



# APPLICATION FOR HOUSING

**Please Print Clearly**

This is an application for housing at:	Community: Pe peep'aak
	Address: 502 Charlie Street Chiloquin, OR 97624
Please complete this application and return to	Name: The Klamath Tribes
	Address: PO Box 436 Chiloquin, OR 97624

Applications are placed in order of date and time received. All blanks must be filled in before this application will be considered complete and can be processed for eligibility. Put N/A in the blank if the information requested does not apply. If additional space is needed, please attach separate sheet(s) with the requested information. Upon completion, return this application to the manager at the Apartment Community you wish to live at. An applicant may be interviewed only after the receipt of this tenant application fully completed.

## A. APPLICANT INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street                      Apt.#                      City                      State                      ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

List ALL persons who will live in the apartment. List the head of household first.						
	Full Legal Name	Relationship to Head	Date of Birth	Age	SS#	Driver's Lic.#
Head						
Co-T						
3						
4						
5						
6						
7						
8						

No. of Bdrms. In current unit: \_\_\_\_\_ Do you  RENT or  OWN (Check One)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If own, do you receive monthly rental income from property?  Yes  No \$ \_\_\_\_\_

If moving, do you plan to rent your own home?  Yes  No

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:  Studio  1-Bdrm  2-Bdrm  3-Bdrm  Handicap

Check items to be moved into unit:  Waterbed (Insurance Required)  Aquarium (Insurance Required)

Would anyone in your household benefit from the features of a handicapped accessible unit?  Yes  No

If yes, are you applying for a unit specifically designated as handicap accessible?  Yes  No

Do you, or any household member, have any pets or service animals?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you or any member of your household ever been evicted from public or other housing?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you, or any household member currently using and/or distributing an illegal substance?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you, or any household member been convicted of using an illegal substance?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you, or any household member been convicted of the manufacture or distribution of an illegal substance?  Yes  No

If yes, please explain: \_\_\_\_\_

If yes to any of the above, related questions, has the person(s) successfully completed a Controlled, illegal substance abuse recovery program or currently enrolled in such a program?  Yes  No

If, yes, please explain: \_\_\_\_\_

Have you, or any household member been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you, or any household member filed for bankruptcy?  Yes  No

If yes, please explain: \_\_\_\_\_

Has any household member had property involuntarily repossessed within the previous 2 years?  Yes  No

If yes, please explain: \_\_\_\_\_

Will you take an apartment when one is available?  Yes  No

**Briefly describe your reasons for applying:** \_\_\_\_\_

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Do you anticipate any additions/changes to the household in the future? Next twelve months?  Yes  No

If yes, please explain: \_\_\_\_\_

## B. CURRENT/PREVIOUS RESIDENCE INFORMATION

(Applicant need only report present and previous 24 months history)

Name: \_\_\_\_\_ Length of Residence: \_\_\_\_\_

**Current Address:** \_\_\_\_\_ Day Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Current Landlord's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_  
Name: \_\_\_\_\_ Length of Residence: \_\_\_\_\_  
*Prior Address:* \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Prior Landlord's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_

Name: \_\_\_\_\_ Length of Residence: \_\_\_\_\_  
*Prior Address:* \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Prior Landlord's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_

### C. REFERENCE INFORMATION

**Credit Reference #1:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Account#: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Credit Reference#2:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Account#: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Credit Reference #3:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Account#: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Personal Reference #1:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Personal Reference#2:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Personal Reference #3:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

## D. VEHICLE INFORMATION

(IF APPLICABLE)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle: \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

Year/Make: \_\_\_\_\_ Color: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

Year/Make: \_\_\_\_\_ Color: \_\_\_\_\_

## E. INCOME

List ALL sources of income, including but not limited to, sources requested below. Employment includes full and/or part-time employment. Include income from welfare agencies, student grants, and regular contributions from people not residing with you.

<u>Household Member Name</u>	<b>Source of Income</b>
	<b>Employment Amount (Monthly Amount)</b> \$ _____ Employer: _____ Address: _____ Position Held: _____ How long employed: _____

<u>Household Member Name</u>	<b>Employment Amount (Monthly Amount)</b>	<b>\$</b>
	Employer: _____ Address: _____ Position Held: _____ How long employed: _____	_____

<u>Household Member Name</u>	<b>Employment Amount (Monthly Amount)</b>	<b>\$</b>
	Employer: _____ Address: _____ Position Held: _____ How long employed: _____	_____

<u>Household Member Name</u>	<b>Employment Amount (Monthly Amount)</b>	<b>\$</b>
	Employer: _____ Address: _____ Position Held: _____ How long employed: _____	_____

<b>Household Member Name</b>	<b>Alimony</b>	
	Are you <i>entitled</i> to receive Alimony? If yes, list the amount <i>entitled</i> to receive	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
	Do you receive Alimony? If yes, list the amount you receive	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

<b>Household Member Name</b>	<b>Child Support</b>	
	Are you <i>entitled</i> to receive child support? If yes, list the amount <i>entitled</i> to receive	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
	Do you receive child support? If yes, list the amount you receive	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Mthly Amount</b>
	Social Security Benefits	\$ _____
	Social Security Benefits	\$ _____
	Social Security Benefits	\$ _____
	Social Security Benefits	\$ _____
<b>Household Member Name</b>	SSI Benefits	\$ _____
	SSI Benefits	\$ _____
	SSI Benefits	\$ _____
	SSI Benefits	\$ _____
<b>Household Member Name</b>	Pension (List Source)	\$ _____
	Pension (List Source)	\$ _____
	Pension (List Source)	\$ _____
	Pension (List Source)	\$ _____
<b>Household Member Name</b>	Veteran's Benefits (List Claim #)	\$ _____
	Veteran's Benefits (List Claim #)	\$ _____
	Veteran's Benefits (List Claim #)	\$ _____
<b>Household Member Name</b>	Unemployment Compensation	\$ _____
	Unemployment Compensation	\$ _____
	Unemployment Compensation	\$ _____
<b>Household Member Name</b>	Title IV/TANF/TWAP	\$ _____
	Title IV/TANF/TWAP	\$ _____
	Title IV/TANF/TWAP	\$ _____

<b>Household Member Name</b>		
	Interest Income (Source)	\$
	Interest Income (Source)	\$
	Interest Income (Source)	\$
	Interest Income (Source)	\$
	Full-Time Student Income (18 & over only)	\$
	Full-Time Student Income (18 & over only)	\$

<b>Household Member Name</b>		
	Other Income	\$
	Other Income	\$
	Other Income	\$

**TOTAL GROSS ANNUAL INCOME** (Based on monthly amounts listed above x 12) \$ \_\_\_\_\_

TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR \$ \_\_\_\_\_

Do you anticipate any changes in this income in the next twelve (12) months?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. ASSETS**

Real Estate Property: **Do you own any property?**  Yes  No

If yes, Type of Property: \_\_\_\_\_

Location of Property: \_\_\_\_\_

**Appraised Market Value:** \$ \_\_\_\_\_ **Mortgage or outstanding loan balance due:** \$ \_\_\_\_\_

**Amount of Annual Insurance premium:** \$ \_\_\_\_\_ **Amount of most recent Tax Bill:** \$ \_\_\_\_\_

Have you sold/dispensed of any property in the last two (2) years?  Yes  No

If yes, Type of Property: \_\_\_\_\_

**Market Value when sold/dispensed:** \$ \_\_\_\_\_ **Amount sold/dispensed for** \$ \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

Have you disposed of any other Assets in the last two (2) years?  Yes  No

(Example: Given away money to relatives, set up Irrevocable Trust Accounts)

**If yes,** describe the Asset: \_\_\_\_\_

Date of disposition: \_\_\_\_\_ Amount disposed: \$ \_\_\_\_\_

**If your assets are too numerous to list here, please request an additional form. If a section does not apply, cross out or write N/A**

<b>Checking Accounts</b>			
(#)	Bank	Balance	\$ _____
(#)	Bank	Balance	\$ _____
(#)	Bank	Balance	\$ _____

<b>Savings Accounts</b>			
(#)	Bank	Balance	\$ _____
(#)	Bank	Balance	\$ _____
(#)	Bank	Balance	\$ _____
<b>Trust Account</b>			
(#)	Bank	Balance	\$ _____
<b>Certificates</b>			
(#)	Bank	Balance	\$ _____
(#)	Bank	Balance	\$ _____
(#)	Bank	Balance	\$ _____
(#)	Bank	Balance	\$ _____
<b>Credit Union</b>			
(#)	Bank	Balance	\$ _____
(#)	Bank	Balance	\$ _____
<b>Savings Bonds</b>			
(#)	Maturity Date	Value	\$ _____
(#)	Maturity Date	Value	\$ _____
(#)	Maturity Date	Value	\$ _____
<b>Life Insurance Policy</b>			
(#)		Cash Value	\$ _____
(#)		Cash Value	\$ _____
<b>Mutual Funds</b>			
Name:	# Shares:	Interest or Dividend \$	Value\$
Name:	# Shares:	Interest or Dividend \$	Value\$
Name:	# Shares:	Interest or Dividend \$	Value\$
<b>Stocks</b>			
Name:	# Shares:	Dividend Paid \$	Value\$
Name:	# Shares:	Dividend Paid \$	Value\$
Name:	# Shares:	Dividend Paid \$	Value\$
<b>Bonds</b>			
Name:	# Shares	Interest or Dividend \$	Value\$
Name:	# Shares	Interest or Dividend \$	Value\$
<b>Investment Property</b>			
			Appraised Value\$

Do you have any other Assets *not* listed above (excluding personal property)?

Yes     No

If yes, Please list: \_\_\_\_\_

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### G. DEDUCTIONS

1. Other than applicant and co-applicant, is any household member a full time student AND 18 years of age or older? (Student must carry a “full-time subject load as defined by the attended college/school)  Yes  No

2. Do you request an adjustment to income due to payment of childcare, which enables you or a member of your household to work? (Note: Only non-reimbursed amounts for Child care of minors under 13 years of age may be deducted and is permitted only when such care is necessary to enable a household member to further his/her education or to be gainfully employed.)  Yes  No

If yes, expected Annual Expense: \$ \_\_\_\_\_

Care Provider Name, Address and Phone: \_\_\_\_\_

3. Do you apply for STATUS AS AN “**ELDERLY**” HOUSEHOLD, with the \$400 Allowance, **where the head, spouse, or co-tenant must be 62 years of age or older or handicapped or disabled?**  Yes  No

IF YES, complete the following (DO NOT INCLUDE EXPENSES COVERED OR REIMBURSED BY INSURANCE, MEDICARE, MEDICAID, STATE AGENCY OR CHARITABLE ORGANIZATION).

a.) Anticipated Expense for Hospital/Medical Insurance premiums for the 12 months (for “ELDERLY STATUS” ONLY)

Name/Policy #	Address	\$ Amount
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b.) Anticipated Expense for Hospital, Medical, Dental Optical

(for "ELDERLY STATUS" ONLY)

Name of Provider	Address	\$ Amount
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c.) Anticipated Expense for Prescription and Non-prescription Items as prescribed

By a physician for the next 12 months (for "ELDERLY STATUS" ONLY)

Pharmacy Name	Address	\$ Amount
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**H. ADDITIONAL SERVICES**

**Please mark and/or list the additional services that you would benefit from**

Housekeeping       Laundry       Transportation

Meals    How Often? \_\_\_\_\_       Other \_\_\_\_\_

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**CERTIFICATION**

Applicant and/or Co-Applicant hereby certify that this apartment will be their permanent residence and that they will not maintain a separate subsidized rental unit in a different location.

Applicant(s) authorizes owner or owner's representative to investigate and obtain a credit rating, current and past rental records, employment history, sources of income in my household, current and past utility records and any information necessary to determine eligibility. The information obtained will be used for management purposes only and will be held in confidence.

I/We hereby certify that the above information is true and complete to the best of my/our knowledge. I/We agree to give the Owner's representative the authority to investigate and obtain information regarding my/our previous rental history, personal references, criminal background, and all other information necessary to determine my/our eligibility for this housing. I/We acknowledge also that due to changes in circumstances, additional information may be requested at a later date to complete the processing of this application. I/We understand that if it is determined that I/We have provided false information, I/We may be denied occupancy or may be evicted after occupancy.

**GIVING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN EVICTION AFTER OCCUPANCY.**

WARNING: Section 1001 of Title 18, United States Code provides, "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$250,000.00 or imprisoned not more than five (5) years, or both."

Signature of Applicant	Date	Signature of Applicant	Date
Signature of Applicant	Date	Signature of Applicant	Date

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the U.S. Department of HUD agency, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**RACE/NATIONAL ORIGIN**    \_\_\_\_\_ White    \_\_\_\_\_ Black    \_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian/Pacific Islander    \_\_\_\_\_ American Indian/Alaskan Native

TRIBE \_\_\_\_\_ ENROLLMENT NUMBER \_\_\_\_\_

**SEX DESIGNATION OF HEAD OF HOUSEHOLD**      \_\_\_\_\_ Male      \_\_\_\_\_ Female

Received By: \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ am / pm

Resident Manager

Date

Time

