

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 avoid duplication of housing assistance.

C. PREVIOUS ASSISTANCE:

1. 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? _____

2. Have you ever received assistance under the Minor Medical Adaptation Grant program before? _____ If yes, when? _____

D. HOUSING INFORMATION:

1. 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)

Note: If the home is leased, written consent of the Landlord will be required prior to commencement of the work.

2. Is this a wood frame _____, manufactured home _____, mobile home _____, or other type of construction _____?

3. Is this home your primary residence? _____

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

5. Provide a brief **description of the medical adaptations** which are needed: _____

4. Has a physician certified this as a necessary medical adaptation for the benefit of a permanent member of the household? _____ **If yes, the referring physician must complete and sign the attached Physician=s Referral Form, and the completed Physician=s Referral Form must be submitted with the application form. (No substitutions for the attached Physician=s Referral Form will be accepted.)**

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

Applicant=s Signature_____ Date_____

Please include a copy of the tribal enrollment card for the tribal member head of household and for the household member requiring the medical adaptation.

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