



# Cowlitz Indian Tribal Housing

## "Hardship Housing"

HEAD OF HOUSEHOLD NAME: \_\_\_\_\_ Cowlitz Enrollment #: \_\_\_\_\_ Date \_\_\_\_\_

Names and ages of all household members and relationship to applicant: (add page if space needed)

	NAME	AGE	RELATIONSHIP	BIRTHDATE
1.	_____	_____	(SELF)	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

ADDRESS: \_\_\_\_\_

PHONE NUMBERS: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email address: \_\_\_\_\_

Landlord Name & Phone for rent check: \_\_\_\_\_

Funds to be used for: \_\_\_\_\_

### **Are you related to:**

Board Member  Council Member  CITH Employee  (If yes please explain below)



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**Please describe in detail the need** of emergency assistance in the space provided below: *(must clearly demonstrate a housing-related emergency that cannot be resolved without assistance.)*

**Note: CITH may ask for additional Information/Documentation**

I certify all information is true and correct: (sign) \_\_\_\_\_

I have read and I understand the emergency assistance policy (sign) \_\_\_\_\_

## **Requirements**

**(1) Application, (2) Release of Info., (3) Unit Info. Form, (4) Rental Agreement, & (5) Form W-9 by landlord**

**Return to: Cowlitz Housing, 107 Spencer Rd, Toledo, WA 98591 or [housing@cowlitz.org](mailto:housing@cowlitz.org)**

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## Unit Information Form

This document is part of the Housing Assistance Application and is subject to all the restrictions, rules, and declarations contained therein.

Applicant's Name \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address of home to be paid for \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Moved In Date: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_ Square Footage: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ # of baths \_\_\_\_\_

Do you owe back rent or late fees?  Yes  No How much? \$ \_\_\_\_\_

Have you rec'd a foreclosure notice? \_\_\_\_\_ (if yes, attach and explain) \_\_\_\_\_

Are you related to Landlord by blood or marriage?  Yes  No If yes, explain the relationship of Applicant to Landlord: \_\_\_\_\_

Is the rental or lease agreement in your name?  Yes  No (**Attach a copy of rental or lease agreement**)

Is the unit a (check)  Single Family home  Duplex  Apartment  Mobile Home

Year built: \_\_\_\_\_ Garage  Yes  No

Heat Source (check)  Furnace  Baseboard  Wall Heater  Gas  oil  propane  electric

Primary Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Authorization For Release of Information

I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses, or individuals to furnish information concerning myself and/or my household to Cowlitz Indian Tribal Housing (CITH) for purposes of verifying my eligibility to receive benefits from CITH.

Those that may be asked to release the information include, but are not limited to: the Cowlitz Tribe, background screening agencies, the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the United States Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, courts and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

In addition, I authorize release of information to the **individuals** named below:

1.(self) \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal activity and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits, Tribal and local benefits.

I understand I have a right to review any information received in accordance with my release and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 15 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it will constitute grounds for denial or termination of assistance or tenancy, or both.

\_\_\_\_\_  
Applicant (Printed Name) Date

\_\_\_\_\_  
Co-Applicant or Adult Household Member (Printed Name) Date

\_\_\_\_\_  
Co-Applicant or Adult Household Member (Printed Name) Date