

# The Klamath Tribes Housing Department

# Emergency Housing Assistance Program Application

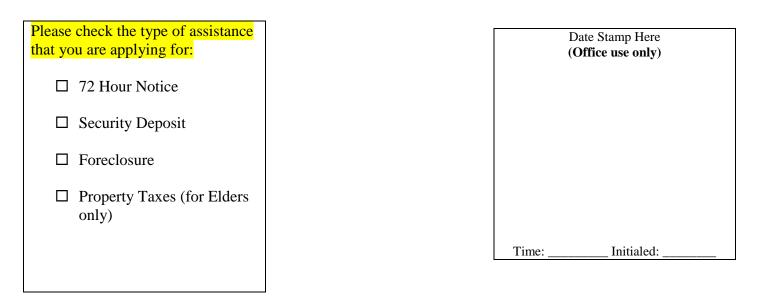
(This application in <u>NOT</u> for the Emergency Shelter)

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





# **Emergency Housing Assistance Program Application**

Head	of	House	ehold

Name:	ame: Social Security Number:						
Last			dle				
Address:							
Mailing A	ddress		City		State	Zip	Code
Address:							
Physical A	ddress		City		State	Zip	Code
Telephone #:		_ DOB:		Kla	amath Tribes Rol	1 #:	
Names of <b>F</b> Members	Iousehold	Date of Birth	Social Se	curity #	Relationship to of Househ		Clamath Tribes Roll #
1.			-	-			
2.			-	-			
3.			-	-			
4.			-	-			
5.			-	-			
6.			-	-			
7.			-	-			
L		1 1					

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? If yes, explain:	□Yes	□No
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 be Explain:	efore (Tribal Housing)?	□No
2. Does anyone in your household owe any money to KTHD or any other H Explain:	Iousing Authorities?	□No
3. Has anyone in your household ever committed fraud in any Federal Assi Explain:	sted Housing Programs?	□No
4. Has anyone in your household received assistance from this program before Explain:	ore?	□No

#### **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

## STATEMENT OF NEED

Please explain your situation and why you need the assistance.




# 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 **Child Support Information** Children's Services Information DHS/Tribal Information **Higher Education Information** Klamath Tribes Community Services Dept. Federal Financial Aid Landlord Verification Insurance Payment information 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:

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