



## UTE INDIAN HOUSING AUTHORITY

### Low Rent Housing Application

P.O. Box 250, Fort Duchesne, Utah 84026 | Office: 7700 East 800 South | (435) 722-4656  
Office hours: Monday–Thursday 8:00 a.m.–6:00 p.m.

#### What is in this packet

| Part | Contents                                                                                                                | What to do                                              |
|------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 1    | Before You Apply: eligibility, document checklist, how selection works                                                  | Read and keep                                           |
| 2    | Rental Application                                                                                                      | Complete, sign and return                               |
| 3    | Authorization for Release of Information                                                                                | Every adult 18+ signs and returns                       |
| 4    | How to Get Your Documents: criminal history report, IRS transcript, Social Security letter, plus the two Utah BCI forms | Keep the instructions; return the BCI forms as directed |
| 5    | Verification Forms                                                                                                      | UIHA staff use only                                     |

**Return your completed application** (Parts 2 and 3, with all documents from the Part 1 checklist) to the UIHA office in person or by mail. **Incomplete applications will not be accepted.**

UIHA welcomes your questions and is glad to help you understand your rights and responsibilities.

## PART 1 — BEFORE YOU APPLY

Please read this part and keep it for your records.

### Who may apply

To be eligible, all of the following must be true:

- The head of household or spouse is **18 or older** and an **enrolled member of the Ute Indian Tribe**, or an enrolled member of another federally recognized tribe. Essential families and law enforcement officers defined by NAHASDA may also qualify as determined by the Board of Commissioners.
- Household income is **at or below 80% of area median income** (HUD income limits are available at the UIHA office).
- You do **not owe any money to UIHA**.
- You do **not own or have an interest in a private home**.
- Every household member 18 or older passes the background screening described below.

### Document checklist

Attach copies of the following. UIHA verifies all information through third parties.

| <input type="checkbox"/> | Document                                                                                             | Needed for                             |
|--------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> | Proof of income for the last 12 months (pay stubs, benefit letters, IRS tax return transcript, W-2s) | Every member 18 and older              |
| <input type="checkbox"/> | Ute Tribal enrollment ID or CIB (or other tribal enrollment documentation)                           | All household members                  |
| <input type="checkbox"/> | Birth certificate                                                                                    | All household members                  |
| <input type="checkbox"/> | Social Security card                                                                                 | All household members                  |
| <input type="checkbox"/> | Government-issued photo ID (driver's license, state ID or passport)                                  | Every member 18 and older              |
| <input type="checkbox"/> | Utah BCI criminal history report, with the UIHA Third Party Release Form (see Part 4)                | Every member 18 and older              |
| <input type="checkbox"/> | Marriage certificate or divorce decree                                                               | If married or divorced                 |
| <input type="checkbox"/> | Court papers for foster children, guardianship or custody                                            | If applicable                          |
| <input type="checkbox"/> | Proof of full-time student status                                                                    | Members 18+ who are full-time students |
| <input type="checkbox"/> | Child care or medical expense receipts (may lower your rent)                                         | If applicable                          |

### How applicants are selected

Eligible applicants earn points for each preference that applies to their household and is verified. The waiting list is ranked by total points, highest first. Applicants with the same total are ranked by the date and time their complete application was received.

| Preference                                                    | Points     | Proof required                                                  |
|---------------------------------------------------------------|------------|-----------------------------------------------------------------|
| Enrolled Ute tribal member (head of household or spouse, 18+) | <b>500</b> | Tribal enrollment ID or CIB for every enrolled household member |
| Military veteran (household member)                           | <b>100</b> | DD-214 or other proof of service                                |
| Disabled (household member)                                   | <b>50</b>  | Doctor's statement certifying the disability                    |
| Involuntarily displaced                                       | <b>25</b>  | Proof of the displacement                                       |
| Rent burden (paying more than 50% of income for rent)         | <b>25</b>  | Lease or rent receipts and proof of income                      |

| Preference                                          | Points | Proof required                 |
|-----------------------------------------------------|--------|--------------------------------|
| Living in substandard housing                       | 25     | Proof of the housing condition |
| Essential employee (as determined by the Ute Tribe) | 10     | As determined by UIHA          |

*All enrolled household members, Ute or another federally recognized tribe, must provide proof of enrollment (tribal ID or CIB). Members of other tribes are eligible but do not receive the 500 enrolled-member points.*

**Senior and ADA units.** Elderly applicants have priority for specially designated senior and ADA units.

**Unit size.** Family size is matched to unit size:

| Bedrooms                 | 1   | 2   | 3   | 4   |
|--------------------------|-----|-----|-----|-----|
| <b>Persons (min–max)</b> | 1–3 | 2–4 | 3–6 | 5–8 |

*A 5-bedroom unit houses 6–10 persons. Children under 6 may share a bedroom with parents. A separate bedroom may be provided for verified health reasons.*

## Background screening

UIHA reviews criminal, rental and credit history for every household member 18 and older. An application may be denied for:

- Owing money to UIHA, or eviction for nonpayment or lease violations, or abandoning an assisted unit (other than past-due rent, incidents within the last 3 years are considered)
- Conviction of a violent, drug-related or sexual offense, or other offense that threatens resident safety, within 36 months of conviction or release from probation, incarceration or parole, whichever is later; pending charges for these offenses until resolved
- Being listed on a national, state or tribal sex offender registry
- Fraud in a HUD program, false information, misrepresenting family composition, or being on HUD's suspension and limited denial list
- Refusing to complete or sign required forms or supply requested information

## What happens next

1. **Notice of eligibility.** You will be notified in writing. If you are found ineligible, you may request an informal hearing with the Executive Director in writing within 10 days of receiving the notice (a mailed notice is considered received 3 business days after mailing).
2. **Report changes immediately.** While you are on the waiting list, notify UIHA right away of any change in your address, phone, income or employment, household members, or circumstances such as disability, student status or current housing. You must also update your application at least every 12 months; failure to update is grounds for removal from the waiting list. Your eligibility is re-verified before a unit is offered.
3. **Unit offer.** When a unit is available and you are next on the list, you will be notified in writing. You have 10 days to accept or reject the offer. Rejecting without a justifiable reason moves you to the bottom of the waiting list.
4. **Before move-in.** Your eligibility is re-verified. Within 2 weeks of accepting, you must pay the UIHA security deposit of \$150 (cashier's check or money order; no cash) and arrange and pay all utility deposits and connection fees. You will sign the lease, attend tenant orientation and complete a move-in inspection.
5. **Rent.** Rent is based on your household's adjusted income and will not exceed 30% of it. Income and household size are re-examined at least once every 12 months. Tenants must report income changes immediately and add anyone staying more than 30 days to the household record. A rent decrease takes effect the next month only if written notice is received by the 25th.

## PART 2 — RENTAL APPLICATION

Print clearly. Answer every question; write "N/A" if it does not apply. Every household member 18 or older must sign Section 8.

| OFFICE USE     |                |              |                                                                    |
|----------------|----------------|--------------|--------------------------------------------------------------------|
| Date received: | Time received: | Received by: | Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No |

### 1. Head of household and spouse / co-applicant

|                                   | Head of household | Spouse / co-applicant |
|-----------------------------------|-------------------|-----------------------|
| Full legal name                   |                   |                       |
| Other names used (maiden, etc.)   |                   |                       |
| Date of birth                     |                   |                       |
| Social Security number            |                   |                       |
| Tribe and enrollment number       |                   |                       |
| Driver's license # / state / exp. |                   |                       |
| Cell phone                        |                   |                       |
| Other phone                       |                   |                       |
| Email                             |                   |                       |

|                                   |  |
|-----------------------------------|--|
| Mailing address, city, state, ZIP |  |
| Physical address (if different)   |  |

### 2. Everyone else who will live in the unit

Do not repeat the head of household or spouse.

| Full name | Date of birth | Sex | Relationship to head | Social Security # | Tribe & enrollment # | Full-time student | Disabled |
|-----------|---------------|-----|----------------------|-------------------|----------------------|-------------------|----------|
|           |               |     |                      |                   |                      | Y / N             | Y / N    |
|           |               |     |                      |                   |                      | Y / N             | Y / N    |
|           |               |     |                      |                   |                      | Y / N             | Y / N    |
|           |               |     |                      |                   |                      | Y / N             | Y / N    |
|           |               |     |                      |                   |                      | Y / N             | Y / N    |
|           |               |     |                      |                   |                      | Y / N             | Y / N    |

| Full name | Date of birth | Sex | Relationship to head | Social Security # | Tribe & enrollment # | Full-time student | Disabled |
|-----------|---------------|-----|----------------------|-------------------|----------------------|-------------------|----------|
|           |               |     |                      |                   |                      | Y / N             | Y / N    |

Total number of people in household (including you): \_\_\_\_\_

### 3. Income

List every source of income for every household member 18 or older, and attach proof. Use the codes below.

*W = wages SE = self-employment / own business SS = Social Security / SSI PN = pension / retirement TA = TANF / public assistance UI = unemployment CS = child support / alimony PC = per capita LS = leases (BIA) OT = other*

| Household member                     | Code | Employer or payer (name, address, phone) | Position / how long | Gross monthly amount |
|--------------------------------------|------|------------------------------------------|---------------------|----------------------|
|                                      |      |                                          |                     | \$                   |
|                                      |      |                                          |                     | \$                   |
|                                      |      |                                          |                     | \$                   |
|                                      |      |                                          |                     | \$                   |
|                                      |      |                                          |                     | \$                   |
|                                      |      |                                          |                     | \$                   |
| Total gross monthly household income |      |                                          |                     | \$                   |

☐ No one in my household has any income. ☐ Some income is paid in cash or by barter (include it above).

**Expenses that may lower your rent (attach receipts):**

|                                                                                 |                                                          |           |
|---------------------------------------------------------------------------------|----------------------------------------------------------|-----------|
| Child care so a household member can work or attend school                      | \$                                                       | per month |
| Medical expenses not covered by insurance (elderly or disabled households only) | \$                                                       | per month |
| Does anyone travel 50+ miles a day for work or school? Who?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |

### 4. Preferences and current housing

|                                                             |                                                          |           |
|-------------------------------------------------------------|----------------------------------------------------------|-----------|
| Is anyone in the household a military veteran?              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name(s):  |
| Does anyone in the household have a disability?             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name(s):  |
| Does anyone need an accessible unit or other accommodation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Describe: |

|                              |                                                                                                                                                            |                                |   |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---|
| I currently                  | <input type="checkbox"/> Rent <input type="checkbox"/> Live with family/friends <input type="checkbox"/> Am homeless <input type="checkbox"/> Other: _____ |                                |   |
| Landlord name                |                                                                                                                                                            | Landlord phone                 |   |
| Monthly rent incl. utilities | \$                                                                                                                                                         | People living there / bedrooms | / |

**Urgent need (25 points each).** Check any that apply and explain below:

- ☐ Involuntarily displaced (fire, flood or other disaster; government action; landlord action not caused by you and not a rent increase; domestic violence)
- ☐ Living in substandard housing (dilapidated; no working indoor plumbing, toilet, tub or shower; no or unsafe electricity; no safe heat; no kitchen; or declared unfit to live in)
- ☐ Paying more than 50% of household income for rent

|                                 |  |            |  |
|---------------------------------|--|------------|--|
| Location preference: 1st choice |  | 2nd choice |  |
|---------------------------------|--|------------|--|

## 5. Background questions

| Has anyone in your household...                                                           | Answer                                                   |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Owed money to UIHA or any other housing authority or TDHE?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Owned, or had an interest in, a home?                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Been evicted, or abandoned a HUD-assisted unit?                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (18 or older) Been convicted of a crime in the last 3 years, or have charges pending now? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Been required to register as a sex offender?                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Been found to have committed fraud in a HUD program?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain any "Yes" answer:

## 6. Vehicles, other assets and pets

List every vehicle and recreational item owned by anyone in the household: cars, trucks, motorcycles, ATVs, dirt bikes, campers/RVs, trailers, boats, snowmobiles, etc.

| Type | Year | Make | Model | License plate # and state | Owner |
|------|------|------|-------|---------------------------|-------|
|      |      |      |       |                           |       |
|      |      |      |       |                           |       |
|      |      |      |       |                           |       |
|      |      |      |       |                           |       |
|      |      |      |       |                           |       |

Tenants may park two vehicles in the driveway. Vehicles must run and be currently licensed and registered in Utah. Vehicles or equipment over 10,000 lbs may not be parked on UIHA rental property. ATVs and dirt bikes may not be ridden in residential areas except to travel to and from the unit.

|                                                                    |  |
|--------------------------------------------------------------------|--|
| Other assets (land, livestock, equipment, business property, etc.) |  |
|--------------------------------------------------------------------|--|

| Type of pet and breed | How many | Rabies vaccination current?                              |
|-----------------------|----------|----------------------------------------------------------|
|                       |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Limit of two pets. Per Tribal Code Title IX, the following breeds are not allowed: Doberman Pinschers, Pit Bulls, German Shepherds, Rottweilers, or any cross-breed with such dogs.

## 7. Personal references (not relatives)

| Name | Years known | Phone |
|------|-------------|-------|
|      |             |       |
|      |             |       |
|      |             |       |

## 8. Certification and signatures

I certify that the information in this application is true and complete to the best of my knowledge, including any income paid in cash or barter. I understand that UIHA will verify this information, and that false or incomplete information may result in denial of my application or termination of any lease. I understand I must update this application every 12 months and immediately report any change in address, income, employment or household members.

| Printed name          | Signature | Date |
|-----------------------|-----------|------|
| Head of household     |           |      |
| Spouse / co-applicant |           |      |
| Other adult 18+       |           |      |
| Other adult 18+       |           |      |
| Other adult 18+       |           |      |
| Other adult 18+       |           |      |

| OFFICE USE ONLY — ELIGIBILITY DETERMINATION |                                                                       |                        |    |
|---------------------------------------------|-----------------------------------------------------------------------|------------------------|----|
| Total points                                |                                                                       | Bedroom size           |    |
| Annual income                               | \$                                                                    | Income limit (80%)     | \$ |
| Determination                               | <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible |                        |    |
| Reason (if ineligible)                      |                                                                       |                        |    |
| Notice sent (date)                          |                                                                       | Waiting list date/time |    |
| Certified by (name/title)                   |                                                                       | Signature / date       |    |

## PART 3 — AUTHORIZATION FOR RELEASE OF INFORMATION

*Every household member 18 or older must sign.*

I authorize the Ute Indian Housing Authority (UIHA) to obtain and verify information about me and the members of my household, including dependents listed on my application. I authorize the sources below to release that information to UIHA:

- **Income and employment:** employers, benefit agencies, the Internal Revenue Service, the Social Security Administration, and tribal and other sources of income.
- **Family composition and living conditions:** information about my children and dependents and my current living situation.
- **Rental history:** current and former landlords, housing authorities and TDHEs.
- **Utility and credit history:** Moon Lake Electric Association (Roosevelt, Utah); Dominion Energy, formerly Questar Gas (Roosevelt, Utah); Ute Indian Tribe Water Department (Fort Duchesne, Utah); any other creditor; and consumer credit reporting agencies.
- **Criminal history:** the Ute Indian Tribal Court, BIA and other law enforcement agencies, and the Utah Bureau of Criminal Identification.

UIHA will keep this information confidential and use it only to determine eligibility, rent and continued occupancy. This authorization remains in effect while my application is active and, if I am housed, until I vacate the unit. A copy of this form is as valid as the original.

| Printed name | Date of birth | Signature | Date |
|--------------|---------------|-----------|------|
|              |               |           |      |
|              |               |           |      |
|              |               |           |      |
|              |               |           |      |
|              |               |           |      |
|              |               |           |      |

|                        |  |       |
|------------------------|--|-------|
| UIHA Occupancy Manager |  | Date: |
|------------------------|--|-------|

## PART 4 — HOW TO GET YOUR DOCUMENTS

Keep these instructions. Start early: some documents take several weeks.

### A. Utah criminal history report (every adult 18+)

1. Fill out the top of the Application for Criminal History Record (attached). List all previous names, including married and maiden names, then sign it.
2. Take it, with valid government-issued photo ID, to a law enforcement agency (city police or county sheriff) or the BCI office to have the four fingers of your right hand printed. The official completes the “Official Taking Prints” section. Utah Driving Privilege Cards are not accepted as ID.
3. Include a photocopy of your photo ID.
4. Include the \$20.00 fee: check or money order payable to “Utah Bureau of Criminal Identification,” or credit card on the form. Do not mail cash.
5. Print and sign the attached Third Party Release Form so the report is sent to UIHA.
6. Mail everything to: Utah Bureau of Criminal Identification, 4315 South 2700 West, Suite 1300, Taylorsville, Utah 84129. The report cannot be faxed or emailed. Questions: (801) 965-4445, Monday–Friday 8:00 a.m.–5:00 p.m.

BCI does not keep juvenile records; request those from the Juvenile Court.

### B. IRS tax return transcript (proof of income)

UIHA uses adjusted gross income from your federal tax return (Form 1040) as annual income, so a Tax Return Transcript is the best proof. It is free. If you did not file, request a Verification of Non-filing instead.

| Method           | How                                                                                                                                        | Delivery                         |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Online (fastest) | Sign in at <a href="https://irs.gov/individuals/get-transcript">irs.gov/individuals/get-transcript</a> with ID.me; view, print or download | Immediately                      |
| Online by mail   | Order at <a href="https://irs.gov/individuals/get-transcript">irs.gov/individuals/get-transcript</a>                                       | 5–10 calendar days               |
| Phone            | Call 800-908-9946 (automated)                                                                                                              | 5–10 calendar days               |
| Form 4506-T      | Mail or fax the form (steps below)                                                                                                         | About 10 business days plus mail |

**Using Form 4506-T:** download the latest form from [irs.gov](https://irs.gov) (older versions may be rejected; the shorter Form 4506-T-EZ also works for a return transcript).

| Line  | What to enter                                                                               |
|-------|---------------------------------------------------------------------------------------------|
| 1a–1b | Your name as shown on the return and your SSN or ITIN (joint return: the name listed first) |
| 2a–2b | Spouse’s name and SSN, if you filed jointly                                                 |
| 3–4   | Your current address; line 4 only if your address on your last return was different         |
| 5     | Leave blank so the transcript comes to you                                                  |
| 6     | Enter 1040 and check 6a Return Transcript                                                   |
| 7     | Check only if you need a Verification of Non-filing                                         |
| 9     | Tax year needed, as mm/dd/yyyy (for example, 12/31/2025)                                    |

**Sign and send:** check the signature box, sign, date and add your phone number. The IRS must receive it within 120 days of signing. If you lived in Utah when you filed, mail to Internal Revenue Service, RAIVS Team, P.O. Box 9941, Mail Stop 6734, Ogden, UT 84409, or fax 855-298-1145. For other states, see the where-to-file page on [irs.gov](https://irs.gov).

**Common reasons for rejection:** form not signed or box not checked; received more than 120 days after signing; name, SSN or address does not match IRS records; more than one form number on one request; outdated form.

### C. Social Security benefit letter and Statement

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If anyone in your household receives Social Security or SSI, bring a **Benefit Verification Letter** (proof of income). Your **Social Security Statement** shows your earnings history. Both are free from your my Social Security account.

**Create your account (once).** You must be 18+ with a valid SSN. Have your SSN, an email address, a government photo ID, a mobile phone and your mailing address ready. Allow 5–20 minutes.

1. Type [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount) into your browser (do not use links in emails or texts) and click Create an Account.
2. Choose Login.gov (recommended in the U.S.) or ID.me (offers a video call if you have no personal phone).
3. Enter and confirm your email, set a password and set up two-step authentication.
4. Verify your identity: photograph the front and back of your photo ID and enter your SSN, phone and address. Accept the terms of service.

**Get your documents.** Sign in at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). For proof of income, choose Get benefit verification letter, then download or print it. For your earnings history, open Social Security Statement and click Download Statement. Sign out when finished.

**By phone:** call 1-800-772-1213 (TTY 1-800-325-0778), 24 hours a day, and say “proof of income” to have a benefit letter mailed. If you cannot verify your identity online, contact the Login.gov or ID.me help center or call Social Security.

## ATTACHMENT — Utah BCI Third Party Release Form

Each adult signs and mails this with the criminal history application so the report is sent to UIHA.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|
| <b>THIRD PARTY RELEASE FORM</b><br>Utah Department of Public Safety • Bureau of Criminal Identification<br>4315 South 2700 West, Suite 1300, Taylorsville, Utah 84129                                                                                                                                                                                                                                                                                                                    |  |  |
| <b>WHEN FILLING OUT THIS FORM, TYPE OR PRINT IN BLACK INK.</b> 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. |  |                                                                                     |
| <b>NAME:</b> <u>Max Rheinhardt, Executive Director</u><br><i>(Name of Person to Receive Report)</i>                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                     |
| <b>AGENCY:</b> <u>Ute Indian Housing Authority</u> (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                     |
| <b>MAILING ADDRESS:</b> <u>PO Box 250</u> <u>Fort Duchesne</u> <u>UT</u> <u>84026</u><br><i>(Street/Box number) (City) (State) (Zip)</i>                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                     |
| <b>PHONE NUMBER:</b> <u>(435) 722-4656</u> <b>EMAIL ADDRESS:</b> _____<br><i>EMAIL IS FOR EXPUNGMENT APPLICATIONS ONLY</i>                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                     |
| <p>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.</p> <p><b>Name of applicant (Print):</b> _____</p> <p><b>Signature of applicant:</b> _____ <b>Date:</b> _____</p>                                                                                  |  |                                                                                     |

**ATTACHMENT — Utah BCI Application for Criminal History Record**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="font-size: 48pt; font-weight: bold; margin: 0;">R</div> <div style="font-size: 8pt; margin-top: 5px;">Rev 7-01-2025</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <div style="font-weight: bold; font-size: 14pt; margin: 0;">APPLICATION FOR CRIMINAL HISTORY RECORD</div> <div style="font-weight: bold; font-size: 12pt; margin: 0;">Utah Department of Public Safety • Bureau of Criminal Identification</div> <div style="font-weight: bold; font-size: 12pt; margin: 0;">4315 South 2700 West Suite 1300, Taylorsville, Utah 84129</div> <div style="font-weight: bold; font-size: 12pt; margin: 0;">Telephone: (801)965-4445</div> |
| <div style="font-size: 10pt; margin: 0;">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.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <div style="display: flex; justify-content: space-between;"><div>NAME: _____<br/><small>(Last Name) (First Name) (Middle Name)</small></div><div>DATE OF BIRTH _____</div></div> <div>PREVIOUSLY USED NAME(S) (Maiden, etc.): _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <div>MAILING ADDRESS: _____<br/><small>(Street/Box number) (Apt #) (City) (State) (Zip)</small></div> <div>PHYSICAL ADDRESS: _____<br/><small>(Street) (Apt#) (City) (State) (Zip)</small></div> <div>HOME PHONE NUMBER: _____ DAYTIME PHONE NUMBER: _____</div> <div>SOCIAL SECURITY: _____ DRIVER LICENSE # AND STATE: _____</div> <div>PHYSICAL DESCRIPTION: HGT/ _____ WGT/ _____ EYE COLOR/ _____ SEX/ _____ RACE/ _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <div style="font-size: 10pt; margin: 0;">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.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <div style="display: flex; justify-content: space-between;"><div>Signature of applicant: _____</div><div>Date: _____</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <div style="font-size: 10pt; margin: 0;">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.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <div style="text-align: center; font-weight: bold; font-size: 12pt; margin-bottom: 5px;">This Area must be completed by OFFICIAL TAKING PRINTS</div> <div style="font-size: 10pt; margin: 0;">Type of identification used: _____<br/><small>(Utah Driving Privilege Cards are <b>not</b> valid ID and will not be accepted)</small></div> <div style="font-size: 10pt; margin: 0;">Identification number: _____</div> <div style="font-size: 10pt; margin: 0;">Name on ID: _____</div> <div style="font-size: 10pt; margin: 0;">Fingerprints taken by: _____<br/><small>(PRINT NAME)</small></div> <div style="font-size: 10pt; margin: 0;">Agency Name: _____</div> <div style="font-size: 10pt; margin: 0;">Badge # _____ Date Printed: _____<br/><small>(If applicable)</small></div> <div style="border-top: 1px solid black; padding-top: 5px; font-size: 10pt; margin: 0;">BUREAU USE ONLY    AFIS Confirmation _____</div> <div style="font-size: 10pt; margin: 0;">SID# _____ R&amp;F _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                             | <div style="text-align: center; font-weight: bold; font-size: 12pt; margin-bottom: 5px;">FINGERPRINTS</div> <div style="height: 150px; border: 1px solid black; margin: 0;"></div>                                                                                                                                                                                                                                                                                      |
| <div style="font-size: 10pt; margin: 0;">METHOD OF PAYMENT (Only to be filled out if application is mailed in. Check appropriate box for payment)</div> <div style="font-size: 10pt; margin: 0;"><input type="checkbox"/> Check, Money Order or Cashier's Check (Payable to "BCI") <span style="color: red;">There will be a \$20.00 service charge for any returned check.</span></div> <div style="font-size: 10pt; margin: 0;"><input type="checkbox"/> Credit Card    must be <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> AMEX</div> <div style="font-size: 10pt; margin: 0;">Fill out the information below to pay by credit card.</div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="font-size: 12pt; margin: 0;">*3 or 4 digit control #</div><div style="font-size: 12pt; margin: 0;">Exp Date MM/YY</div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="font-size: 18pt; margin: 0;">□ □ □ □   □ □ □ □   □ □ □ □   □ □ □ □</div><div style="font-size: 18pt; margin: 0;">□ □ □ □   □ □ □ □</div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div>Cardholder signature: _____</div><div>Name on Credit Card: _____</div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

## PART 5 — VERIFICATION FORMS (UIHA STAFF USE)

### 5A. Employment and Income Verification

Ute Indian Housing Authority | P.O. Box 250, Fort Duchesne, Utah 84026 | (435) 722-4656

|                               |  |
|-------------------------------|--|
| <b>Applicant name</b>         |  |
| <b>Social Security number</b> |  |

To establish eligibility for Indian housing, UIHA is required to verify the income of all applicants and tenants. The person named above has told us that he or she is now, or within the past 12 months has been, employed by or receiving income from your organization. Please complete this form and return it to UIHA. The information will be kept confidential and used only as legally necessary. Thank you.

|                                             |                                                                                                                                               |                               |                      |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|
| <b>Employed from</b>                        |                                                                                                                                               | <b>To</b>                     |                      |
| <b>Occupation / department</b>              |                                                                                                                                               |                               |                      |
| <b>Employment status</b>                    | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Not employed |                               |                      |
| <b>Current or last pay rate</b>             | \$      per                                                                                                                                   | <b>Effective date</b>         |                      |
| <b>Overtime rate</b>                        | \$      per                                                                                                                                   | <b>Avg. hours per week</b>    | Regular:      OT:    |
| <b>Earnings, past 12 months</b>             | \$                                                                                                                                            | <b>If less than 12 months</b> | From      To      \$ |
| <b>Anticipated earnings, next 12 months</b> | \$                                                                                                                                            |                               |                      |
| <b>Payroll deductions</b>                   | Social Security: Y / N   Retirement: \$_____ per _____   TANF: \$_____ per _____   Other: \$_____ per _____                                   |                               |                      |

|                     |  |                            |  |
|---------------------|--|----------------------------|--|
| <b>Company name</b> |  | <b>Completed by (name)</b> |  |
| <b>Title</b>        |  | <b>Telephone</b>           |  |
| <b>Signature</b>    |  | <b>Date</b>                |  |

|                                           |                                          |       |
|-------------------------------------------|------------------------------------------|-------|
| <b>Applicant authorization to release</b> | Signature:                               | Date: |
| <b>UIHA staff</b>                         | Occupancy / Resident Services signature: |       |

## 5B. Request for Criminal Information — Ute Indian Tribal Court

|                |                                               |
|----------------|-----------------------------------------------|
| <b>To</b>      | Ute Indian Tribal Court                       |
| <b>From</b>    | Ute Indian Housing Authority, Occupancy Staff |
| <b>Date</b>    |                                               |
| <b>Subject</b> | Criminal Information Sheet                    |

UIHA is conducting background investigations on applicants for UIHA housing. Please provide a local Criminal Information Sheet for each person listed below. Signed authorizations are attached.

| Name | Date of birth | FB No. |
|------|---------------|--------|
|      |               |        |
|      |               |        |
|      |               |        |
|      |               |        |
|      |               |        |
|      |               |        |

If you have questions, please contact UIHA at (435) 722-4656.

|                                              |  |       |
|----------------------------------------------|--|-------|
| <b>Concurrence — UIHA Executive Director</b> |  | Date: |
|----------------------------------------------|--|-------|