

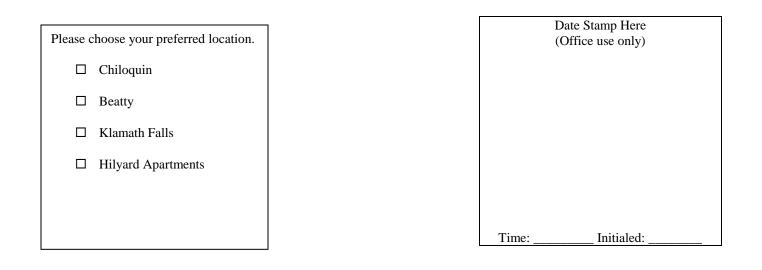
The Klamath Tribes Housing Department

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 email 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).





Low Rent Program Application

HEAD OF HOUSEHOLD

| Name: | | | | Social Security Number: | |
|---------|-------------|-----------------|--------|-------------------------|----------|
| | Last | First | Middle | | |
| Mailing | Address: | | | | |
| U | | Mailing Address | City | State | Zip Code |
| Physica | al Address: | | | | |
| 5 | | Street Address | City | State | Zip Code |
| Telepho | one #: | | DOB: | Klamath Tribal Roll #: | |

HOUSEHOLD MEMBERS

| | Household Members | Date of Birth | Social S | 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? If yes, explain: | | □Yes | □No | |
|----|---|------------------|------|-----|--|
| | | e 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 sup | oport, 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)? Explain: | □Yes | □No |
|----|---|------|-----|
| 2. | Does anyone in your household owe any money to KTHD or any other Housing Authorities? Explain: | □Yes | □No |
| 3. | Has anyone in your household ever committed fraud in any Federal Assisted Housing Programs? Explain: | □Yes | □No |
| 4. | Has anyone in your household ever engaged in drug-related or violent criminal activities? Explain: | □Yes | □No |
| 5. | Has anyone in your household ever been convicted of any crime? Explain: | □Yes | □No |
| 6. | Has the head of household ever purchases a home? Explain: | □Yes | □No |
| 7. | Has anyone in your household ever been evicted from Federal Assisted Housing before? Explain: | □Yes | □No |

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: |