



Karuk Tribe Housing Authority Application & Checklist



Please make sure that all information in this application is accurate. The application must be completed in full and all the attachments must be submitted in order to process your application.

You must submit copies of the following information:

<input type="checkbox"/>	<u>Copies of Social Security Cards for all Household members listed in the application.</u>
<input type="checkbox"/>	<u>Verification of Enrollment in an Indian Tribe:</u> Karuk Tribe Enrollment card, CDIB, or other Tribe.
<input type="checkbox"/>	<u>Verification of Income for all Household members listed and most recent 2 years of tax returns:</u> Including your W2s, 1099, etc. Verification includes but is not limited to: 2 Current Employment Payroll Stubs, AFDC/TANF award letter, Social Security/SSI statement, Child Support, etc. Verification should show current and year-to-date income.
<input type="checkbox"/>	<u>Copies of Bank Statements for the last two months:</u> This includes; checking, savings and any other assets.
<input type="checkbox"/>	<u>Background information:</u> If you have checked "YES" to any questions in this section, please include complete information regarding any felony convictions.
<input type="checkbox"/>	<u>Authorization for the Release of Information/Privacy Act Notice:</u> Must be signed by all adult members in the household.
<input type="checkbox"/>	<u>Current or former Landlord's:</u> Name, Address, and Phone Number.

You will not be considered for any of the KTHA programs until your application is complete. Preference points and the date of your completed application will determine placement in accordance with the HUD and KTHA requirements.

POINT SYSTEM

Karuk Tribal Member =	200 pts.	Member of another Tribe =	100 pts.
Formula Service Area =	20 pts.	Karuk Elder =	200 pts.
Disabled/Handicapped =	50 pts.	Karuk Near Elderly (55 - 61) =	50 pts.
Substandard Housing =	20 pts.	Karuk Descendant =	50 pts.
Without Permanent Housing =	15 pts.	Involuntary Displacement =	30 pts.
Rent above 50% of Income =	10 pts.	Working (40 hours) =	100 pts.
Health & Safety =	100 pts.	Working (20 hours) =	50 pts.
Retired Karuk Elder =	50 pts.	Full Time Student =	50 pts.
Disabled Veteran =	100 pts.	Veteran =	50 pts.

CRIMINAL RECORD (Negative points as listed below)

Sex Offender =	Minus	999 pts
Battery/Assault Crimes =	Minus	225 pts
Drug Related Charges =	Minus	225 pts
Felony Convictions =	Minus	500 pts
Criminal Misdemeanors =	Minus	225 pts
Negative Landlord Reference =	Minus	50 pts

Previously evicted tenants are not eligible for re-admission for twenty four (24) months from the date of eviction. Previous tenants with an outstanding balance are not eligible for re-admission for sixty (60) days from the date the balance is paid in full. If an applicant owes money to the Karuk Tribe or any of its' entities or departments, they will be deemed ineligible for housing assistance until a payment agreement has been processed. Any persons with an outstanding debt to the Karuk Tribe must have a payment agreement that is current before they will be deemed eligible.

Upon receipt of your at the KTHA office, if there is any missing information you will be mailed a letter requesting the information. If you do not respond within fourteen (14) days, a second letter will be sent requiring a response within fourteen (14) days. If you do not respond to any of the letters your application will not be processed.

Receipt of negative information regarding; Credit History, Landlord References and/or Criminal Activity for any household member listed on the application may result in denial of assistance for any of the KTHA programs.

It is the applicant's responsibility to notify the Karuk Tribe Housing Authority of any address change.

Applicants are urged to contact the KTHA office with questions you may have regarding any KTHA program.

SUBMIT YOUR APPLICATION TO:

**Karuk Tribe Housing Authority
P.O. Box 1159, Happy Camp, CA 96039
Phone: (530) 493-1414**

Karuk Tribe Housing Authority

Please check the KTHA program(s) that you are applying for:

<input type="checkbox"/>	Tax Credit Homes
<input type="checkbox"/>	Low-Income Rental Program
<input type="checkbox"/>	Temporary Rental Program
<input type="checkbox"/>	Elder/Emergency Voucher Program
<input type="checkbox"/>	Lease Purchase Program
<input type="checkbox"/>	Elders Homes (Contact KTHA for Point Criteria)
<input type="checkbox"/>	First-time Homebuyer Loan Program
<input type="checkbox"/>	Down Payment Assistance
<input type="checkbox"/>	Rehabilitation & Weatherization Home Improvement Grant/Loan Program
<input type="checkbox"/>	Home Replacement Grant

Area of Preference: () Yreka () Happy Camp () Orleans

Applicant Information	Co-Applicant Information
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Full Name <hr/> Social Security # Home Phone <hr/> Date of Birth Age <hr/> Present Street Address How Long? <hr/> Mailing Address <hr/> City State Zip	Full Name <hr/> Social Security # Home Phone <hr/> Date of Birth Age <hr/> Present Street Address How Long? <hr/> Mailing Address <hr/> City State Zip
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If you have been at your current residence for less than 2 years, please provide previous landlord information.

Previous Address Dates - From/To <hr/> City State Zip	Previous Address Dates - From/To <hr/> City State Zip
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Employment Information (List employer information for a minimum two years)

Name and Address of Employer Dates - From / To <hr/> Monthly Income <hr/> Position Held Business Phone	Name and Address of Employer Dates - From / To <hr/> Monthly Income <hr/> Position Held Business Phone
Name and Address of Employer Dates - From / To <hr/> Monthly Income <hr/> Position Held Business Phone	Name and Address of Employer Dates - From / To <hr/> Monthly Income <hr/> Position Held Business Phone
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Karuk Tribe Housing Authority

Household Member Information

Please print. List Head of Household first and list all persons who will be living in your home.

Full Legal Name	Date of Birth	Sex	Relationship	Tribal Roll #	Social Security #

Indian Verification

Qualifying Household Member:

Enrollment Number:

Tribal Affiliation:

Other Verification:

Income Information

List all money earned or received by everyone in the household including: Wages, Self-Employment, AFDC/TANF, Child Support, Social Security, Disability, Workman's Comp., Retirement/Veterans benefits, Interest & Dividends, alimony, .etc.

Household Member	Source of Income	Gross Monthly Amount

Verification of income for the items listed above must be attached per the Application Checklist.

Liability Information

List all liabilities (excluding your rent) such as car payments, creditors, outstanding debts, etc.

Household Member	Debt Paid To	Monthly Payment Amount

If more space is needed, attach on a separate sheet.

Karuk Tribe Housing Authority

Checking / Savings Accounts

Name(s) on Account	Bank	Checking/ Savings	Account #	Balance

Do you or any household member have any other assets such as stocks, bonds, annuities, etc.? **If yes, attach copies of most recent statement.** Yes No

Asset Information

1	Does any household member own any real estate, boats and/or mobile home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Has any household member sold, given away, or disposed of any real estate in the last two (2) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Does anyone outside your household pay any of your bills? <u>If yes, please explain on back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Please list the automobiles / motorcycles that you own:		

Year _____ Make _____ Model _____
 Year _____ Make _____ Model _____
 Year _____ Make _____ Model _____

Property Information for Homeowners

If anyone in the household currently owns property, please fill in the following information

Address of Property	Type of Property	Date Acquired	Present Market Value	Amount Owed	Monthly Payment

Current Rental Situation

5	Are you living in substandard housing? <u>If yes, please explain on the back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Are you paying rent in excess of 50% of your income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Are you being Involuntarily Displaced? <u>If yes, please explain on the back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Disabled / Handicapped Status

8	Is any household member Disabled or Handicapped? <u>If yes, please attach documentation.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Karuk Tribe Housing Authority

Condition of Current Living Unit

Do you: Own <input type="checkbox"/> Rent <input type="checkbox"/> Share <input type="checkbox"/> Other: _____					
Number at current residence: _____		Number of Bedrooms: _____		Monthly Rent: _____	
Type of Household:	Single Family <input type="checkbox"/>	Duplex <input type="checkbox"/>	Apartment <input type="checkbox"/>	Mobile/Mfg. Home <input type="checkbox"/>	
Landlord Name	Address	City	State	Zip	Phone

Please list household items that are in need of repair or items that are inadequate:

Background Information

9	List any other names used (including Maiden Names):		
10	Has any household member lived in low-income housing? <u>If yes, list address/dates on the back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Has any household member been evicted from a residence? <u>If yes, explain on back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Has any household member been convicted of a crime? <u>If yes, explain on the back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Does any household member have any outstanding debts owed to KTHA, KT or any of its tribal programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Failure to provide requested information may result in delay or denial of application.

Declarations of Applicant and Co-Applicant

<u>Yes answers should be explained on the back of this sheet.</u>		Applicant		Co-Applicant	
		Yes	No	Yes	No
a	Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Have you declared bankruptcy within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Have you ever had property foreclosed or repossessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Are you presently delinquent or in default on any Federal debt or any other loan, mortgage or loan guarantee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Are you obligated to pay alimony, child support or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Are you a co-maker or endorser on any note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The undersigned specifically acknowledges and agrees that all information in this application is true and accurate. I/We understand that all changes in income or household composition must be reported to the Housing Authority immediately. I/We understand that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or prosecution. The Housing Authority may verify any information contained in this application through any sources, including credit reporting agencies, background checks, criminal investigations or any other form of written or electronic media.

Signature - Head of Household

Date

Signature - Spouse

Date

Signature - Other Member of Household over 18

Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

KARUK TRIBE HOUSING AUTHORITY
P.O. BOX 1159
HAPPY CAMP, CA 96039
(530) 493-1414

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

KARUK TRIBE HOUSING AUTHORITY

P.O. Box 1159 • 635 Jacobs Way
Happy Camp, CA 96039
Ph: (530) 493-1414 • Fax: (530) 493-1415



1836 Apsuun Street
Yreka, CA 96097
Ph: (530) 842-1644 • Fax: (530) 842-1646

INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

I/We hereby authorize you to release, from any Credit Reporting Agency, Lender, Banking establishment, Employer, Public Agency, or others, as needed, for verification purposes, any information concerning:

- Employment History, dates, title, income, hours worked, etc.
- State Wage Information for unemployment compensation
- Social Security Administration for wage, self-employment or SSI information
- Bank and Savings account records.
- Mortgage Loan Ratings (opening date, high credit, payment amount, loan balance, payment record and maturity date).
- Criminal background investigation.

- Any information deemed necessary in connection with a consumer credit report for loan purposes and housing evaluations.

This information is for the **Karuk Tribe Housing Authority's** confidential use in compiling a credit and housing evaluation.

A photographic or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Thank you. Your prompt reply will help my Housing Application.

Date

Signature

Social Security Number

Signature

Social Security Number