UTE INDIAN HOUSING AUTHORITY

REQUIREMENTS/APPLICATION

To be considered for Housing you must complete the following application, meet the eligibility requirements, and submit to the Ute Indian Housing Authority (UIHA) with the following information:

1. Income verification *(18 years or older)*
2. Ute Tribal Enrollment ID or CIB *(all household members)*
3. Proof of Marriage/Divorce *(Marriage Certificate or Divorce Decree)*
4. Copies of Birth Certificates *(all household members)*
5. Social Security Card(s) *(all household members)*
6. Court Documentation(s) *(Foster Children or Guardianship)*
7. Background Check *(18 years or older)*
8. **No prior balances owed to UIHA.**
9. **NO** Ownership of another home.

Upon signing the application, you certify that the information is true to your knowledge; you also give the UIHA authorization to contact your current employer or other sources of income to verify your status. Furthermore, applications must be updated every twelve (12) months.

When the UIHA makes selections for residency, selections are based on the information you have provided, a personal interview, validity of attachments, income, need and date of application.

The elderly have a priority for specially designated units. Family size must be matched to unit: example: two parents and two children of opposite sex would be eligible for a three bedroom unit.

When a unit becomes available and your name is next on the waiting list, you will be notified by certified mail, so it is **important** that you keep UIHA informed of any change of address. Should you accept the unit you will be required to pay a security deposit to the UIHA by money order or check. All applicants will be responsible for any utility deposits and connection fees.

UIHA welcomes your questions and appreciates the opportunity to help you understand your rights and responsibilities.

UIHA Executive Director

UTE INDIAN HOUSING AUTHORITY

RENTAL APPLICATION

Complete all information below. All applicants over the age of 18 must sign application

HEAD OF HOUSEHOLD: _____

Social Security #: _____-_____-_____ Date of Birth: _____

Drivers License #:_____ State _____ Exp. Date _____

Current Address : _____ City: _____Zip Code: _____

Phone Number: (_____) _____ Cell Number : (_____) _____

UTE INDIAN TRIBE ENROLLMENT NUMBER: _____

SPOUSE: _____

Social Security #: _____-_____-_____ Date of Birth: _____

Drivers License #:_____ State _____ Exp. Date _____

Current Address : _____ City: _____Zip Code: _____

Phone Number: (_____) _____ Cell Number : (_____) _____

UTE INDIAN TRIBE ENROLLMENT NUMBER: _____

NAME	DOB	RELATIONSHIP	SEX	SOCIAL SECURITY NO.

INCOME: *(Please list all Income for your Household for all persons 18 Years of age and over)* Verification of Income must be attached.

HEAD OF HOUSEHOLD

PRESENT EMPLOYER: _____ POSITION: _____

MONTLY INCOME: _____ OTHER INCOME/SOURCE: _____

EMPLOYER PHONE: _____ HOW LONG AT JOB: _____

EMPLOYERS ADDRESS:_____ CITY _____ STATE_____

SPOUSE

PRESENT EMPLOYER: _____ POSITION: _____

MONTLY INCOME: _____ OTHER INCOME/SOURCE: _____

EMPLOYER PHONE: _____ HOW LONG AT JOB: _____

EMPLOYERS ADDRESS:_____ CITY _____ STATE_____

GROSS MONTHLY INCOME: $ _____

( ) PENSION(S) $ _____
( ) SOCIAL SECURITY $ _____
( ) ALIMONY $ _____
( ) UNEMPLOYMENT $ _____
( ) OWN BUSINESS $ _____
( ) PER CAPITA $ _____
( ) LEASES (BIA) $ _____
( ) OTHER $ _____

*(If Income is from other sources, please explain*_____
_____
_____

DISABLED / VETERAN

Are you or any other member(s) of your household disabled? Y or N Handicapped? Y or N
If yes, please give name(s): _____

Are you or any other member(s) of your household a Veteran? Y or N
If yes, please give name(s): _____

Explain your present living arrangements/conditions:

_____
_____
_____

How many people reside in the dwelling unit? _____ How many bedrooms? _____

Landlord name/address: _____

Telephone Number: _____

What is your monthly rent (including utilities)? _____

Is your present dwelling unit substandard? Y or N *(If yes, state reason):* _____

_____

VEHICLES

#1

AUTO YR _____ MAKE _____ MODEL _____

STATE/LICENSE PLATE # _____

#2

AUTO YR _____ MAKE _____ MODEL _____

STATE/LICENSE PLATE # _____

PETS

HOW MANY? _____ TYPE OF PETS: _____

_____

HAVE YOU EVER BEEN A PARTY TO AN EVICTION? ( ) YES OR ( ) NO
(If yes, please explain) _____

_____

If your application is for Rental Housing, please list two areas of preferences:

_____ First Choice

_____ Second Choice

PERSONAL REFERENCES

NAME _____ YRS. KNOWN _____ PHONE (____) _____

NAME _____ YRS. KNOWN _____ PHONE (____) _____

NAME _____ YRS. KNOWN _____ PHONE (____) _____

TOTAL NUMBER OF ADULTS _____ TOTAL NUMBER OF CHILDREN LIVING WITH YOU UNDER THE AGE OF 18 _____.

NAMES AND RELATIONS OF ALL OTHER APPLICANTS: _____

_____

_____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for Tenants screening as may be necessary in arriving at a tenant decision, I understand the UIHA may terminate any Lease Agreement entered into for any misrepresentations made above.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____
(Other family members over 18)

Signature: _____ Date: _____
(Other family members over 18)

CONSENT TO RELEASE INFORMATION ON FAMILY COMPOSITION

I, _____ hereby give my consent to release any information regarding my children (includes all dependents listed on housing application) and myself. I also consent to release information on my existing living conditions.

_____ _____

SIGNED DATE

_____

UIHA Occupancy Manager

_____

DATE

To Whom It May Concern:

The Low Rent Applications signature(s) appear below agree the Ute Indian Housing Authority may make inquire directly of the Renter's Credit History (Account Receivable) at the following utility companies.

Moon Lake Electric Association, Roosevelt, Utah.
Questar Gas Company, Roosevelt, Utah.
Ute Indian Tribe Water Department, Fort Duchesne, Utah.

These Creditors are authorized to release this information to the Ute Indian Housing Authority so they properly determine the Applicant's Eligibility.

The Renter also agrees the Ute Indian Housing Authority may inquiry directly to any other Creditor regarding the Applicant's current Credit History.

This Agreement will remain effective until unit is vacated.

_____
Applicant's Signature

_____
Date

_____
Applicant's Signature

_____
Date

MEMORANDUM

TO: Ute Indian Tribal Court

FROM: UIHA Executive Director

DATE: January 10, 2017

SUBJECT: Criminal Information Sheet

I am currently conducting background investigations on potential residents for the Ute Indian Housing Authority (UIHA). In order to conduct a thorough background for the UIHA, I am requesting the Ute Indian Tribal Court to provide me with a local Criminal Information Sheet on the following applicants:

NAME	D.O.B	FB NO.

If you have any questions, feel free to contact me at (435) 722-4656.

Attachments

Concurrence-UIHA Executive Director

Ute Indian Housing
Authority
P.O. Box 250
Fort Duchesne, Utah 84026

Applicant Name: _____
Social Security Number: ____ - ____ - ____

INCOME VERIFICATION

In order to establish applicant/tenant's eligibility for occupancy in Indian Housing, the UIHA is required to verify the incomes of all tenants and prospective tenants of Indian Housing Programs. The person identified above has informed us that he/she is now, or has within the past twelve (12) months, been employed by your Company, firm or (AFDC). Your cooperation and prompt return of the information requested below will be appreciated and will benefit your employee. Such information will be held in confidence and used by the UIHA as legally necessary.

Thank You,

UTE INDIAN HOUSING AUTHORITY

_____
Occupancy/Residential Services Staff

Employed from: _____, 20_____ To: _____, 20_____

(Please check & Sign at the bottom of the page)

Occupation:_____
Department: _____

Employment is: ☐ Permanent ☐ Not Employed
(Check one) ☐ Temporary
☐ Seasonal

Current or Last Pay Rate: $ _____ per _____ Effective Date: _____
Overtime Rate: $ _____ per _____
Average number of hours worked per week: Straight time: _____ Overtime: _____

Actual earnings during the past twelve (12) months: $_____
If less than twelve (12) months - From: _____ To: _____ Amount: $ _____
Your estimate of anticipated total earnings over the next twelve (12) months: $ _____

Payroll deductions required by Law or as a Condition of Employment:

Social Security: Yes or No
Retirement: $ _____ per _____ or _____%
AFDC: $ _____ per _____ or _____%
Other: $ _____ per _____ or _____%

I Hereby authorize the release of Verification:

_____
Name of Company

_____
Applicant/Tenant Signature

_____
Name

_____
Date

_____
Title

Telephone: (_____) _____

Here's how you know

IRS

Get your tax records and transcripts

You can access your personal tax records online or by mail, including transcripts of past tax returns, tax account information, wage and income statements, and verification of non-filing letters.

If you need a transcript for your business, find out how to get a business tax transcript.

Access tax records and transcripts in your Individual Online Account

You can view your tax records in your Individual Online Account. This is the fastest, easiest way to:

- View, print or download your transcripts
- Find out how much you owe
- Look at your payment history
- See your prior year adjusted gross income (AGI)
- View other tax records
- Information return documents to assist in filing your claims

Sign in to your online account

Note: The method you used to file your tax return (e-file or paper) and whether you had a balance due affects your current year transcript availability.

Alternative to getting a transcript online

We recommend getting a transcript online since that's the fastest method. If you're unable to register, you can get a tax return or tax account transcript mailed to you instead.

What you need

To get a transcript mailed to you, you need your mailing address from your latest return.

What you get

- Tax return or tax account transcript types delivered by mail
- Transcripts that arrive in **5 to 10 calendar days** at the address we have on file for you

Get transcript by mail

You can also request a transcript be mailed to you by calling our automated phone transcript service at 800-908-9946.

For more information, visit our Transcripts services for individuals - FAQs. If you're trying to get a transcript to complete the Free Application for Federal Student Aid (FAFSA), refer to Tax information for student financial aid applications.

Note: Transcripts partially mask your personally identifiable information to protect you. Financial data will remain fully visible to allow for tax preparation, tax representation or income verification. Learn more at About tax transcripts. If you need a photocopy of your return, submit Form 4506, Request for Copy of Tax Return.

Caution: The IRS doesn't initiate contact with taxpayers by email, text messages or social media channels to request personal or financial information. Visit Report phishing for instructions if you're unsure about the authenticity of any unsolicited communication you receive, other than U.S. mail, claiming to be from the IRS.

Publications

- About Form 4506-T – Offers all transcript types delivered by mail.
- About Form 4506-T-EZ – Offers only the tax return transcript delivered by mail.

Page Last Reviewed or Updated: 17-Jul-2025

Tax season is here: You can access your Benefit Statement tax form through your personal my Social Security account.

Get benefit verification letter

Get a benefit letter to show that you receive benefits, have submitted an application, or don't receive benefits.

This documentation is often needed for loan applications, housing assistance, and other processes that require verification of your income. It may be referred to as a "proof of income letter" or "benefit letter" and is personalized based on the status of your Social Security benefits, Supplemental Security Income, and Medicare coverage.

Sign in to your account

Download a PDF to get the letter right away.

Sign in Create account

Other ways to complete this task

Use our automated phone assistance

Available 24 hours a day, 7 days a week in English and Spanish.

Call +1 800-772-1213

When you hear "How can I help you today?" say "proof of income."

Call TTY +1 800-325-0778 if you're deaf or hard of hearing.

Was this page helpful? *

- ○ Yes
- ○ No

Submit

Form approved OMB#: 0960-0818

THIRD PARTY RELEASE FORM

Utah Department of Public Safety • Bureau of Criminal Identification
4315 South 2700 West, Suite 1300, Taylorsville, Utah 84129

WHEN FILLING OUT THIS FORM, TYPE OR PRINT IN BLACK INK. If you wish to have your criminal history record or certificate of eligibility sent to an individual other than yourself, you must indicate the name of the person or agency to whom you would like the documents sent. If the recipient is an agency, please also provide the name of the specific individual within that agency who is authorized to receive the document. Please include the complete mailing address.

NAME: Heather Serawop, Acting Executive Director
(*Name of Person to Receive Report*)

AGENCY: Ute Indian Housing Authority (if applicable)

MAILING ADDRESS: PO Box 250 | Fort Duchesne | UT | 84026
(*Street/Box number*) (*City*) (*State*) (*Zip*)

PHONE NUMBER: (435) 722-4656 **EMAIL ADDRESS:** _____
EMAIL IS FOR EXPUNGMENT APPLICATIONS ONLY

I request that the criminal history record or certificate of eligibility for which I applied be released to the individual or agency indicated above at the listed address. I hereby release the Bureau of Criminal Identification from any liability resulting from such release.

Name of applicant (*Print*): _____

Signature of applicant: _____ **Date**: _____

Instructions for Application for Criminal History Record

Enclosed is an application for Criminal History Record from the State of Utah, Department of Public Safety, Bureau of Criminal Identification. Please complete all of the steps described below. Failure to properly complete one of the steps may cause a delay in processing your application.

1. Fill out the top portion of the application. List all of your previous names including married and maiden names. Be sure to read and sign the application.

2. Take the application to a law enforcement agency such as your city police department or county sheriff's office. Request that they print the four fingers of your right hand on the space provided. Make sure the law enforcement official who takes your fingerprints fills out the portion of the application labeled "OFFICIAL TAKING PRINTS." If you have a 10-Print Card you may submit that in lieu of having prints taken on form. Valid government-issued photo ID must be provided to the official taking your prints (for example, passport, state ID card, consulate ID card, and driver license.) **"Utah Driving Privilege Cards" WILL NOT be accepted by BCI as valid ID. Driving Privilege Cards state on them that they are not to be used as ID. NOTE:** The fingerprints may be taken at our office, (fingerprint appointment not necessary for criminal history report) Bureau of Criminal Identification, 4315 South 2700 West, Taylorsville, Utah. **You must include a photo copy of your ID with your application**.

3. The application fee is $20.00. Select a method of payment by making a check mark in the appropriate box. Checks and money orders must be US Currency and be made payable to "Utah Bureau of Criminal Identification." To pay by credit card (Visa, MasterCard, Discover Card or AMEX), please fill out the requested information on the application. Credit card numbers must include: the signature of the cardholder, the three-digit control number located on the back of the card, and the expiration date. Cash is accepted only when applying in person. **DO NOT SEND CASH IN THE MAIL.**

4. Your report will be mailed to the mailing address indicated on the application form. If the information needs to be sent to a third party, the third party release form must be filled out and submitted along with your application.

5. Mail the application, fee and release form (if applicable) to:

   UTAH BUREAU OF CRIMINAL IDENTIFICATION
   4315 South 2700 West, Suite 1300
   Taylorsville, Utah 84129

   The report cannot be faxed or sent by e-mail.

If you have questions you may call (801) 965-4445 from 8:00 AM - 5:00 PM Monday-Friday.
Our office is closed weekends and holidays.
You may also visit our website at **http://publicsafety.utah.gov/bci/**

The Bureau of Criminal Identification does not maintain juvenile offender records. Requests for such records must be made directly to the Juvenile Court.

R

Rev 7-01-2025

APPLICATION FOR CRIMINAL HISTORY RECORD

Utah Department of Public Safety • Bureau of Criminal Identification
4315 South 2700 West Suite 1300, Taylorsville, Utah 84129
Telephone: (801)965-4445

WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT IN BLACK INK. Your application will not be processed unless all sections of this form are filled out completely. **You need to send a photocopy of your valid government issued picture ID** and $20.00 fee.

NAME: _____ **DATE OF BIRTH**_____
(*Last Name*) (*First Name*) (*Middle Name*)

PREVIOUSLY USED NAME(S) (Maiden, etc.): _____

MAILING ADDRESS: _____
(*Street/Box number*) (Apt #) (*City*) (*State*) (*Zip*)

PHYSICAL ADDRESS: _____
(*Street*) (Apt#) (*City*) (*State*) (*Zip*)

HOME PHONE NUMBER: _____ **DAYTIME PHONE NUMBER**: _____

SOCIAL SECURITY: _____ **DRIVER LICENSE # AND STATE**: _____

PHYSICAL DESCRIPTION: HGT/_____ WGT/_____ EYE COLOR/_____ SEX/_____ RACE/_____

I hereby declare that I am the person listed above and am entitled to my criminal record as provided by Utah Code Ann. § 53-10-108(9)(a). The information contained in this written statement is true and correct to the best of my knowledge and I understand that any false statements I make that I do not believe to be true may subject me to criminal punishment as a class B misdemeanor pursuant to Utah Code Ann. §76-8-504.

Signature of applicant:_____**Date**: _____

FINGERPRINT INSTRUCTIONS: (OFFICIAL TAKING PRINTS) Confirm identity of applicant with identification that shows photo, signature and date of birth. Confirm ID with the information above, then list the type of government issued ID used and the ID number in the space provided below. Fingerprint the four fingers of the applicant's right hand simultaneously in the box located in the lower right portion of this form.

This Area must be completed by OFFICIAL TAKING PRINTS

Type of identification used:_____
*(Utah Driving Privilege Cards are **not** valid ID and will not be accepted)*

Identification number:_____

Name on ID:_____

Fingerprints taken by: _____
(*PRINT NAME*)

Agency Name: _____

Badge #_____ Date Printed: _____
(*If applicable*)

BUREAU USE ONLY AFIS Confirmation_____

SID#_____R&F_____

FINGERPRINTS

METHOD OF PAYMENT (Only to be filled out if application is mailed in. Check appropriate box for payment)

☐ Check, Money Order or Cashier's Check (Payable to "BCI") There will be a $20.00 service charge for any returned check.

☐ Credit Card must be ☐ Visa ☐ Master Card ☐ Discover ☐ AMEX

Fill out the information below to pay by credit card. *3 or 4 digit control # Exp Date MM/YY

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Cardholder signature: Name on Credit Card: _____