



COLVILLE INDIAN HOUSING AUTHORITY

P.O. BOX 528, NESPELEM, WA 99155
PHONE (509) 634-2160 FAX (509) 634-2335
Washington Relay No. for Hearing Impaired 1.800.833.6388

MEMORANDUM

TO: Applicant
FROM: Office Specialist
RE: RENTAL ASSISTANCE APPLICATION

PROVIDE THE FOLLOWING INFORMATION TO COMPLETE THE APPLICATION:

- 1.) Income Verification for all members of the household. (cc of paystub, award letter)
- 2.) Copies of Social Security cards for all members of the household, and Tribal ID for applicant.
- 3.) All adult members of the household must sign the application where indicated.
- 4.) If a student is applying they must provide the Post High School Education form, filled out by their school.
- 5.) Do not move in or accept a key before final approval; this will void your application.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Rental unit must be within the State of Washington. The grant cannot be used to rent from a relative, or for any federally subsidized housing.

This is a once in a lifetime Grant. If an application is approved the applicant will not be eligible in the future.

Please feel free to contact me if you have any questions.

Lori J. Cook

Office Specialist

509-634-2160

Lori.cook@colvilletribes.com



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Washington Relay No. for Hearing Impaired (800) 833-6388

Rental Assistance Grant Application

IF AN APPLICANT MOVES-IN AND/OR RECEIVES A KEY PRIOR TO THE APPLICANT BEING APPROVED THE APPLICANT WILL BE INELIGIBLE FOR THE GRANT AND NO PAYMENT WILL BE MADE. ANY MONEY PUT DOWN ON A UNIT PRIOR TO APPROVAL WILL BE DEDUCTED FROM THE GRANT AND NOT PAID BACK TO THE APPLICANT.

APPLICANT

Name (Last, First, M.I.) _____ Maiden _____

Mailing address _____

City _____ State _____ ZIP _____

Social Security Number _____ Colville Tribal ID _____

Date of Birth _____ Phone # _____

ELIGIBILITY

- | | | | |
|----|--|-----|----|
| 1. | Are you an enrolled member of the Confederated Tribes of the Colville Reservation? | YES | NO |
| 2. | Are you at least 18 years of age? | YES | NO |
| 3. | Do you or any adult member in your household have any unpaid debts owing to C.I.H.A.? | YES | NO |
| 4. | Do you or any adult member in your household have any unpaid debts owing to ANY Tribal housing program? | YES | NO |
| 5. | Are you a college student who needs to rent in order to attend school? | YES | NO |
| | If YES, you must submit your CTEAP - Higher Education Grant Calculation statement if applicable, or verification of any other school assistance that will be received. | | |
| 6. | Do you own a home at the present time? | YES | NO |
| 7. | Are you presently in a rental unit? | YES | NO |

HOUSEHOLD MEMBERS:

List all persons who will live in your rental unit. Verification of Social Security Numbers is required for each household member.

Name	Date of Birth	Soc. Sec #	Relationship	Tribal ID#

INCOME INFORMATION:

List all household members at least 18 years of age that have income, including yourself and (if applicable) your spouse. This includes wages, salary, public assistance, social security, disability, etc. **Verification of income for each household member is required.**

NAME	SOURCE OF INCOME	AMOUNT

Total Household Annual Income: \$ _____



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LANDLORD RENTAL ASSISTANCE STATEMENT

Applicant Name: _____

Date: _____ Telephone # _____

Signature _____

I AUTHORIZE THE LANDLORD/MANAGER NAMED BELOW TO PROVIDE THE INFORMATION REQUESTED BELOW TO THE COLVILLE INDIAN HOUSING AUTHORITY.

Landlord Name: _____

Address: _____ Telephone # _____

The Colville Indian Housing Authority has received an application for Rental Assistance from the above named individual. Please provide the information below.

- | | | |
|--|-----|----|
| A. Has the above named Applicant been approved to rent a unit from you? | YES | NO |
| B. Do you have a unit available for move-in at this time? | YES | NO |
| C. How many people are listed to reside in the unit? | YES | NO |
| D. What pre-payment is REQUIRED before this individual can enter the unit? | YES | NO |

TOTAL _____

- | | | |
|---|-----|----|
| E. Has the above named Applicant moved in and/or received a key to the rental unit? | YES | NO |
| F. I certify that the rental unit is in safe and habitable condition. | YES | NO |

THE FEDERAL LAW CONCERNING FRAUD STATES: Sub Section A

Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, Knowingly and willfully:

(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact

(2) makes any materially false, fictitious, or fraudulent statement or representation, or

(3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title or imprisoned not more than 5 years or both.

It is acknowledged and understood that if the applicant identified above receives a one time grant from CIHA, CIHA is not responsible for any rent or other obligations and actions of any tenant.

SIGNATURE OF LANDLORD _____ DATE _____



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POST HIGH SCHOOL EDUCATION VERIFICATION

I hereby request that you furnish the following information to the Colville Indian Housing Authority.

Signature of Student _____ DATE _____

This is to certify that the above named student is enrolled as a () Full-time or () part-time student.

() Fall () Winter () Summer () Quarter () Semester

Assistance and Tuition

Type	Amount	Type	Amount
Pell Grant		Tuition & Fees	
GI Bill		Books & Supplies	
Higher Ed		Room & Board	
Work Study		Transportation	
Other		Misc Personal Exp.	
Total		Total	

Name of educational institution _____ Telephone # _____

Authorized Signature _____ Date _____

APPLICANT(s)

ENTITY OBTAINING OR RELEASING INFORMATION

Colville Indian Housing Authority
P.O. Box 528
Nespelem, WA 99155

Contact Resident Services Department

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.

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.)

F. Current and former employers concerning salary and wages.

G. Financial Institution concerning unearned income (i.e. interest and dividends).

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 signatures must be obtained from new adult members 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 to obtain, request, verify, and release information to the sources listed above for the purposes specified in Paragraph 1.

This consent includes any CIHA participates 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 of 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 form 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

Signatures

Head of Household Date

Printed Name

Date of Birth

Social Security of Head of Household

Spouse Date

Printed Name

Other Family Member over 18 Date

Printed Name

Other Family Member over 18 Date

Printed Name

Other Family Member over 18 Date

Printed Name

Other Family Member over 18 Date

Printed Name

Other Family Member over 18 Date

Printed Name

“Statement of No Income”

If there are any adults 18 yrs of age or older that do not receive any type of income, he/she must sign this statement.

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

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

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 CHHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

Signature

Date

Social Security Number

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