

APPLICANT NAME: \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

DO NOT WRITE IN THIS SPACE

Date Submitted: \_\_\_\_\_

Time Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_

NEW  UPDATE ONLY



# COLVILLE INDIAN HOUSING AUTHORITY WAITLIST APPLICATION

DISTRICT YOU ARE APPLYING FOR:

### LOW RENT

OMAK  NESPELEM  KELLER  INCHELIUM  MALOTT

### TAX CREDIT

EAGLE NEST  WHITE BUFFALO  BUTTER CUP  
Tax Credit 3 Tax Credit 1 Tax Credit 2

**All C.I.H.A. units are Smoke-Free by Resolution 2016-01 dated October 22, 2015**

**PLEASE PROVIDE THE FOLLOWING INFORMATION TO COMPLETE YOUR APPLICATION:**

Please make sure your application has all of the items listed in the boxed area complete before submitting. Your application cannot be processed and will be considered incomplete without the following documents and verification:

- \_\_\_\_\_ 1. Social Security Cards for ALL Household Members
- \_\_\_\_\_ 2. Enrollment Verification Certificate of Indian Blood (C.I.B) for All Household Members
- \_\_\_\_\_ 3. Proof of Income; Verification for All Household Members or a signed statement of Zero Income
- \_\_\_\_\_ 4. Homeless – You will need two letters of circumstance
- \_\_\_\_\_ 5. All 18 years and older need to sign their name on all designated areas of the application, including the “Consent and Authorization Statement.”
- \_\_\_\_\_ 6. Documentation if you have a disability that will require “Reasonable Accommodation”
- \_\_\_\_\_ 7. Copy of Custody Documents (if applicable)

**Preference Points:**  Enrolled Colville  Elderly (62 yrs & up)  Veteran (honorably discharged)  Disabled  Homeless  Application Update every 180 days  Enrolled Other (head of household)

**Screening:** Your application will go through a screening process to determine eligibility according to HUD Regulations and C.I.H.A Admissions and Occupancy Polices. If you are found ineligible, you will receive a “Disapproved Notice” in the mail.

- **Income:** If your total household income is over the required guideline, your application may be denied.
- **Credit Checks:** Credit checks with Colville Indian Housing Authority, Tribal Credit, Utility Companies, and Landlords. If you owe a balance with any of these departments or have been evicted from a previous landlord, your application may be denied.
- **Criminal Background –** A conviction may be grounds for application disapproval up to 10 years or more depending on the disqualifying offense.

\*If you have any questions, you can reach the Resident Services Department at (509) 634-2160.

**COLVILLE INDIAN HOUSING AUTHORITY**

P.O. Box 528, Nespalem WA 99155  
 Phone (509) 634-2160 \* Fax (509) 634-2335  
 Washington Relay for the hearing Impaired (800) 833-6388

Head of Household:	Home Phone:
Mailing Address: City/State/Zip:	Cell Phone:
Physical Address: City/State/Zip:	Message Phone:
E-Mail Address:	Work Phone:

This form **MUST BE COMPLETED IN FULL**. You must use the correct **LEGAL NAME** for each of your household members as it appears on their Social Security Card. Social Security cards & Enrollment verification must be submitted for all in your household. **ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN ALL DESIGNATED AREAS & SUBMIT ALL INCOME VERIFICATION.**

**List all persons who will be occupying your home:**

	Legal Name	Date Of Birth	Relationship to Head of Household	Tribal Affiliation & Enrollment Number	Social Security Number	Place of Birth
1						
2						
	Others:					
3						
4						
5						
6						
7						
8						
9						
10						

Are you or any other adult (18 yrs or older) an enrolled full time student?  Yes  No  
 If yes, please list name and provide verification of full-time enrolled student status:

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**TOTAL HOUSEHOLD INCOME**

**MUST BE COMPLETED FOR ALL 18 YRS OF AGE & OLDER**

**IF EMPLOYED or SELF EMPLOYED, PLEASE COMPLETE THIS SECTION & SUBMIT VERIFICATION**

Household Member	Occupation / Job Title	Employer	Pay Schedule (weekly, bi-weekly or monthly)	Hours Per Week	Hourly Rate	Tips or Commission

**OTHER HOUSEHOLD INCOME \*VERIFICATIN MUST BE SUBMITTED\* If you do not have verification for your SSI or SS Benefits, you can call 1-800-772-1213 (TTY 1-800-325-0778) to have a copy of your benefits mailed to you.**

Income Source	Head of Household	Spouse	Other Adult	Other Adult
Unemployment Benefits				
Labor & Industry Benefits				
Retirement/Pension Benefits				
Veteran's Benefits				
Social Security Benefits				
Social Security Income (SSI)				
Child Support or Alimony				
Lease Income				
AFDC / TANF				
General Assistance				
Other Income Please explain				

If there is an adult 18 yrs or older who does not receive any type of income they must sign a "Statement of No Income" provided on the next page "Statement of No Income"

If there are any adults 18 years and older **that do not receive any type of income, he/she must sign this statement.**

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I \_\_\_\_\_ do not have any income. This includes earnings from employment, payments from any public assistance program (DSHS/GA), unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to CIHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

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I \_\_\_\_\_ do not have any income. This includes earnings from employment, payments from any public assistance program (DSHS/GA), unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to CIHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

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I \_\_\_\_\_ do not have any income. This includes earnings from employment, payments from any public assistance program (DSHS/GA), unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to CIHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number





Applicant(s)

1. **PURPOSES:** In signing this consent and authorization form, you are authorizing Colville Indian Housing Authority (CIHA) to request, obtain, and verify income and other necessary information which may affect eligibility or the level of assistance under the CIHA programs, including but not limited to Mutual Help, Rental, and Down Payment Assistance programs. CIHA needs appropriate information to verify household income, tribal enrollment, and similar data to determine if you are eligible for any benefits and they are at the correct amount.

Further, CIHA will need similar information during the time period you are receiving any benefits under CIHA programs to ensure such benefits continue to be set at the correct amount during the reaffirmation information process.

Finally, release of certain information about you will be necessary not only to obtain or verify the data outlined above, but also to respond to other entities and programs who have a need for such information during the period you are applying for or are receiving housing benefits from CIHA. CIHA may release certain information to the source and entities or programs identified in Paragraph 2 below.

**2. SOURCES TO WHOM INFO. MAY BE RELEASED, OBTAINED AND VERIFIED:**

A. Public Utility Districts, including Okanogan PUD, Nespelem Valley Electric, Ferry County PUD, and Avista.

B. Any and all Colville Tribal Programs or Colville Tribal Enterprise Programs; including but not limited to the Tribal Credit, Energy Assistance Program, TANF Program, Social Services, Employment and Training, Adult Education, CCT Payroll, any branch of CETC Payroll, Colville Business Council, Food Distribution Program, Early Childhood Program, Alcohol Program, and Mental Health.

**ENTITY OBTAINING OR RELEASING INFORMATION**

Colville Indian Housing Authority  
P.O. Box 528  
Nespelem, WA 99155  
Contact Resident Service Department

C. Colville Tribal Law Enforcement Entities, including but not limited to the Tribal Prosecutor, Tribal Police, Adult and Juvenile Probation Officers, and the Tribal Court.

D. Washington State Agencies, including the Employment Security Dept., Dept. of Social and Health Services, and similar state entities or branches dealing with welfare or food stamp assistance, unemployment compensation, wages, benefits, or income.

E. Federal Agencies, including the Social Security Administration (for wage and self-employment data or retirement income); Bureau of Indian Affairs (monetary accounts, personal and real property data including probate proceedings); and federal law enforcement entities (Federal Bureau of Indian, Immigration and Naturalization Service, etc.)

**3. WHO MUST SIGN CONSENT FORMS:**

Each member of your household who is 18 years of age or older must sign the consent form. Additional signature must be obtained from new adult member joining the household or whenever members of the household become 18 years of age.

4. **FAILURE TO SIGN CONSENT FORM:** Your failure to sign this consent form may result in the denial of eligibility or termination of benefits under CIHA programs. Any such denial or termination will be promptly communicated in writing to you by CIHA.

## CONSENT AND AUTHORIZATION STATEMENT

I hereby consent and authorize the Colville Indian Housing Authority (CIHA) to obtain, request, verify, and release information to the sources listed above for the purposes specified in paragraph 1.

This consent includes any CIHA participation in computer matching programs with such sources. I agree that photocopies of this form may be used to accomplish its purpose.

I also understand that if I or any adult member or my family fails to sign this consent form, such action may constitute grounds for denial of eligibility and/or termination of assistance from CIHA. However, I also understand that if this should occur, then I will be properly notified in writing by CIHA of such grounds for denial or termination.

Finally, I understand and agree that this consent and authorization from will remain in effect until I am either determined ineligible for assistance or I am no longer participating in any CIHA programs, whichever occurs first.

_____ Head of Household Signature	_____ Printed Name
_____ Social Security Number	_____ Date of Birth
_____ Spouse Signature	_____ Printed Name
_____ Social Security Number	_____ Date of Birth
_____ Adult Over 18 Signature	_____ Printed Name
_____ Social Security Number	_____ Date of Birth
_____ Adult Over 18 Signature:	_____ Printed Name
_____ Social Security Number	_____ Date of Birth





**COLVILLE INDIAN HOUSING AUTHORITY**  
 P.O. BOX 528, NESPELEM WA 99155  
 Phone (509) 634-2160 \* Fax (509) 634-2335 \* TTY 1-800-833-6388

**MILEAGE COST VERIFICATION**

I \_\_\_\_\_, do hereby warrant and confirm that I render/pay  
First Last

\$ \_\_\_\_\_ a year for Employment/Education related travel.

To qualify, I understand that I must **travel over 150 miles round trip for Employment/Education**. I understand that this statement may be used by the Colville Indian Housing Authority to determine whether an allowance of \$25.00 per week may be given.

I also understand that misrepresentation of the information may be cause for penalty under the Program Fraud and civil remedies Act.

Signature	Date	Employer Signature	Date
		Phone Number	
		Address	

**CHILD CARE VERIFICATION**

I \_\_\_\_\_, do hereby warrant and confirm that I provide Child Care Services to  
Babysitter' Name

\_\_\_\_\_, for \_\_\_\_\_ child(ren)  
Parent's Name # of children

and that I am paid \$ \_\_\_\_\_  Monthly  Bi-Weekly  Weekly  Daily

I understand that this statement may be used by the Colville Indian Housing Authority to determine home or rental payments.

I also understand that misrepresentation of this information may be course for penalty under the Program Fraud and civil Remedies Act.

Babysitter's Signature	Date	Social Security Number	Phone Number
Physical Address		Mailing Address	