



**TOTAL HOUSEHOLD INCOME:** List all monies earned or received by everyone in your household. This includes money from wages, self-employment, monthly child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, monthly welfare payments, Veterans benefits, alimony, rental property income, stock dividends, income from bank accounts and all other sources (PLEASE DO NOT INCLUDE FOOD STAMPS).

**List Amounts Below**

Household Member	Employer	Total Weekly Wages	Monthly Welfare Benefits	Monthly Child Support	SSI/ Social Security Benefits	Unemployment Benefits	All other Income (Pensions, etc.)
1.							
2.							
3.							
4.							

1. Have you sold or disposed of any asset(s) in the last two years? Yes  No

If yes, please explain:

\_\_\_\_\_

2. Do you own a vehicle? Yes  No  If yes, Model/Year: \_\_\_\_\_ Plate #: \_\_\_\_\_

3. Does anyone outside of your household provide you with regular financial support or pay any of your bills? Yes  No

If yes, please explain:

\_\_\_\_\_

4. Have you or any adult household members ever used any names(s) or Social Security numbers(s) other than the one you are currently using? Yes  No  If yes, please explain: \_\_\_\_\_

5. Are you or any members of your household disabled? Yes  No , Who? \_\_\_\_\_

What is the nature of the disability? \_\_\_\_\_

6. Have you or any member of your household, ever lived in any federal, state, tribal, or locally-assisted housing program or complex? Yes  No , If yes, please list where, when & under whose name: \_\_\_\_\_

\_\_\_\_\_

7. Have you, or any member of your household, ever committed any Fraud in a federally-assisted housing program or have been required to repay money for knowingly misrepresenting information for such housing program?

Yes  No , If yes, please explain: \_\_\_\_\_

8. Do you currently owe any money to a Housing Authority in connection with you or any household member's participation in a federally assisted housing program? Yes  No , If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**APPLICANT DECLARATION:**

I certify that all the information provided on this form, including household composition, family assets & income, allowances, deductions, and previous housing assistance is accurate and complete to the best of my knowledge. I understand that I am required to immediately report all changes on my household composition and income to the GRTHA in writing. I understand the Title 18, Section 1001 of the U.S. Code States that a person is guilty of a felony for knowingly and willingly making false statements to any department or agency.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date

# Application For Low Rent Housing

## Part II

In order to complete your application for Low-Rent Housing you must provide information regarding your rental history and professional references. Failure to provide complete and accurate information may result in insufficient information to determine suitability for tenancy.

### **CURRENT HOUSING INFORMATION:**

Current Address: \_\_\_\_\_  
Number Street Name Apt #

How long have you lived there? \_\_\_\_\_ Date of Occupancy? \_\_\_\_\_

Do you have a rental or lease agreement in your name? \_\_\_\_ yes \_\_\_\_ no

Is eviction action now pending against you? \_\_\_\_ yes \_\_\_\_ no

If yes, for what reason? \_\_\_\_\_

Current Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Number Street Name Apt. #

City State Zip Code

Landlord's Daytime Telephone Number: \_\_\_\_\_

### **PREVIOUS HOUSING INFORMATION:**

1. Previous Address: \_\_\_\_\_  
Number Street Name Apt #

How long have you lived there? \_\_\_\_\_ Date of Occupancy? \_\_\_\_\_

Do you have a rental or lease agreement in your name? \_\_\_\_ yes \_\_\_\_ no

Is eviction action now pending against you? \_\_\_\_ yes \_\_\_\_ no

If yes, for what reason? \_\_\_\_\_

Previous Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Number Street Name Apt. #

City State Zip Code

Landlord's Daytime Telephone Number: \_\_\_\_\_

2. Previous Address: \_\_\_\_\_  
Number Street Name Apt #

City State Zip Code

How long have you lived there? \_\_\_\_\_ Date of Occupancy? \_\_\_\_\_

Do you have a rental or lease agreement in your name? \_\_\_\_ yes \_\_\_\_ no

Is eviction action now pending against you? \_\_\_\_ yes \_\_\_\_ no

If yes, for what reason? \_\_\_\_\_

Previous Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Number Street Name Apt. #

City State Zip Code

Landlord's Daytime Telephone Number: \_\_\_\_\_

**Professional References:**

Professional references, such as an employer, supervisor, social worker, teacher, religious clergy, or other business associate, may also be submitted to determine suitability for tenancy. **NOTE: FRIENDS AND RELATIVES CANNOT BE USED AS PROFESSIONAL REFERENCES.**

1. Professional Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Number Street Name Apt. #  
City State Zip Code  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_

2. Professional Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Number Street Name Apt. #  
City State Zip Code  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_

3. Professional Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Number Street Name Apt. #  
City State Zip Code  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_

**GENERAL INFORMATION:**

- 1. Have you ever vacated a rental unit owing rent or other amounts? \_\_\_\_ yes \_\_\_\_ no, If yes, explain: \_\_\_\_\_
- 2. Have you or any member of your household been arrested or convicted within the past two (2) years for drug related or violent criminal activity? Yes  No  If yes, please explain: \_\_\_\_\_
- 3. Have you or any other member of your household ever been convicted of any crime other than traffic violations? \_\_\_\_ yes \_\_\_\_ no, If yes, explain below and include the year and nature of the offense: \_\_\_\_\_
- 4. Do you own a pet? \_\_\_\_ yes \_\_\_\_ no, If yes, what type? \_\_\_\_\_ Would you be willing to give up the pet if required in order to receive housing? \_\_\_\_ yes \_\_\_\_ no
- 5. Do you or anyone in your household have any unpaid debts owing to the Confederated Tribes of Grand Ronde or The Grand Ronde Tribal Housing Authority? \_\_\_\_\_ If yes, what is the debt? \_\_\_\_\_

**APPLICANT DECLARATION:**

I hereby certify that the above information is correct and completed to the best of my knowledge and may be used for the purpose of verification. I understand that this is not a contract and does not bind either party. I have no objection to inquires being made for the purpose of verifying the statements herein and hereby authorize the release to the Grand Ronde Tribal Housing Authority any information requested to determine eligibility for assisted housing.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member of Household

\_\_\_\_\_  
Date