

*****OFFICE USE ONLY*****

DO NOT WRITE IN THIS SPACE

Applicant Name: _____

Date Submitted: _____

Time Submitted: _____

Received by: _____

NEW UPDATE ONLY



Yakama Nation Housing Authority Columbia River Housing Preliminary Application

Please make sure your application has all of the items listed in the boxed area complete before submitting.

_____ Legal Name(s), physical and mailing address, and phone numbers.

_____ **Social Security #'s and Birthdates must be completed. Copies of Social Security cards for all listed are required.**

_____ Enrollment Verification or Proof of Ancestry. Copies of Enrollment cards or Certificate of Indian Blood/Proof of Descendancy from Enrollment office are required.

_____ **Report ALL INCOME for all 18 years of age and older** or a signed Statement of Zero Income
Verification of income must also be provided.

_____ **All 18 years and older need to sign their name on designated areas of the application, including the "Release of Information Form."**

Preference Information and Verification: Check all that applies: Please provide enrollment card

_____ Enrolled Yakama Head of Household

_____ Members of Household (HH) enrolled Yakama

_____ Head of HH Member of other Federally Recognized Tribe (provide enrollment card)

_____ Veteran with honorable discharge status

Screening: This is a preliminary application **only to start a waiting list** and to determine housing needs along the Columbia River Area. When units become available you will be required to complete a full application to be considered eligible for housing.

Preference will be given to:

_____ Currently living at In-Lieu Site or TFAS _____ Living in substandard conditions (lack, electricity, water, plumbing)

_____ Live at In-Lieu or TFAS seasonally _____ Living in overcrowded situation at Columbia River



PLEASE PRINT IN BLACK OR BLUE INK ONLY

I am applying for: Columbia River Rental Housing Wait list
 Sr. Citizen (age 60+) Disabled Veteran

Bedroom Size preferred 1 2 3 4 5

Applicant:	Home Phone:
Mailing Address: City/State/Zip:	Cell Phone:
Physical Address: City/State/Zip:	Message Phone:
E-Mail Address:	Work Phone:

Please list all family members who will be living with you:

List all persons who will be occupying your home:

	Legal Name	Date of Birth	Relationship to Head of Household	Tribal Affiliation & Enrollment Number	Social Security #	Place of Birth
1.						
2.						
	Others:					
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Are you or any other adult (18 yrs or older) an enrolled full time student? Yes No
 If yes, please list names and *provide verification* of full-time enrolled student status:

TOTAL HOUSEHOLD INCOME

MUST BE COMPLETED FOR ALL 18 YRS OF AGE & OLDER

IF EMPLOYED or SELF EMPLOYED, PLEASE COMPLETE THIS SECTION & SUBMIT VERIFICATION

Household Member	Occupation / Job Title	Employer	Pay Schedule (weekly, bi-weekly or monthly)	Hours Per Week	Hourly Rate	Tips or Commission

OTHER HOUSEHOLD INCOME *VERIFICATION MUST BE SUBMITTED

Income Source	Applicant	Spouse	Other Adult	Other Adult
Unemployment Benefits	\$	\$	\$	\$
Labor & Industry Benefits	\$	\$	\$	\$
Retirement/Pension Benefits	\$	\$	\$	\$
Veteran's Benefits	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Social Security Income (SSI)	\$	\$	\$	\$
Child Support or Alimony	\$	\$	\$	\$
Lease Income	\$	\$	\$	\$
TANF	\$	\$	\$	\$
General Assistance	\$	\$	\$	\$
Gaming Revenue & Other Income	\$	\$	\$	\$

Service Needs: Please check all that may apply

- | | | |
|---|---|--|
| <input type="checkbox"/> GED | <input type="checkbox"/> Training/Voc-Rehab | <input type="checkbox"/> Higher Education |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Childcare | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Drug/Alcohol Treatment | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Dental Care |
| <input type="checkbox"/> Mental Health Care | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> BIA Social Service |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Head start | <input type="checkbox"/> WIC/Well Child Clinic |

Other: _____.

**** READ CAREFULLY, ALL ADULTS MUST SIGN THIS AREA ****

All adults 18 yrs of age and older must read carefully & sign:

I do hereby swear and attest that all of the information given about me and my household is true and correct. I also understand that this is only a preliminary application and that full complete application will be required before moving into a unit.

I also agree that I know that this is not a offer of housing right now, but to establish a waiting list for when units become available. I will then be asked to submit a complete application.

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Yakama Nation Housing Authority
611 S. Camas Avenue, Wapato, WA 98951
PH: (509)877-6171 Fax: (509)877-7830

Return applications to: Nch'i Wana Housing
16 Oak Street, #203
Hood River, OR 97031
Ph: (541)-436-3810 Fax: (541)-436-3812

Authorization for the Release of Information

U.S Dept. of Housing & Urban Development
 Office of Housing
 Office of Public and Indian Housing

PHA requesting release of information: (Name, Address & Phone Number) YAKAMA NATION HOUSING AUTHORITY P.O. BOX 156 WAPATO, WA 98951 (509) 877-6171 or Toll Free: 877-964-2884	Non-Profit Requesting Information: Nch'i Wana Housing 16 Oak Street #203 Hood River, OR 97031 (541)436-3814 or Fax (541)436-3821
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Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Individuals Or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Indian Housing
- Low-Income Rental Public Housing
- Mutual Help Homeownership Opportunity Program
- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 23 and 10 (C) Leased Housing
- Section 23 Housing Assistance Payments
- Section 202
- Section 221(d)(3) Below market Interest Rate
- Turnkey III Homeownership Opportunities Program

Banks and Other Financial Institutions
 Courts

Law Enforcement Agencies
 Credit Bureaus
 Employers, Past and Present
 Landlords

Provider of:
 Alimony
 Child Care
 Child Support
 Credit
 Handicapped Assistance
 Medical Care
 Pensions/Annuities

Schools and Colleges
 U.S. Social Security Administration
 U.S. Department of Veterans Affairs
 Utility Companies
 Welfare Agencies
 Chemical Dependency Programs

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to

eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Computer Matching Notice & Consent

I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The governmental Agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above.

Information Covered Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature, Printed Name of Head of Household	Signature, Printed Name of Other Adult Member of the Household
Signature, Printed Name of Other Adult Household Member	Signature, Printed Name of Other Adult Member of the Household