



Karuk Tribe Housing Authority Application / Checklist

Please make sure that all information on this application is accurate and fully completed. The application must be completed in full with all attachments in order for it to be processed. Please be sure to attach copies of the following information:

<input type="checkbox"/>	Copies of Social Security Cards for all Household members listed
<input type="checkbox"/>	Verification of Enrollment in an Indian Tribe, such as Karuk Tribe Enrollment card, CDIB, or other Tribe.
<input type="checkbox"/>	Verification of Income for all Household members listed including <u>most recent 2 years</u> of tax returns with W2s, 1099, etc. Also include: 2 current paycheck stubs, award letter, pay records, notice of action letter, Social Security statement, SSI, etc. showing current and year-to-date income.
<input type="checkbox"/>	Copies of Bank Statements for the last two months, including checking, savings and any other assets.
<input type="checkbox"/>	Background information: If you checked "YES" to any question, please include complete information regarding any felony convictions.
<input type="checkbox"/>	Information Disclosure Authorization signed by each adult responsible for income qualification.
<input type="checkbox"/>	Current or former landlord's Name, Address, and Phone Number

You will not be considered for placement in a program until your application is complete. Preference points and the date of your completed application will determine your placement in accordance with the following 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.	Full Time Student =	50 pts.
Retired Karuk Elder =	50 pts.		

CRIMINAL RECORD

Sex Offender =	Minus 999 pts.
Battery/Assault Crimes =	Minus 225 pts.
Drug Related Charges =	Minus 225 pts.
Any Crime charged as a felony within 5 years for violent and 3 years for non-violent prior to date of application =	Minus 500 pts.
Negative Landlord Reference	Minus 50 pts.

Previously evicted tenants are not eligible for re-admission for 24 months from the date of eviction. Previous tenants with an outstanding balance are not eligible for re-admission for 60 days from the date the balance is paid in full.

When your application is received at our office, you will be mailed a response requesting any missing information. If you do not respond within fourteen (14) days, a second notice will be sent to you, requiring a response within fourteen (14) days. If you do not respond, your application will not be processed due to lack of information.

Receipt of negative information regarding Credit History, Landlord References or Criminal Activity on any person listed on the application may result in denial of admission to the KTHA programs.

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

Applicants are urged to call at any time to obtain answers to any questions that they may have.

SUBMIT YOUR APPLICATION TO:

Karuk Tribe Housing Authority

PO Box 1159

Happy Camp, CA 96039

Phone: (530) 493-5434

Karuk Tribe Housing Authority

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

<input type="checkbox"/>	Low-Income Rental Program
<input type="checkbox"/>	Elder Rental Voucher
<input type="checkbox"/>	Lease-Purchase Program
<input type="checkbox"/>	Elders Homes (<i>Please contact KTHA for Point Criteria</i>)
<input type="checkbox"/>	First-time Homebuyer Loan Program
<input type="checkbox"/>	Down Payment Assistance
<input type="checkbox"/>	Emergency Assistance
<input type="checkbox"/>	Mortgage Relief Assistance
<input type="checkbox"/>	Other Home Loan Programs through other sources than KTHA (NACLI, Section 184, USDA, VA Loans, etc.)

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

<u>Applicant Information</u>			<u>Co-Applicant Information</u>		
Full Name			Full Name		
Social Security #	Home Phone		Social Security #	Home Phone	
Date of Birth	Age		Date of Birth	Age	
Present Street Address	How Long?		Present Street Address	How Long?	
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
If residing at current address less than 2 years, give previous address					
Previous Address		Dates - From/To	Previous Address		Dates - From/To
City	State	Zip	City	State	Zip

Employment Information (give names for a minimum two years employment)							
Name and Address of Employer		Dates - From / To		Name and Address of Employer		Dates - From / To	
		Monthly Income				Monthly Income	
Position Held		Business Phone		Position Held		Business Phone	
Name and Address of Employer		Dates - From / To		Name and Address of Employer		Dates - From / To	
		Monthly Income				Monthly Income	
Position Held		Business Phone		Position Held		Business Phone	
Name and Address of Employer		Dates - From / To		Name and Address of Employer		Dates - From / To	
		Monthly Income				Monthly Income	
Position Held		Business Phone		Position Held		Business Phone	

Karuk Tribe Housing Authority

Family Member Information

Please Print. Please list all persons who will be living in your home. List Head of Household First.

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 your household, including Wages, Self-Employment, AFDC, Child Support, Social Security, Disability, Workman's Comp., Retirement, Veterans benefits, Interest & Dividends, etc.

Household Member	Source of Income	Gross Monthly Amount

==> Remember to attach verifications per the Application Checklist for each item above.

Liabilities Information

List all liabilities excluding your rent, including 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 or 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

Assets 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** ☐ **Rent** ☐ **Share** ☐ **Other:**

Number at current residence:

Number of Bedrooms:

Monthly Rent:

Type of Household:

**Single
Family** ☐

Duplex ☐

**Apart-
ment** ☐

Mobile/Mfg Home ☐

Landlord Name

Address

City

State

Zip

Phone

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

Background Information

9 List any other names used (including Maiden Names):

10 Has any household member lived in low-income housing?
If yes, please give addresses and dates on back of this sheet.

☐ **Yes**

☐ **No**

11 Has any household member been evicted from a residence?
If Yes, explain on back of this sheet.

☐ **Yes**

☐ **No**

12 Has any household member been convicted of a crime?
If Yes, explain on the back of this sheet.

☐ **Yes**

☐ **No**

13 Does any household member have any outstanding debts
owed to KTHA, KTOC or any of its tribal programs?

☐ **Yes**

☐ **No**

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

Declarations of Applicant and Co-Applicant

Please explain any "Yes" answers on the back of this sheet.

Applicant

Co-Applicant

Yes

No

Yes

No

a Are there any outstanding judgements against you?

☐

☐

☐

☐

b Have you been declared bankrupt within the past 7 years?

☐

☐

☐

☐

c Have you ever had property foreclosed or repossessed?

☐

☐

☐

☐

d Are you a party to a lawsuit?

☐

☐

☐

☐

e Are you presently delinquent or in default on any Federal debt or
any other loan, mortgage or loan guarantee?

☐

☐

☐

☐

f Are you obligated to pay alimony, child support or separate
maintenance?

☐

☐

☐

☐

g Are you a co-maker or endorser on any note?

☐

☐

☐

☐

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 make-up 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