, and other minor dependents. It is not allowable to grant housing based on your adult children/grandchildren/relatives living with you.)

NAME	AGE	RELATIONSHIP

PRESENT HOME/HOUSING LOCATED: _____

PRESENT HOME/HOUSING IS OWNED BY: _____

PRESENT RENTAL RATE: _____

DO YOU OWE ANY MONEY TO YOUR PRESENT LANDLORD: YES or NO

PLEASE LIST TWO LANDLORD REFERENCES:

NAME	ADDRESS	TELEPHONE NUMBER

ARE YOU IN GOOD STANDING WITH ALL OF YOUR UTILITY VENDORS: YES or NO

If No, please explain: _____

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PLEASE NOTE THAT YOUR SIGNATURE ON THE APPLICATION WILL ALSO SERVE AS AN AUTHORIZATION FOR CHEYENNE RIVER AGENCY-BIA HOUSING TO OBTAIN ANY INFORMATION NECESSARY, INCLUDING COPIES OF ACCOUNT STATEMENTS FROM UTILITY COMPANIES, TO DETERMINE ELIGIBILITY FOR GOVERNMENT HOUSING.

Applicant Name Date

RECOMMENDATION:

___ APPROVED
___ DISAPPROVED

RECOMMENDATION:

___ APPROVED
___ DISAPPROVED

SUPERVISOR SIGNATURE DATE BRANCH CHIEF SIGNATURE DATE

___ APPROVED ___ DISAPPROVED

BIA SUPERINTENDENT DATE

Office use only:
Housing Unit Size Tenant is Eligible for: _____

Unit # Assigned: _____