



The Klamath Tribes  
Housing Department

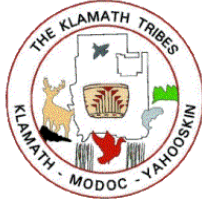
# Emergency Repair Grant Program for Tribal Elders

**TO BE PLACED ON THE WAITING LIST YOU MUST PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:**

- Every household member's social security card and Tribal enrollment verification**
- Copies of latest tax return**
- All wages and salaries before taxes and deductions (i.e., payroll check stubs)**
- Payments, benefits from public assistance, social security, retirement, Veteran's alimony, disability, unemployment, etc.**
- Self employed – attach the most recent 1040 Income Tax Forms**
- Proof of ownership of residence you are requesting assistance for**
- Individual Indian money**

501 Chiloquin Blvd. -- PO Box 436 -- Chiloquin, OR 97624  
(541) 783-2219 – Fax (541) 783-3994





Date Stamp:

Time:

The information in this application is being collected to identify eligible families or individuals to participate in the Housing Program, and will be used to determine priority funding. The applicant must provide the required information for consideration of the application. Incomplete information and/or false statements will subject this application to rejection for this program.

A. APPLICANT INFORMATION

1. Name \_\_\_\_\_  
Last First Middle Maiden (if any)

2. Current Address \_\_\_\_\_  
Provide mailing if different from physical address

3. Phone Number Home (\_\_\_\_\_) \_\_\_\_\_ Work/Msg (\_\_\_\_\_) \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ 5. SSN \_\_\_\_\_

6. Tribe \_\_\_\_\_ Roll # \_\_\_\_\_

7. Marital Status:  Married  Single  Widowed  Other \_\_\_\_\_

8. Name of Spouse \_\_\_\_\_  
Last First Middle Maiden (if any)

9. Date of Birth \_\_\_\_\_ 10. SSN \_\_\_\_\_

11. Tribe \_\_\_\_\_ Roll # \_\_\_\_\_

12. Do you have any unpaid debts owing to the Klamath Tribes or to the Klamath Tribes Housing Department?  Yes  No If yes, what is the debt?  
\_\_\_\_\_  
\_\_\_\_\_

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 verify income and to avoid duplication of housing assistance.



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**B. FAMILY INFORMATION:** List all other persons living in your household on a permanent basis. Start with the oldest and provide Social Security Numbers.

Name	Date of Birth	SSN	Relationship to You	Tribe/Roll Number

**C. INCOME INFORMATION:** Household income – list amount and all income sources for each adult household member whether earned or unearned (example: Social Security, Unemployment).

Household Member	Employer/Source of Income	Address of Employer/Source of Income	Estimated Gross Annual Earnings

Total Earnings \$ \_\_\_\_\_

**D. HOUSING INFORMATION**

1. Is this home your primary residence?  Yes  No
2. Do you own any other home or property?  Yes  No
3. Is this home located in an area zoned for residential use?  Yes  No
4. Is this home covered by homeowners insurance?  Yes  No
5. Are your property taxes paid in full?  Yes  No  
 If no, Amount owed: \_\_\_\_\_ Elder Deferral?  Yes  No
6. Is this:  Wood Frame Home  
 Mobile Home  
 Other \_\_\_\_\_
7. How many bedrooms are in the house? \_\_\_\_\_
8. Are you on:  City Water  
 City Sewer

9. Provide a brief description of the basic repairs you are requesting:

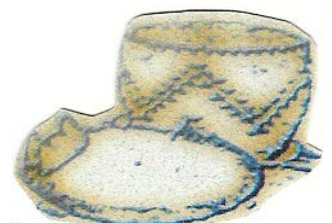
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**E. DECLARATION**

I/We certify that the information given to KTHD on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and grounds for termination of housing assistance and termination of tenancy.

_____ Signature of Applicant	_____ Date
_____ Signature of Spouse/Co-Tenant	_____ Date
_____ Signature of Adult Member of Household	_____ Date
_____ Signature of Adult Member of Household	_____ Date

For this application to be considered, you must submit the following with your application:

- A copy of the tribal enrollment card for the tribal member head of household
- A signed copy of income tax returns
- Copy of W-2 Forms
- Check Stubs
- Bank Statements
- Other Income Verification
- Copy of current homeowners insurance coverage on the home

The information provided in this application will remain confidential with the Housing Department, 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.**



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