

Dear Applicant:

Thank you for your interest in the Student Rental Assistance program. Enclosed please find the Application and the Program Policy and Procedures. Grants are approved on a first come, first serve basis, based on the date the complete application packet is received.

Please be sure the following documents are enclosed when you return your Rental Assistance Application (incomplete applications will be returned):

- Completed Application
- Signed Student Rental Assistance Contract
- Letter of reference
- Income verification documents (i.e., last 2 or 3 pay stubs, award letters from Social Security, etc.)

Once your complete application packet is received and approved, you will be mailed a packet which includes a camera, livability standards for your rental unit, and a request for further documentation (a copy of your rental agreement and your school registration).

When we receive your camera, rental agreement, and your school registration, we are then able to process a check request. You will normally receive the assistance check about one week prior to the beginning of the following month, so you will have rent money prior to the first of the month.

The assistance for your first month will generally be pro-rated based on the date school starts.

If you have any questions, please phone or e-mail me.

Sincerely,

Deborah Kroeker
Housing Services Specialist
Deborah.kroeker@grandronde.org
1-800-422-0232, x. 4522



Grand Ronde Tribal Housing Authority

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

Application for Student Rental Assistance

Personal Information:

This form needs to be filled out completely. Sign the form certifying all information is accurate and complete.

Please Print.

Name: _____
Last First Middle Maiden

Address: _____
Number Street Name Apt. # City/State/Zip

Mailing Address (if different): _____
Number Street Name Apt. # City/State/Zip

Contact Phone: Home: _____ Work: _____ Cell: _____

Household Composition: List all persons living in the household while student is attending school

(Legal Name)	Relation to Student	Date of Birth	Social Security Number	Gender	Tribal Roll #
1.	College Student			M / F	
2.				M / F	
3.				M / F	
4.				M / F	
5.				M / F	
6.				M / F	

Assets: List below all assets you or any member of the household has, including checking or savings accounts, savings bonds, stocks, real estate, mobile home, recreational vehicle, money market accounts, CDs, etc.

Type of Asset	Name of Family Member	Location of Asset (bank, etc.)	Current Value of Asset	Income/Interest Rate of Asset (if any)
Checking Account				
Savings Account				
Other Asset				

Total Household Information: List income received by everyone in your household (except unrelated roommates). This includes money from wages, self-employment, monthly child support, 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 or education scholarships or stipends).

Household Member	Employer	Total Weekly Wages	Monthly Welfare Benefits	Monthly Child Support	SSI/ Social Security Benefits	Unemployment Benefits	Other Income
1.							
2.							

1. Does anyone outside of your household provide you with regular financial support or pay any of your bills? Yes No If yes, please explain:

2. 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:

3. Do you need assistance filling out the forms to apply for this program due to a disability? Yes No Are you requesting a reasonable accommodation from GRTHA? Yes No If yes, please describe accommodation requested:

4. Do you or anyone in your household have any unpaid debts owing either the Confederated Tribes of Grand Ronde or the Grand Ronde Tribal Housing Authority? Yes No If yes, what is the nature of the debt?

Education Plan:

College Attending: _____

Address City /State Zip

Major: _____

Year in School: Freshman Sophomore Junior Senior Graduate Doctorate Other: _____
(Circle one)

Term Assistance Requested for: Fall Winter Spring Summer Year: _____
(Circle one)

Contact Information:

Please provide the name, address, and phone number of somebody who will always know how to get hold of you (in case you forget to notify the Housing Authority, important during summer break).

Name: _____ Relationship: _____

Address: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Applicant Declaration:

I hereby certify that all of the information provided on this form is correct and complete to the best of my knowledge and that it will be used for the purpose of program eligibility and verification. I understand this is not a contract and does not bind either party. I have no objection to inquiries made for the purpose of verification of the statements herein, and hereby authorize the release of any such information to the Grand Ronde Tribal Housing Authority to determine my eligibility for rental assistance. I understand I am required to report all changes in my household composition and income immediately to the Grand Ronde Tribal Housing Authority in writing. In addition, I understand, depending on my financial circumstances, the assistance received through the Student Rental Assistance program may be considered taxable income in the year received.

Signature of College Student Applicant

Date

Other Adult Household Member

Date

Incomplete information and/or false information will subject this application to rejection.

Authorization for Release of Information

PURPOSE: The Grand Ronde Tribal Housing Authority uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO RELEASE INFORMATION:

Any of the following individual organizations including governmental organizations may be asked to release information:

- | | |
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| <ul style="list-style-type: none"> · Post Office · Employers, Past & Present · Utility Companies · Professional / Personal References · U.S. Department of Veterans Affairs · Bank and Other Financial Institutions · State Agencies such as Welfare & Social Services · Providers of: Alimony, Child Care, Credit Handicapped Assistance, Medical Care, Pensions, Annuities · Tribal Benefits such as Education, Member Benefits, Elder Retirement, Social Services · Other _____ | <ul style="list-style-type: none"> · Credit Bureaus · Schools and Colleges · U.S. Soc. Sec. Administration · Current / Previous Landlords · Courts & Law Enforcement Agencies · Educational Institutions · Federal scholarship providers |
|--|---|

INFORMATION COVERED: Information shared may include:

- | | |
|--|---|
| <ul style="list-style-type: none"> · Family Composition · Criminal Activity, Legal Issues · Employment, Income, Pensions and Assets · Federal State, Tribal or Local Benefits · Medical, Psychological, or Psychiatric Issues | <ul style="list-style-type: none"> · Identity and Marital Status · Handicapped Assistance Expenses · Credit History, Financial Concerns · Residences and Rental History - School Transcripts |
|--|---|

- ⊆ I/We hereby authorize the Release of any Information (including documentation and other material) pertinent to eligibility for, or participation in, housing assistance provided by the Grand Ronde Tribal Housing Authority.
- ⊆ I/We agree that photocopies of this authorization may be used for the purposes stated above. If I or any adult member of my family fails to sign this authorization, I understand that this action may constitute grounds for denial or termination of assistance or tenancy, or both.
- ⊆ I/We 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 one year from the date of my signature.

Signature of Head of Household	Date	SS #
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Signature of Spouse or Other Adult	Date	SS #
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Signature of Other	Date	SS #
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Signature of Other	Date	SS #
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