

NORTHERN CIRCLE INDIAN HOUSING AUTHORITY

HOUSING REHAB APPLICATION

Tribe Name: _____

Applicant: _____ Phone No.: (____) _____

Mailing Address: _____

Street / P.O. Box

City / Zip

Rehab Street Address: _____

Family Composition: Name, Relationship, Birthdate, and Social Security # of each person who resides in your household.

Name	Relationship / Sex (please circle)	Birthdate	SS#
1. _____	Head _____	_____	_____
2. _____	Spouse _____	_____	_____
3. _____	Child (M, F) _____	_____	_____
4. _____	Child (M, F) _____	_____	_____
5. _____	Child (M, F) _____	_____	_____
6. _____	Child (M, F) _____	_____	_____
7. _____	Child/Adult (M, F) _____	_____	_____
8. _____	Child/Adult (M, F) _____	_____	_____
9. _____	Child/Adult (M, F) _____	_____	_____
10. _____	Child/Adult (M, F) _____	_____	_____

Housing Data

◆ Do you live in a home that is owned by your tribal government or that has been remodeled or constructed with any Tribal, State, or Federal program funding within the past ten (10) years? Yes _____ No _____
Explain: _____

Is your home a manufactured home? Yes _____ No _____ If yes, is the manufactured home more than five (5) years old? Yes _____ No _____

◆ Do you **own** a home that is located on your Rancheria? Yes _____ No _____ Is your home located off of the Rancheria? Yes _____ No _____ Please provide address of home. _____

◆ Do you currently have homeowners insurance on this dwelling? Yes _____ No _____
Insurance Company: _____

◆ Is this the home for which you are requesting rehabilitation or replacement services: Yes _____ No _____
Is the applicant disabled? _____ yes _____ no If Yes, please explain _____

Present Housing Conditions:

◆ **Substandard Housing**

Please check the appropriate box for **each** of the following questions.

Question	Yes	No
Does your home have a continuous concrete or wooden foundation?		
Does your home have at least one complete operable bathroom?		
Does your home have usable kitchen facilities?		
Does your home require handicap modifications?		

Please rate the general condition of **each** of the following elements in you home by checking the appropriate box.

Element	Good	Needs Improvement	Needs Replacement
Plumbing			
Septic System/Sewer			
Electrical System			
Heating System			
Foundation			
Interior Walls			
Exterior Siding/ Paint			
Roof			
Floors			
Floor Coverings			
Windows			
Insulation			

Based on the information above, please provide specific needs below. Use additional sheets if necessary.

HOUSING REHABILITATION

INCOME VERIFICATION RELEASE FORM (Third Party)

Applicant, please sign form in shaded area only

I hereby authorize the release of the information requested and understand the purposes for which it will be used.	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date

Sign and Date Above

DO NOT WRITE BELOW THIS LINE

To Income Source Provider / Employer:

	Date:
	Re:
	S/S#:

Dear Sir/Ms.,

We are required to verify the incomes of all members of families applying for housing rehabilitation program services that we operate. To comply with this requirement, we ask your cooperation in supplying information regarding the income of the person listed above. This information will be held in strict confidence for the use only in determining the eligibility status of the family.

Above is a signed authorization for your release of this information to us. Please provide the information requested on the back of this form and/or attach verification. Your prompt return of the information, in the enclosed addressed envelope, will be appreciated.

Please fee free to call me at (707) 468-1336 if you have questions.

Thank you.

Lynn Crabtree, Occupancy Manager
Northern Circle Indian Housing Authority

For Office Use Only.

Tenant / Applicant Name

Income Provider: Please Complete Either Section I or II Below.

Section I

EMPLOYER:

Current rate of pay: _____ Hourly / _____ Weekly / _____ Monthly / _____ Other
(write in appropriate amount)

Is this a temporary or short term position: _____ Yes / _____ No

Expected duration of employment: _____

Average number of hours worked per week: _____

Average number of months worked per year: _____

FIRM: _____

BY: _____ TITLE: _____

PHONE: _____ DATE: _____

No longer employed: () Check if applicable

Section II

OTHER INCOME SOURCE PROVIDER: (AFDC, SSI, SSB, VETERANS, UIB, ECT)

Current rate of benefit: _____ Monthly / _____ Weekly / _____ Other
(write in appropriate amount)

AGENCY: _____

BY: _____ TITLE: _____

PHONE: _____ DATE: _____

No longer receiving benefits: () check if applicable

COMMENTS: _____

IHA USE: Rancheria: _____ Project: _____ H/H: _____

INCOME VERIFICATION RELEASE FORM (Third Party)

Each adult listed on the first page of this application must sign a release form.
Make additional copies as needed or call NCIHA for additional copies.

I hereby authorize the release of the information requested and understand the purposes that it will be used for.

Signature of Adult (18+) Family Member

Date

Sign and Date Above

DO NOT WRITE BELOW THIS LINE

To Income Source Provider / Employer:

Date: _____
Re: _____
S/S#: _____

Dear Sir/Ms,

We are required to verify the incomes of all members of families applying for housing rehabilitation to the federally aided housing programs, which we operate, and to reexamine periodically the family's income. To comply with this requirement, we ask your cooperation in supplying information regarding the income of the person listed above. This information will be held in strict confidence for the use only in determining the eligibility status and rent/house payment of the family.

Above is a signed authorization for your release of this information to us. Please provide the information requested on the back of this form and/or attach verification. Your prompt return of the information, in the enclosed addressed envelope, will be appreciated.

Please fee free to call me at (707) 468-1336 if you have questions.

Thank you.

For Office Use Only.

Tenant / Applicant Name

Income Provider: Please Complete Either Section I or II Below.

Section I

EMPLOYER:

Current rate of pay: _____ Hourly / _____ Weekly / _____ Monthly / _____ Other
(write in appropriate amount)

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Average number of months worked per year: _____

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BY: _____ TITLE: _____

PHONE: _____ DATE: _____

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BY: _____ TITLE: _____

PHONE: _____ DATE: _____

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COMMENTS: _____

IHA USE: Rancheria: _____ Project: _____ H/H: _____

Tribal Enrollment Verification

All tribes participating in Northern Circle’s housing program have established preferences for enrolled tribal members of each individual Rancheria.

Membership is subject to verification with the appropriate tribal office.

I, _____, am an **enrolled** tribal member of the
_____ Rancheria / Reservation.

(check one)

_____ My Tribal roll # _____.

_____ My tribe does not issue roll numbers.

_____ My enrollment is pending.

Signed: _____

Date:

Note: if your tribe does not utilize tribal enrollment numbers you may submit a “certificate of enrollment” or provide a copy of they tribal ID card.

**Authorization for the Release of Information/
Privacy Act Notice**
to the US 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)

HA requesting release of information: (Cross out space if none)
(Full Address, name of contact person, and date)

Northern Circle Indian Housing Authority
694 Pinoleville Dr.
Ukiah, CA 95482

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 for,. 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 H.A.s 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 H.A.'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(1)(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 H.A.s 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 has access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

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 year and older, have and use. Giving the Social Security Numbers of all household members six year 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 tot he purposes cites 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.