

NORTHERN CIRCLE INDIAN HOUSING AUTHORITY

HOUSING REHAB APPLICATION

Name:		Phone:	
Mailing Address:		E-mail:	
City, Zip		County:	
Tribal Affiliation:			
Family Composition: Name/Relationship/Birthdate/Social Security # of each person who will live in your home			
Name	Relationship/Sex (circle male or female)	Birthdate	Social Security Number
1. _____	Head	_____	_____
2. _____	Spouse	_____	_____
3. _____	Child (M,F)	_____	_____
4. _____	Child (M,F)	_____	_____
5. _____	Child (M,F)	_____	_____
6. _____	Child (M,F)	_____	_____
7. _____	Child (M,F)	_____	_____
8. _____	Child (M,F)	_____	_____
Applicant Data	Please indicate if you are:	Yes/No	Explain if necessary
1. Elderly (62 years or older)			
2. Handicapped or Disabled			
3. Veteran – Branch Served, Year Served			
4. Have you ever received housing REHAB assistance from NCIHA before? If yes, explain			
5. Do you have any outstanding debts with NCIHA or your tribe? If yes, explain			
Housing Data			
1. Do you own a home that exists on your Rancheria or elsewhere?			
2. Do you live in a home that is owned by your tribal government or that has been remodeled or constructed with BIA Housing Improvement Program (HIP) funding, within the past five (5) years?			
3. Is your home a Manufactured Home?			
4. Do you own your home?			
5. Do you currently have homeowner's insurance?			
6. Is the applicant or anyone in the household disabled?			

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Substandard Housing			
1. What year was your home built?: For either Stick Build or Manufactured Home	(✓)	Year:	
2. Substandard Housing: If you are living in substandard housing, indicate the conditions that makes your present dwelling substandard. <ul style="list-style-type: none"> • Structurally unsafe • No drinking or running water • No usable flush toilet • No usable tub or shower • No kitchen (but should have) • Inadequate or unsafe electrical wiring • inadequate or unsafe heating source • Overcrowded conditions? explain 3. Element: Please indicate if the below listed items are: GOOD, NEEDS IMPROVEMENT OR NEEDS REPLACEMENT: <ul style="list-style-type: none"> • Plumbing • Septic System/Sewer • Electrical System • Heating System • Foundation • Interior Walls • Exterior Siding/Paint • Roof • Floors • Flooring Coverings • Windows • Insulation 	(✓)	Explain	
	Handicapped Data:	Yes/No	Explain:
1. If you or a member of your family is handicapped, please explain the nature of the handicap and describe any accessibility needs (wheelchair ramp, hand rails, etc.)			

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Based on the information above, please provide specific needs below:

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Income Information:

The income data provided in this section will determine which housing program you may qualify for. All information is kept confidential and is subject to verification. IF NCIHA is unable to verify the information your application will be considered "incomplete" and returned to you. To avoid delaying your application, please complete this section as thoroughly as possible.

Employment:

1. Name of family member employed _____

Name of employer _____

Address of employer _____

Phone # , fax, email _____

2. Name of family member employed _____

Name of employer _____

Address of employer _____

Phone # , fax, email _____

3. Name of family member employed _____

Name of employer _____

Address of employer _____

Phone # , fax, email _____

**Other
Income****TANF, SSI, SSB, Veterans, UIB, Tribal Per Capita and other**

1. Family member receiving income: _____

Agency: _____

Agency address: _____

Agency phone #: _____, fax: _____, email: _____

NORTHERN CIRCLE INDIAN HOUSING AUTHORITY

HOUSING REHAB APPLICATION

2. Family member receiving income: _____

Agency: _____

Agency address: _____

Agency phone #: _____, fax: _____, email: _____

3. Family member receiving income: _____

Agency: _____

Agency address: _____

Agency phone #: _____, fax: _____, email: _____

Applications Accepted By:

FAX OR E-MAIL:

707-468-5615 or mmoncivais@pacific.com

Subject Line:

Attention: Construction Department

MAIL:

Northern Circle IHA

694 Pinoleville Drive

Ukiah, CA 95482

Applicant's Signature and Acknowledgment of Factual Data:

I declare under penalty of perjury that I have fully, completely and accurately answered all of the questions contained in this consent form and that all of the information contained in this consent form is true and correct. I agree that if I fail to disclose requested information or if any of the information provided herein is inaccurate or incomplete, by omission or commission, NCIHA shall have the right to eliminate me from consideration for housing rehab assistance for a period of at least one year and if I have already been selected for housing rehab assistance, to rescind my agreement and I will be responsible for repaying the program for all completed work.

Applicant's Signature

Date



NORTHERN CIRCLE
Indian Housing Authority

694 Pinoleville Dr. • Ukiah, Calif. 95482 • 707-468-1336
Fax 707-468-5615

INCOME VERIFICATION RELEASE FORM (Third Party)

RESIDENT to sign and date in the shaded box (only).

I hereby authorize the release of the information requested and understand it will be used for the purpose of verifying my income.

SIGNATURE OF RESIDENT RECEIVING INCOME

DATE

Income Providers Name/Address:

Date: _____

Re: _____

Soc. Sec. # : _____

Attn: _____

For: _____
(Name of Applicant)

NCIHA is required to verify the income of all members of families applying for admission as tenants to the federally aided housing units which we operate and to reexamine periodically the tenant families. We ask your cooperation in supplying information regarding the income of the person listed above. This information will be held in strict confidence and will be used only for 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** or attach verification. Your prompt return of the information, in the enclosed addressed envelope, is appreciated.

I can be contacted at 707-468-1336 if you have questions or need clarification.

Thank you.

Moriah Moncivais
Construction Department Program Assistant

(over)

Income Provider: Please Complete Section I Or II Below.

Section I

Employer to complete this section:

Current rate of pay: _____ hourly / _____ weekly / _____ monthly / _____ other
(write in appropriate amount above)

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 to Complete This Section: (ie: AFDC, SSI, SSB, VETERANS, UIB, G/RELIEF, etc.)

Current rate of benefit: _____ weekly / _____ monthly / _____ other
(write in appropriate amount)

AGENCY: _____

BY: _____ TITLE _____

PHONE: _____ DATE: _____

No longer receiving benefits: () check if applicable

COMMENTS:

(rev 9/96)

IHA USE: Tribe: _____ Project: _____ Applicant: _____



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(write in appropriate amount)

AGENCY: _____

BY: _____ TITLE _____

PHONE: _____ DATE: _____

No longer receiving benefits: () check if applicable

COMMENTS:

(rev 9/96)

IHA USE: Tribe: _____ Project: _____ Applicant: _____

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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)

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 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.

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 a tribal issued ID card.

HOUSING REHAB APPLICANT CERTIFICATION

1. GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions are accurate and complete to the best of my knowledge. I have reviewed all applicable NCIHA forms and certify that the information shown is true and correct

2. REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

3. REPORTING ON PRIOR HOUSING REHAB ASSISTANCE

I certify that I have disclosed where I received any previous federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information or vacate the unit in violation of the lease.

4. NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment is and will continue to be my principal residence and will not obtain duplicate federal housing assistance while I am in this current program.

5. COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits or verify my true circumstances. Cooperation includes attending pre-scheduled meeting and completion and signing needed forms. I understand failure or refusal to do so my result in delays or termination of assistance.

6. CRIMINAL AND ADMISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination housing rehab assistance and that I may be required to repay the program for any assistance received.

HOUSING REHAB APPLICANT CERTIFICATION

All Adult Members of Household are Required to Sign Below

I certify that I have read and understand the 6 declarations as listed above. I also certify that the information that I have provided is true to the best of my knowledge and that any misrepresentations of information or false statements shall be grounds for termination of my assistance.

1. _____	Date _____
2. _____	Date _____
3. _____	Date _____
4. _____	Date _____
5. _____	Date _____

