



The Klamath Tribes
Housing Department
Emergency Housing Assistance Program
Application

(This application is NOT for the Emergency Shelter)

Copies of the following documentation are required with this application. Send complete application and copies to The Klamath Tribes Housing Clerk or e-mail to jackie.jackson@klamathtribes.com

- Tribal Enrollment Verification (for the Head of Household)
- Every household member's Social Security Card
- All wages and salaries before taxes and deductions for all adult household members: (Payroll, check stubs)
- Payments, or benefits from public assistance such as social security, SSI, retirement, VA, alimony, Child support, Disability compensation, unemployment, etc., for all adult household members.
- Individual Indian Money account verification for all adult tribal members (Revenue Sharing, leases, etc.)
- Self-employment - please attach the most recent 1040 income tax form (if applicable)
- Statement of need
- Copy of Lease Agreement
- 72 Hour Eviction Notice (if applicable)
- Copy of Foreclosure (if applicable)
- Statement of Delinquent Property Taxes (if applicable)
- W-9 from Landlord

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

Revised 04/27/2022



Please check the type of assistance that you are applying for:

- 72 Hour Notice
- Security Deposit
- Foreclosure
- Property Taxes (for Elders only)

Date Stamp Here
(Office use only)

Time: _____ Initialed: _____

Emergency Housing Assistance Program Application

Head of Household

Name: _____ Social Security Number: _____
Last First Middle

Address: _____
Mailing Address City State Zip Code

Address: _____
Physical Address City State Zip Code

Telephone #: _____ DOB: _____ Klamath Tribes Roll #: _____

Names of Household Members	Date of Birth	Social Security #	Relationship to Head of Household	Klamath Tribes Roll #
1.		- -		
2.		- -		
3.		- -		
4.		- -		
5.		- -		
6.		- -		
7.		- -		

1. Are you currently a participant in any Klamath Tribal Housing Program? Yes No
2. How many bedrooms does your unit have? _____
3. Which County in Oregon do you currently live in? _____

HOUSEHOLD INCOME:

- 1. Is anyone in the household currently working? Yes No
If yes, explain: _____
Salary/hourly wage: _____
Employment Status (Full Time, Part Time, Etc.): _____
Effective date: _____

- 2. Does anyone in the household receive SSI, SSB, TWAP, TANF, Welfare, etc.?
Yes No

- 3. Does anyone in the household receive Unemployment, Child Support, Revenue Sharing, etc.?
Yes No

List type of income, amount of income and source of income for each household member:

Household Member	Income Source	Address/Phone # of source	Hourly/Monthly/Annually

HISTORY

- 1. Has anyone in your household ever lived in Federal Assisted Housing before (Tribal Housing)? Yes No
Explain: _____

- 2. Does anyone in your household owe any money to KTHD or any other Housing Authorities? Yes No
Explain: _____

- 3. Has anyone in your household ever committed fraud in any Federal Assisted Housing Programs? Yes No
Explain: _____

- 4. Has anyone in your household received assistance from this program before? Yes No
Explain: _____

CURRENT INFORMATION

My present Landlord/Mortgage Company is: _____
Landlord's Address is: _____
My current rent/mortgage payment is: _____
I have lived at this address how long: _____

I certify that all the information provided on this form is accurate and complete to the best of my knowledge. I understand that this is not a contract and does not bind either party. I understand that I am required to immediately report all changes on my household composition and income to the KTHD in writing. I understand the Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly makes false or fraudulent statements to any department or agency of the United States.

Signature of Head of Household

Date

Signature of Spouse/Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date



The Klamath Tribes Housing Department

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ SS# _____
PLEASE PRINT

Name: _____ SS# _____
PLEASE PRINT

Name: _____ SS# _____
PLEASE PRINT

Name: _____ SS# _____
PLEASE PRINT

I/We authorize the release of information to the Klamath Tribes Housing Department.

- | | |
|--|---|
| All Court Documentation | Aging & People with Disabilities |
| Children’s Services Information | Child Support Information |
| DHS/Tribal Information | Higher Education Information |
| Federal Financial Aid | Klamath Tribes Community Services Dept. |
| Insurance Payment information | Landlord Verification |
| Klamath Tribes Social Services Dept. | Parole/Probation Information |
| Medical Payment Information | Utilities Information |
| Social Security Information | Veterans Admin Information |
| Unemployment Information | Mortgage/Lending Company |
| Employment Information (income verification, employment verification, employment status, Etc.) | |
| Tribal Enrollment/Members Benefits/Revenue Sharing | |
| Other: | |

I/We agree that the agencies and individual’s listed above have my/our permission to share and exchange information about my family and circumstance.

~ This permission is good for 15 months from the date signed. ~

I understand that information about my case is confidential and protected by state and federal law. I approve the release of this Information and I understand what this agreement means.

Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____