** COLVILLE INDIAN HOUSING AUTHORITY**

\*\*\*\*\*Office Use Only\*\*\*\*\*

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

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

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

 New  Update

**WAITING LIST APPLICATION**

P.O. Box 528, Nespelem, WA 99155

Occupancy Dept: (509) 634-2168

Name of Applicant:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **All C.I.H.A units are Smoke Free by Resolution 2016-01 10/22/2015** | | | | |
| Nespelem  Low Rent  Sr. Apts  Tax Credit | Keller  Low Rent  Tax Credit | Inchelium  Low Rent  Apartments  Tax Credit | Omak  Low Rent  Morning Star  Tax Credit | Malott  Low Rent |

|  |  |
| --- | --- |
| FIRE OR FLOOD VICTIM:  Yes | Fire Report Attached:  Yes  No |
| Location of Fire: | |

To be eligible for admission, an applicant must be at least 18 years of age; must be a citizen of the United States and provide Proof of Residency; Colville Tribe or another federally-recognized Indian Tribe; If applicant is not an enrolled Colville Tribal member, the applicant has to be the parent or legal guardian of the Colville Tribal member minor children in the household; Low Income; Must demonstrate adequate resources to perform tenant’s responsibilities under the rental agreement including but not limited to payment of all required utility bills; Must not own a home or provide substandard report; Pass all screening processes

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLEASE PROVIDE THE FOLLOWING INFORMATION TO COMPLETE YOUR APPLICATION**  An incomplete application cannot be processed. | | | | | |
|  Social Security Card(s) for all | |  Enrollment Verification/CIB for all | |  Homeless – 2 letters of circumstance | |
|  Court Documents (if applicable) Custody Documents, Marriage License, Divorce Decree, Legal Name Change | | |  Substandard Report (if applicable) | | |
|  Proof of all household income  Wages from employment (including commissions, tips, bonuses, fees, etc.), Income from operation of a business, Rental income from real or personal property, Interest of dividends from assets, Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits, Unemployment or disability payments, Public assistance payments, Periodic allowances such as alimony, child support, or gifts received from persons not living in my household, Sales from self-employed resources (Avon, Mary Kay, EBay, Arts & Crafts, etc.), Tribal Gaming income, Any other source not named in this paragraph. | | | | | |
|  Current Identity verification for all adult household members  ie, State ID., Driver’s License, Passport and Passport Card, Dept. of Defense ID, Birth Certificate, Naturalization Certificate | | | | | |
|  | |  | |  | |
| PREFERENCE POINTS | | | | | |
|  Enrolled Colville |  Elderly (62 yrs or older) | |  Veteran (honorable discharged) | |  Disabled |
|  Homeless or Near Homeless |  Quarterly Update | |  Enrolled Other Federally Recognized Tribe (Head of household) | | |
| SCREENING | | | | | |
| **Income:** *Income may not exceed the most current 80 percent of the median income guidelines.* | | | | | |
| **Credit Check:** *Must not owe previous debt to CIHA, Public Works, Utility Companies, or other Tribal Programs.* | | | | | |
| **Criminal Background:** *Criminal background checks will be done on all adult applicants for CIHA housing for screening purposes. Criminal conviction information will be obtained on all adult member of a household who are selected for a unit prior to move-in.* | | | | | |
| **Previous Tenant History:** Previous Tenancy with CIHA and other Landlords will be checked. | | | | | |

|  |  |
| --- | --- |
| 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 |  |  | Self |  |  |  |
| 2 |  |  | Spouse/Co-Head |  |  |  |
|  | Others: |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **VETERAN HOUSEHOLD MEMBERS:** | | |
| Household Member | Currently Serving | Honorably Discharged |
| 1. |  Yes  No NA |  Yes  No NA |
| 2. |  Yes  No NA |  Yes  No NA |
| 3. |  Yes  No NA  \*Office Use Only\*  Refer to Case Manager Date:  HUD VASH Eligible:  Yes  No  (Attach Eligibility Forms if applicable) |  Yes  No NA |

STUDENT STATUS:

|  |
| --- |
| 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 |

# 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**) **or Spokane 1-866-331-5532**  **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 |  |  |  |  |
| Pension, Annuity, Retirement |  |  |  |  |
| Veteran’s Benefits (not GI Bill Benefits) |  |  |  |  |
| Social Security Benefits |  |  |  |  |
| Social Security Income  (SSI, SSA, WA.ST SSI) |  |  |  |  |
| Child Support |  |  |  |  |
| Lease Income |  |  |  |  |
| Public Assistance: TANF, GAU, FIP, ADATSA |  |  |  |  |
| Alimony/Spousal Payments |  |  |  |  |
| Insurance Policy Payments |  |  |  |  |
| Death Benefits |  |  |  |  |
| Tribal Gaming Revenue/Dividends |  |  |  |  |
| Other Income:  Please explain |  |  |  |  |

**ZERO INCOME CERTIFICATION**

**(To be completed by adult household members claiming zero income)**

I certify that I do not individually receive income from any of the following sources: Wages from employment (including commissions, tips, bonuses, fees, etc.), Income from operation of a business, Rental income from real or personal property, Interest of dividends from assets, Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits, Unemployment or disability payments, Public assistance payments, Periodic allowances such as alimony, child support, or gifts received from persons not living in my household, Sales from self-employed resources (Avon, Mary Kay, EBay, Arts & Crafts, etc), Any other source not named in this paragraph.

I currently have no income of any kind and there is not imminent change expected in my financial status or employment status during the next 12 months.

I will be using the following sources of funds to pay for rent, utilities, and other necessities:

\*\*

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of waitlist application and/or termination of a lease agreement.

Signature Date Printed Name Date

I certify that I do not individually receive income from any of the following sources: Wages from employment (including commissions, tips, bonuses, fees, etc.), Income from operation of a business, Rental income from real or personal property, Interest of dividends from assets, Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits, Unemployment or disability payments, Public assistance payments, Periodic allowances such as alimony, child support, or gifts received from persons not living in my household, Sales from self-employed resources (Avon, Mary Kay, EBay, Arts & Crafts, etc), Any other source not named in this paragraph.

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Signature Date Printed Name Date

##### LANDLORD REFERENCES

List ALL the addresses where you have lived for **your past 3 residences and the NAME, ADDRESS AND**

**TELEPHONE NUMBER of the LANDLORD**. Also, include the dates you rented from each landlord.

|  |  |  |  |
| --- | --- | --- | --- |
| Your present or most recent address: | | | Landlord’s Name: |
| Rent Amount | Bedroom Size | # of people in unit | Address: |
| Rented from (month/date/yr)  to | | | Landlord’s phone #: |

|  |  |  |  |
| --- | --- | --- | --- |
| Your previous address: | | | Landlord’s Name: |
| Rent Amount | Bedroom Size | # of people in unit | Address: |
| Rented from (month/date/yr)  to | | | Landlord’s phone #: |

|  |  |  |  |
| --- | --- | --- | --- |
| Your previous address: | | | Landlord’s Name: |
| Rent Amount | Bedroom Size | # of people in unit | Address: |
| Rented from (month/date/yr)  to | | | Landlord’s phone #: |

**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. |  |  |  |
| 1. Do you own a car?   License plate #: |  |  | Make / Model / Year |
| 1. 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? |

**\*\*READ CAREFULLY, ALL ADULTS MUST SIGN THIS AREA\*\***

**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, 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, and or disapproval of my application, Low Rent/Tax Credit Lease.***

***I also understand that C.I.H.A. has the following policies***: 1) Smoke-Free housing environment. Deposit $300.00. Additional fees may be applied. 2) Pet Policy that allows only 1 dog or 1 cat. Deposit $250.00 (non-refundable). Additional fees may be applied.

***I also understand that I will be required to update my waitlist application at the (6) month period*** and my application will be dropped from the waitlist if not updated on the (6) month period.

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

Signature of Head of Household Date Signature of Spouse or Other Adult Date

Signature of Other Adult Date Signature of Other Adult Date

##### STATEMENT OF CIRCUMSTANCES

Please list the reasons why you are requesting a house and the circumstances of your living conditions:

Applicant Signature: Date:

2nd Adult Signature: 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.

1. SOURCES TO WHOM INFO. MAY BE RELEASED, OBTAINED AND VERIFIED:
   1. Public Utility Districts, including Okanogan PUD, Nespelem Valley Electric, Ferry County PUD, and Avista, The City of Coulee Dam.
   2. 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

* 1. Colville Tribal Law Enforcement Entities, including but not limited to the Tribal Prosecutor, Tribal Police, Adult and Juvenile Probation Officers, and the Tribal Court.
  2. 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.
  3. 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

1. 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.

1. 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 |