

Internal Use:
SRA prev. rcvd. ____
(Date of first stipend _____)

(Date Stamp)



Grand Ronde Tribal Housing Authority

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

Student Rental Assistance Program Application

This program supports low-income Tribal members attending post-secondary educational institutions by providing a rental stipend to assist them with their rental housing costs.

STUDENT/APPLICANT:¹ Please be sure to list your current, not prospective, contact information.

Name: _____
Last First Middle

Tribal Roll Number: _____ Social Security Number: _____

Address: _____

City State Zip County

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Best Way to Contact You: _____ Best Time to Contact You: _____

Will you be residing with your spouse and/or children? Yes No If yes, please note that in addition to applicant, they are considered household members for purposes of this program.

¹ GRTHA requires that all applicants and adult household members sign an Authorization for Release of Information so that information contained herein can be verified by third party sources. While household members are not applicants, information for all household members must be included for application to be considered complete. Incomplete applications will not be processed.

RESIDENTS OF RENTAL UNIT: List all persons who are or will be living in the rental unit with student while student is attending school (residents).

Note: Students may not rent a unit from any immediate family member² nor reside with anyone who can declare them as a dependent on their federal income taxes. This does not exclude students from co-renting a unit with a family member from a non-family member landlord.

Legal Name	Relationship to Applicant	Date of Birth (if known)

² For the purpose of this policy, family member means: (i) first and second degree relations (Mother, Father, Daughter, Son, Full Sister, Full Brother, Half Sister, Half Brother, Grandmother, Grandfather, Granddaughter, Grandson, Aunt, Uncle, Niece and Nephew) or (ii) equivalent who are related by marriage, domestic partnership or adoption; or (iii) people who are either married to each other or involved in a quasi spousal relationship including unmarried parents of a child.

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 note additional information may be required prior to authorization for accommodation/modification.

INCOME: Please list income from all sources for household members [student and, if applicable, spouse and child(ren)]. Sources of income include (but are 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. Verification must be provided for each source income in the form of a 1040 (long) form, or if not available, separate verification for each source of income.

If a household member has no source of income, please list his/her name and enter "None" for Source and "\$0" for Amount. If no verification can be provided there is 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 ³ (i.e., Check Stub/W-2)
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

³ 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 household member, 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 a household member 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 any household member.

Applicant	Type of Asset	Location of Asset (bank, etc.)	Current Value of Asset ⁴	Income/Interest Rate of Asset

⁴ 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 household member sold or disposed of any asset(s) in the last two years?

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

GENERAL INFORMATION:

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

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

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

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

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

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

Does any household member currently owe money to any federally assisted housing program?

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

Has any household member 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 household members 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.

UNIT:

Will you be moving between now and your attendance in school? Yes No

Would you prefer GRTHA supply a one-use camera for use in photographing your (prospective) unit as required in the Livability Standards?

Yes No

*Note: **Only developed and digital photos are accepted.** If the one-use camera is sent to GRTHA in lieu of photographs, it will be returned to the student for him/her to develop the photos. This will delay the eligibility determination and possibly the receipt of stipend. For more information regarding the Livability Standards, please review the policy.*

If known/applicable, please list your (prospective) contact information for while you are attending school.

Address: _____

City

State

Zip

County

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

EDUCATION INFORMATION:

Post-secondary Educational Institution:

Name: _____

Address: _____

City

State

Zip

County

Major: _____ Year in School: _____ Date term begins: _____

Have you ever received Student Rental Assistance from GRTHA?

Yes No If yes, when? _____

Are you, or will you be, receiving rental assistance from any other HUD funded program (including HUD subsidized housing)?

Yes No Comment: _____

BACKUP CONTACT INFORMATION: It is required that you provide a backup contact (someone that will always be able to contact you or someone you regularly check in with). This person will only be contacted in the event you forget to notify GRTHA of a change in address (such as during summer break).

Name: _____
Last First Middle

Address: _____
_____ City State Zip County

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Best Way to Contact: _____ Best Time to Contact: _____

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 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.

Student/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: SRA@grandronde.org***

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

NOTICE: The receipt of grant funds may be considered taxable income in the year received depending on your financial circumstances.



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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