



**Colville Indian Housing Authority**  
42 Convalescent Center Blvd., P.O. Box 528, Nespelem, WA 99155  
Phone: 509-634-2160 Fax: 509-635-2335  
Washington Relay for the hearing impaired (800)833-6388

### ANNUAL RECERTIFICATION

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 COMPLETE IN FULL. You must use the correct LEGAL NAME for each of your household members as it appears on the Social Security Card. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN ALL DESIGNATED AREAS & SUBMIT ALL INCOME DOCUMENTATION. Social Security & Enrollment Verification cards must be provided for all household members.**

### PLEASE PRINT LEGIBLY IN BLUE INK ONLY

List all persons who are occupying your home:

Head of Household	Date of Birth	Relationship to Head of Household	Tribal Affiliation & Enrollment Number	Social Security #	Place of Birth
		Self			
Others:					

 

PLEASE COMPLETE FRONT & BACK SIDES OF FORM

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

\_\_\_\_\_

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

**IF EMPLOYED or SELF EMPLOYED, PLEASE COMPLETE THIS SECTION & SUBMIT VERIFICATION (3 most current paycheck stubs)**

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

If you or any household member is not employed Full Time, please submit Employment Verification for Seasonal, Part Time, On-Call, On Job Training etc.

**OTHER HOUSEHOLD INCOME \*VERIFICATION MUST BE SUBMITTED\*** If you do not have verification for your SSI or SS Benefits, you can call 1-800-772-1213 to have a copy of your benefits mailed to you or provide a current bank statement for direct deposit amounts *300*

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	\$	\$	\$	\$
Gaming Revenue (self/minors)	\$	\$	\$	\$
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 yrs of age or older that do not receive any type of income, he/she must sign this statement. (one section per adult without an income)**

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I \_\_\_\_\_ do not have any income. This includes earning 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 #

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I \_\_\_\_\_ do not have any income. This includes earning 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 #

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I \_\_\_\_\_ do not have any income. This includes earning 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 #

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I \_\_\_\_\_ do not have any income. This includes earning 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 #

## ASSETS

Answer the following questions:

	No	Yes	If yes, please explain (use additional of sheet if needed)
1. Do you or any household member own or have an interest in any real estate, boat and/or mobile home?			
2. Do you have a savings account? If yes, give bank name & bank account amounts.			
3. Do you own a car? License plate #:			Make / Model / Year
4. Do you own a second car? License plate #:			Make / Model /Year
5. Have you or any other adult members ever used any name(s) or social security number(s) other than the one you are currently using?			
6. Have you or any household member lived in any other assisted housing?			Where & When?
7. Have you or anyone in your household ever been convicted of any crime other than traffic violations?			Where & When?
8. Have you or anyone in your household ever committed of fraud in any Federal or State Assisted Program or been requested to repay money for knowingly misrepresenting information for such programs?			Where & When?
9. Do you or other household member receive gaming revenue from Tribal Casinos?			Who & from which Tribe?

**All adults 18 yrs of age and older must read carefully & sign:**

I do hereby swear and attest that all of the information given about me and my household is true and correct. I also understand that ***ALL CHANGES in the income of any household member as well as ANY CHANGES in the household members*** must be reported to the Housing Authority in writing immediately.

I also agree that I know that ***I am required to cooperate*** in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. ***I understand failure or refusal to do so may result in delay, termination of assistance, eviction and or disapproval of my application, termination of my Low Rent Lease or Termination of my MHOA.***

I also understand that knowingly providing false, incomplete or inaccurate information is punishable under Federal, State, or Tribal criminal law. ***I understand that knowingly giving false, incomplete, or inaccurate information is grounds for immediate termination.***

\_\_\_\_\_  
Signature of Head of Household      Date

\_\_\_\_\_  
Signature of Spouse or Other Adult      Date

\_\_\_\_\_  
Signature of Other Adult      Date

\_\_\_\_\_  
Signature of Other Adult      Date

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, The City of Coulee Dam.

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. Energy Assistance and Food Distribution Program.

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.); Internal Revenue Services

**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

## **DEDUCTIONS**

If you feel that you may qualify for any of the following deductions, *verification/documentation is required* to be submitted with your recertification packet.

- Is there an adult who is a full time student in your household?
- Do you pay child care for child age 13 or younger while you are at work or school?
- Do you travel over 150 miles per day/round trip for work or school?
- Medical And Attendant Expenses (out of pocket and not reimbursed)

**Request for Transcript of Tax Return**

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| / / | / / | / / | / / | / / |

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

▶ \_\_\_\_\_  
 Signature (see instructions) Date

**Sign Here** ▶ \_\_\_\_\_  
 Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ \_\_\_\_\_  
 Spouse's signature Date