

HOUSEHOLD INFORMATION: List all persons who will be living in the residence on a permanent basis. List the designated contact first then list all other household members. Please list names as they appear on each person’s Social Security card. Only children who reside in the unit more than 50% of the time will be considered members of the household. Applicants may be required to complete a Declaration of Dependency.

| Legal Name | Address | Relationship to Designated Contact | Date of Birth | Social Security Number ² | Full Time Student ³ | Gender | Tribal Roll # ⁴ |
|------------|---------|------------------------------------|---------------|-------------------------------------|--------------------------------|--------|----------------------------|
| | | | | | Y / N | M / F | |
| | | | | | Y / N | M / F | |
| | | | | | Y / N | M / F | |
| | | | | | Y / N | M / F | |
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² Social Security number verification must be provided for all household members over the age of two (i.e., copy of Social Security card).

³ Verification of school enrollment must be provided for all students over the age 18.

⁴ Tribal enrollment verification must be provided for all Tribal members.

Does any household member have a disability? Yes No *(Your answer to this question is provided strictly on a voluntary basis, is being collected to comply with civil rights record keeping requirements and does not affect your eligibility.)*

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION AND REASONABLE MODIFICATION: GRTHA understands and recognizes the need to facilitate reasonable accommodations and reasonable modifications to eligible and qualified individuals with disabilities, such as a change in GRTHA’s policies, practices or services, which are necessary for an individual with a disability to benefit from or participate in GRTHA’s rental assistance or housing services programs. For more information including instructions on filing for a Reasonable Accommodation or Reasonable Modification, please review GRTHA’s Reasonable Accommodation and Reasonable Modification Policy available at www.grtha.org, GRTHA’s office or by contacting GRTHA at 503-879-2401, 800-422-0232 (ext. 2401) or TDD 503-879-1647.

If any household member requires a reasonable accommodation or reasonable modification in conjunction with this application, please describe requested accommodation/modification here. **Please indicate if an accessible unit or auxiliary aids would be beneficial to accommodate a household member’s disability.** Additional information may be required prior to authorization for accommodation/modification.

INCOME: Please list income from all sources for each member of the household, including (but not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments, annuities, retirement benefits and pensions, disability or death benefits, unemployment or disability compensation, welfare assistance (not including food stamps), veterans' assistance, grants, alimony, and child support. All applicants must provide verification of each source income in the form of a 1040 (long) form, or if not available, separate verification for each source of income.

If an applicant has no source of income, please list that applicant and enter "None" for Source and "\$0" for Amount. If no verification can be provided that Applicant has no income, he/she will be required to complete a separate certification.

| Applicant | Income Source (i.e., employment, SSI, TANF) | Amount | Frequency (i.e., monthly/ weekly) | Verification Attached ⁵ (i.e., Check Stub/W-2) |
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⁵ Examples of Income Verification: W-2's, tax returns, employee check stubs (*must include employer name, address and contact information*), SSI statement, Tribal per capita distribution statement, orders for child support and/or alimony, bank statements, unemployment insurance benefit statements.

Does anyone outside of your household provide regular financial support or pay any of the household bills?

Yes No If yes, please explain. _____

ASSETS: List all assets belonging to each applicant, including (but not limited to) savings accounts, checking accounts, safe deposit boxes, homes, revocable trusts available to an applicant, rental property or other capital investments, stocks, bonds, treasury bills, certificates of deposit, money market accounts, individual retirement and Keogh accounts, retirement and pension funds, life insurance policies available to an applicant before death, personal property held as an investment (such as gems, jewelry, coin collections, antique cars, etc.), lump sum or one-time receipts (such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments), mortgages or deeds of trust held by an applicant.

| Applicant | Type of Asset | Location of Asset (bank, etc.) | Current Value of Asset ⁶ | Income/Interest Rate of Asset |
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⁶ If any applicant owns an asset (such as real property) which has an unpaid balance on a loan secured by that asset, verification of the unpaid balance must be provided.

Has any applicant sold or disposed of any asset(s) in the last two years?

Yes No If yes, which applicant? Please explain. _____

GENERAL INFORMATION:

Has any applicant ever received any type of local, state or federal housing assistance or grant?

Yes No If yes, which applicant? Please explain. _____

Has any applicant ever received any type of housing assistance or grant from GRTHA?

Yes No If yes, which applicant? Please explain. _____

Does any applicant currently owe money to either the Confederated Tribes of Grand Ronde or GRTHA?

Yes No If yes, which applicant? Please explain. _____

Does any applicant currently owe money to any federally assisted housing program?

Yes No If yes, which applicant? Please explain. _____

Has any applicant ever been denied assistance or required to repay money for knowingly misrepresenting information to a federally assisted housing program?

Yes No If yes, which applicant? Please explain. _____

Has any household member ever used any name(s) or Social Security number(s) other than the one listed on your Social Security Card?

Yes No If yes, who? Please explain. _____

Are any members of the household related by blood or marriage to any of the following Tribal officials or employees: members of Tribal Council, members or GRTHA Board of Commissioners or any GRTHA employee?

Yes No If yes, please list household member(s), relationship to and name of related official/employee.

Has any applicant ever been evicted from any property?

Yes No If yes, which applicant and when? Please explain. _____

CRIMINAL HISTORY: List all crimes, other than minor traffic violations, committed by applicant(s).

| Applicant | Crime | Date Convicted |
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RENTAL HISTORY: Please list the current and two previous addresses for each applicant. Attach additional pages if necessary.

Current Address: _____

City State Zip County

Date of Occupancy? _____ How long have you lived there? _____

Is the rental or lease agreement in your name? Yes No If not, give name(s) on agreement: _____

Is there an eviction action currently pending against you? Yes No If yes, please explain. _____

Landlord's Name: _____ Phone: _____

Address: _____

City State Zip County

Previous Address: _____

City State Zip County

Dates of Occupancy? _____ How long did you live there? _____

Was the rental or lease agreement in your name? Yes No If not, give name(s) on agreement: _____

When you moved were you in violation of your rental agreement or lease? Yes No Comment: _____

Landlord's Name: _____ Phone: _____

Address: _____

City State Zip County

Previous Address: _____

City State Zip County

Dates of Occupancy? _____ How long did you live there? _____

Was the rental or lease agreement in your name? Yes No If not, give name(s) on agreement: _____

When you moved were you in violation of your rental agreement or lease? Yes No Comment: _____

Landlord's Name: _____ Phone: _____

Address: _____

City State Zip County

PETS:

Do you own any pets? Yes No

If yes, please refer GRTHA’s pet requirements for directions on obtaining consent for the pet.

Please note that if your pet does not comply with the pet requirements the pet will not be allowed to reside at any GRTHA properties.

Service animals and companion animals are not considered pets and do not require a deposit. Verification that the animal is a service or companion animal may be requested.

APPLICANT DECLARATION: I certify all information provided on this form and supplied as supporting documentation, is accurate and complete to the best of my knowledge. I understand that the information I am providing will be used for the purpose of verifying my eligibility. I understand that I must report any changes to the information contained herein to GRTHA in accordance with applicable policy. Further, I understand that if I provide false, incomplete or inaccurate information I may be subject to penalty under federal, state or tribal law; may be denied assistance; and may be required to repay any assistance received.

| | |
|-----------|-------|
| _____ | _____ |
| Applicant | Date |
| _____ | _____ |
| Applicant | Date |
| _____ | _____ |
| Applicant | Date |
| _____ | _____ |
| Applicant | Date |

***Return completed applications with all supporting/verification documentation and Authorization for Release of Information to:
Grand Ronde Tribal Housing Authority
28450 Tyee Road
Grand Ronde, Oregon 97347
Fax: (503) 879-5973
Email: housing@grandronde.org***

Assistance is subject to current eligibility requirements and availability of funding.



Grand Ronde Tribal Housing Authority

28450 Tyeer Road • Grand Ronde, Oregon 97347 • (503) 879-2401 • Fax (503) 879-5973 • TDD (503) 879-1647 • www.grtha.org

Authorization for Release of Information

I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses or individuals to furnish information concerning myself and/or my household to the Grand Ronde Tribal Housing Authority (GRTHA), its duly authorized representative and/or its contracted agent for purposes of verifying my eligibility to receive benefits from GRTHA.

Those that may be asked to release the information include, but are not limited to: the Confederated Tribes of Grand Ronde, background screening agencies, the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the United States Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, courts and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to: identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal activity and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits, Tribal benefits and local benefits.

I understand I have a right to review any information received in accordance with my release, and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 15 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it may constitute grounds for denial or termination of assistance or tenancy, or both.

| | | |
|--|----------------|-------|
| _____ | _____ | _____ |
| Applicant | (Printed Name) | Date |
| _____ | _____ | _____ |
| Co-Applicant or Adult Household Member | (Printed Name) | Date |
| _____ | _____ | _____ |
| Co-Applicant or Adult Household Member | (Printed Name) | Date |
| _____ | _____ | _____ |
| Co-Applicant or Adult Household Member | (Printed Name) | Date |