



# COLVILLE INDIAN HOUSING AUTHORITY

P.O. BOX 528 • Nespalem, WA 99155  
509-634-2160 • (f) 509-634-2335 • TTY: Dial 711

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## MEMORANDUM

TO: Applicant  
FROM: CIHA Office Specialist  
RE: Rental Assistance Grant Application

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### TO COMPLETE THIS APPLICATION

#### PLEASE PROVIDE THE FOLLOWING INFORMATION

1. Income Verification for ALL members of the household (cc of paystub, award letter etc.)
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.

Olivia Wynecoop  
Housing Services Officer  
509-634-2363  
[Olivia.wynecoop.hsg@colvilletribes.com](mailto:Olivia.wynecoop.hsg@colvilletribes.com)



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**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**

1. NAME: \_\_\_\_\_  
Last First M.I. Maiden Name

2. MAILING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

3. SOCIAL SECURITY #: \_\_\_\_\_ COLVILLE TRIBAL ID#: \_\_\_\_\_

4. DATE OF BIRTH: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**ELIGIBILITY** (Check One)

- 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 CIHA? .....  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.**

<b>NAME</b>	<b>BIRTH DATE</b>	<b>SOC. SEC. #</b>	<b>RELATIONSHIP</b>	<b>TRIBAL ID#</b>

**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.**

<b>NAME</b>	<b>SOURCE OF INCOME</b>	<b>AMOUNT</b>

Total Household Annual Income: \$ \_\_\_\_\_



## 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 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 (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

\_\_\_\_\_  
Adult Over 18 (Signature)

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Date of Birth

**RENTAL ASSISTANCE GRANT  
LANDLORD 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? \_\_\_\_\_
  - B. Do you have a unit available for move-in at this time? \_\_\_\_\_
  - C. How many people are listed to reside in the unit? \_\_\_\_\_
  - D. What pre-payment is REQUIRED before this individual can enter the unit?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total \_\_\_\_\_

- E. Has the above named Applicant moved in and/or received a key to the rental unit?  
 YES     NO    If yes, when? \_\_\_\_\_
- F. I certify that the rental unit is in safe and habitable conditions

.....  
**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 material false, fictitious, or fraudulent statement or entry, shall be fined under this title or imposed 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:** \_\_\_\_\_

**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 programs (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 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 programs (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 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 programs (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 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 programs (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 understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

.....

## POST HIGH SCHOOL EDUCATION VERIFICATION

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

\_\_\_\_\_  
Signature of Student \_\_\_\_\_ Date

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

Fall       Winter       Spring       Summer       Quarter       Semester

### Assistance and Tuition

Resources:

Expenses:

<u>Type</u>	<u>Amount</u>
Pell Grant	_____
GI Bill	_____
Higher Ed	_____
Work Study	_____
Other	_____
<b>Total</b>	_____

<u>Type</u>	<u>Amount</u>
Tuition & fees	_____
Books & Supplies	_____
Room & Board	_____
Transportation	_____
Misc. Personal Exp	_____
<b>Total</b>	_____

Name of Educational Institution: \_\_\_\_\_

\_\_\_\_\_  
Telephone # \_\_\_\_\_ Date \_\_\_\_\_ Authorized Signature