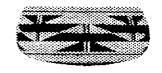


Karuk Tribe Housing Authority P.O. Box 1159 Happy Camp, CA 96039 (530) 493-5434



Student Rent Voucher Program Application (SRVP)

Applicant Information	
Full Name:	Roll #:
Present Street Address:	Phone #:
	Message Phone#:
Mailing Address:	Email Address:
Landlord Information	
Landlord Name:	Phone #
Address: (Where rent check is mailed.)	Tax Id #:
(Rent, Water, Sewer, etc Please attach documer Total Monthly Household Income: (Employment, Dividends, Allowance, etc Pleas Total Years Participated in Student Rent Briefly describe your residence informatisetting, Roommates, Group home, Dormi	ve attach documentation with application.) Voucher Program: ion and explain your current living situation (i.e. Family)
that it is my responsibility to notify the K in my living situation and/or any change i changes will result in immediate terminat program. I also understand and agree that	e and belief that the above statements are true, I agree taruk Tribe Housing Authority when there is any change in my income. I understand that failure to report any tion of my participation in the Student Rent Voucher in order to remain eligible I must comply with the Housing Authority's Student Rent Voucher Program.
Signature	Date

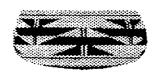
Student Rent Voucher Assistance will be granted using the following preference;

- 1. Complete Applications must include the following information;
 - a) Student Rent Voucher Program Application Form
 - b) Proof of Income
 - c) Lease Agreement
 - d) W-9 Form (from your Landlord)
 - e) Class Schedule
 - f) Grades from previous semester (only for returning students)
- 2. Date of Application
- 3. Income Status
- 4. Availability of Funding

COMPLETE APPLICATIONS ARE DUE JULY 30, 2010 BY 5:00 P.M. NO LATE APPLICATIONS WILL BE ACCEPTED! (Student Rent Voucher Applications must be complete with all the required documentation to be considered.)

Please mail all Student Rent Voucher applications and the required documentation to:

Karuk Tribe Housing Authority ATTN: ASHLEE KING P.O. Box 1159 Happy Camp, CA 96039



Karuk Tribe Housing Authority P.O. Box 1159 Happy Camp, CA 96039 (530) 493-5434



CONSENT FOR RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION

The purpose of this consent is to facilitate the Karuk Tribe Education Department sp decisions about what is in the best interes	pecific information needed to make
I, (Print) Housing authority and the Karuk Tribe Edexchange information and/or records.	, herby authorize the Karuk Tribe ducation department to gather and
I understand that:	
(A) It is my responsibility to make so is submitted to the Karuk Tribe	are that all the required documentation Housing Authority as required,
(B) It is not the Karuk Tribe Housing A Department's responsibility to ensu- submitted to either of the department	Authority's or the Karuk Tribe Education are that all the required documentation is nt as required,
(C)A photocopy or FAX of this release departments to share information,	e is sufficient to empower the above
(D)This authorization shall expire autodate on this form or on:	
Signature	Date