



The Klamath Tribes
Housing Department

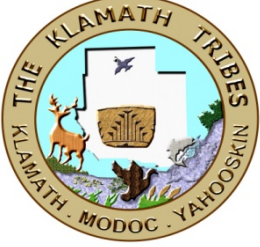
Preservation Application

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 9762.
(541) 783-2219 – Fax (541) 783-3994



The Klamath Tribes

Housing Department
 P.O. Box 436/501 Chiloquin Blvd
 Chiloquin OR 97624
 Telephone (541) 783-2219
 Fax (541) 783-3994

The Klamath Tribes Housing Preservation Program

Applicant Information:

- Name: _____
 Last First MI Maiden Name
- Current Address: _____
 Street Address P.O. Box # (if any)

 City State Zip Code
- Telephone Number: () _____ Secondary phone number:() _____
- Date of Birth: _____ SS#: _____ Tribal Roll Number: _____
- Marital Status: _____ Married _____ Single _____ Widowed _____ Other
 If you checked "Other", please explain: _____

- Spouses Name: _____
 Last First MI Maiden Name
- Date of Birth: _____ Tribe: _____ Roll Number: _____

Family Information:

List all other persons living in household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Social Security Number, Relationship to Applicant and Tribe/Roll Number.

Name:	Date of Birth:	Relationship to Applicant:	Tribe Roll Number/ SS#:

If you need more space, use blank sheet of paper.



Income Information:

8. Household Income

List amount of income and all income sources for each adult household member.

Household Member	Employer/source of income	Address of employer/ source of income	Estimated gross annual earnings

Total Earnings \$ _____

Housing Information:

9. Location of the house to be repaired, renovated: _____

10. Provide a brief description of the problems you are experiencing with your house or the type of assistance for which you are applying:

11. If repair assistance is needed, do you own _____ or rent _____ this house?

12. Has HPG assistance ever been provided for this house or have you ever received HPG assistance?
No _____ Yes _____ When _____ Amount \$ _____

13. Do you own any other house not occupied by your family? Yes _____ No _____
If yes state where house is located: _____

14. Do you own the land on which you wish to renovate? Yes _____ No _____

15. Does anyone in your family who is a full time resident have severe health problems, handicap or permanent disabled? No _____ Yes _____ (Please provide Doctors certificate)



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

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.

