



The Klamath Tribes Housing Department

Low Rent Program Application

TO BE PLACED ON THE WAITING LIST YOU MUST PROVIDE COPIES OF THE FOLLOWING DOCUMENTATION. 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.
- Social Security cards for all household members.
- All wages and salaries before taxes and deductions for all adult household members: (Payroll, check stubs)
- Payments, or benefits from public assistance for all household members: (Social Security, SSI, Retirement, VA, Alimony, Child support, Disability Compensation, Unemployment, etc.).
- Individual Indian Money account verification for all adult household members: (per capita, leases, etc.)
- Self-employment for all adult household members: (If applicable, please attach the most recent 1040 income tax form).



Please choose your preferred location.

- Chiloquin
- Beatty
- Klamath Falls
- Hilyard Apartments

Date Stamp Here
(Office use only)

Time: _____ Initialed: _____

Low Rent Program Application

HEAD OF HOUSEHOLD

Name: _____ Social Security Number: _____
Last First Middle

Mailing Address: _____
Mailing Address City State Zip Code

Physical Address: _____
Street Address City State Zip Code

Telephone #: _____ DOB: _____ Klamath Tribal Roll #: _____

HOUSEHOLD MEMBERS

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

HOUSEHOLD INCOME

1. Is anyone in the household currently working? Yes No
 If yes, explain:
 Salary/hourly wage: _____ Effective date: _____
 Employment Status (full time, part time, seasonal, etc.) _____
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, 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 ever engaged in drug-related or violent criminal activities? Yes No
 Explain: _____
5. Has anyone in your household ever been convicted of any crime? Yes No
 Explain: _____
6. Has the head of household ever purchases a home? Yes No
 Explain: _____
7. Has anyone in your household ever been evicted from Federal Assisted Housing before? Yes No
 Explain: _____

CURRENT INFORMATION

My present landlord is: _____

Landlord's Address is: _____

My current rent 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 | |
| Employment Information (income verification, employment verification etc.) | |
| Tribal Enrollment/Members Benefits/Revenue Sharing | |
| Mortgage / Lending Company | |
| 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: _____