

Return completed applications to:
The Grand Ronde Tribal Housing Authority (GRTHA)
28450 Tyee Road
Grand Ronde, Oregon 97347

DATE STAMP:
Time: _____

**GRAND RONDE TRIBAL HOUSING AUTHORITY
HOUSING ASSISTANCE APPLICATION**

LIHEAP GRANT PROGRAM

The information in this application is being collected to identify eligible families or individuals to participate in the Housing Program, and will be used to determine priority for funding. The applicant must provide the required information for consideration of the application. Incomplete information and/or false statements will subject this application to rejection for this program.

A. APPLICANT INFORMATION

1. NAME _____
Last First Middle Maiden Name (if any)

2. Current Address _____
City _____ State _____ Zip _____ County _____

3. Phone No.: Home (_____) _____ Cell (_____) _____

4. Place of Employment: _____ Work Phone: (____) _____
E-Mail Address: _____ FAX #: (____) _____
Best Way to Contact You? _____ Time? _____

5. Date of Birth _____ 6. Social Security No.: _____

7. Tribe _____ Roll No. _____

8. Marital Status: Married ___ Single ___ Widowed ___ Other _____

9. Name of Spouse _____
Last First Middle Maiden

10. Place of Employment: _____ Work Phone: (____) _____

11. Date of Birth _____ 12. Social Security No. _____

13. Tribe _____ Roll No. _____

14. Do you have any unpaid debts owing to the Confederated Tribes of the Grand Ronde or to The Grand Ronde Tribal Housing Authority? _____ If so, what is the debt? _____

Note: The disclosure of your Social Security numbers are requested in order to keep your record straight, because other people may have the same name and birth date. The numbers will also be used, if necessary, to verify income and to avoid duplication of housing assistance.

B. FAMILY INFORMATION: List all other persons living in household on a permanent basis. Start with the oldest and provide Social Security numbers.

<u>Name</u>	<u>Birthdate</u>	<u>Soc. Sec. No.</u>	<u>Relationship</u>	<u>Tribe/Roll No.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Members of Household: _____ Total Tribal Members in Household: _____
 Is head of household or spouse recognized as **permanently disabled (see definition)**? _____ If yes, provide name and description of condition, along with certified documentation from a doctor, Veterans Administration, Social Security Administration, or other agency:

C. INCOME INFORMATION: List all permanent family members at least 18 years old who have income.

1. **Earned income:** This includes, but is not limited to, wages, salary, commissions, or profits (see staff for definition of income earned from self-employment).

<u>Name</u>	<u>Monthly Earned Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total monthly earned income: \$ _____

2. **Unearned income:** This includes, but is not limited to, rental properties, child support and alimony, retirement, disability, unemployment, interest, tax refunds, general assistance, and public assistance.

<u>Name</u>	<u>Monthly Unearned Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total monthly unearned income: \$ _____

TOTAL MONTHLY HOUSEHOLD INCOME (earned & unearned): \$ _____

D. HOUSING INFORMATION:

1. Have you or anyone in your household ever received any type of housing assistance from the Bureau of Indian Affairs, The Grand Ronde Tribal Housing Authority or The Confederated Tribes of the Grand Ronde? _____ If yes, indicate type of assistance, date and amount:

2. Has assistance ever been provided by the Bureau of Indian Affairs, The Grand Ronde Tribal Housing Authority or The Confederated Tribes of the Grand Ronde for **this** house? _____

3. Do you own or lease this home and property? (Provide copy of deed, title or lease)

Home: leased / owned (circle one)

Land: leased / owned (circle one)

4. Is this home your primary residence? _____ Do you own any other home or property? _____

5. Is this home located in an area zoned for residential use? _____

6. Is this a wood frame ____, mobile home ____ (year ____), or other type of construction _____?

7. How many bedrooms are in the house? _____

8. Are you on a city water ____ and city sewer ____ system?

9. Provide a brief **description of the basic repairs** you are requesting: _____

I, the undersigned applicant, certify the foregoing information to be true, complete and accurate to the best of my knowledge.

Applicant's Signature _____ **Date** _____

Spouse's Signature _____ **Date** _____

For this application to be considered, you must submit the following with your application:

1. A copy of the tribal enrollment card for the tribal member head of household.
2. A signed copy of income tax returns, W-2 forms, check stubs, statements, or other verification for all household income sources.

The information provided in this application will remain confidential with the Housing Authority, and no information will be released to other departments or agencies without the consent of the applicant.

ALL APPLICANTS ARE RESPONSIBLE FOR KEEPING THE INFORMATION IN THEIR APPLICATION CURRENT.

THIS APPLICATION IS SUBJECT TO CURRENT ELIGIBILITY REQUIREMENTS AND AVAILABILITY OF FUNDING AT THE TIME OF SELECTION FOR PROGRAM PARTICIPATION.