



Cowlitz Indian Tribal Housing

Housing Assistance Eligibility Application

Assistance is subject to current eligibility requirements and availability of funding.

Applicants must use the correct legal name for each member of the household as it appears on each person's Social Security card. **All adult members of the household must sign and date** the last page of this form certifying that the information pertaining to them is accurate and complete.

Purpose of Application: (check purpose)

Date: _____

Initial Application

Updated Application

Annual Recertification

Check the program(s) for which you are applying and include all required attachments. (See Required Attachment Checklist)

Homeownership Programs:

Down Payment

Rental Assistance Programs:

Rental Payment

Mortgage Payments

PRIMARY APPLICANT INFORMATION:¹

Name: _____
Last First Middle Maiden and all other names used

Mailing Address: _____

Residence Address: _____

Telephone: Home () Cell () Email Address _____

Marital Status (Please circle one) Single Married Widow/er Domestic Partner

Emergency Contact _____ ()
Name Relationship to Applicant² Phone

Tribal Affiliation # _____ Enrollment # _____

HOUSEHOLD INFORMATION: List **all persons** who will be living in the residence on a permanent basis. List the **primary applicant first** then list all other household members. Please list names as they appear on each person's Social Security card.

Legal Name	Relationship to Primary Applicant	Date of Birth	Social Security Number ³	Full Time Student ⁴	Gender	Tribal Roll #
	Self	/ /		Y/N	M/F	
		/ /		Y/N	M/F	

Note: All (18+) household member are **required** to sign a release of Information so that information contained herein can be verified by third party. All person 18+ yrs. old must provide income verification.

CRIMINAL HISTORY: List **all** crimes, other than minor traffic violations, committed by **any** household member(s).

Household Member Name	Crime	Felony/Misdemeanor	Date Convicted	Court Type

INCOME: List income from all sources for each member (including yourself) of the household, including (but not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments, SSI, workman's comp, TANF/DSHS, annuities, retirement benefits and pensions, disability or death benefits, unemployment or disability compensation, welfare assistance (not including food stamps), alimony/Maintenance, veterans' assistance, grants, Rental Income, and child support. All applicants must provide verification of each source income in the form of a 1040 (long) form, or if not available, separate verification for each source of income.

If an applicant has no source of income, list that applicant and enter 0 for source & amount. If no verification can be provided that an adult Applicant has no income, he/she will be required to complete a separate zero income certification.

Household member name	Income Source ⁵ (i.e., employment, SSI, TANF, etc.)	Amount	Frequency (Yearly/monthly/ weekly)	Verification (i.e., IRS 1040 or W-2, SS form)
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

ASSETS: List all assets belonging to each applicant, including (but not limited to) cars, boats, houses, rental property, personal property held as an investment (such as gems, jewelry, coin collections, antique cars, etc.).

Savings accounts, checking accounts, money market accounts, certificates of deposit, contents of safe deposit boxes.

Stocks, bonds, treasury bills, retirement or Keogh accounts, pension funds, life insurance policies available to an applicant before death. Mortgages or deeds of trust or real estate contracts or promissory notes held by an applicant.

Applicant Name	Type of Asset ⁶	Location of Asset (Bank, etc.)	Current Value of Asset	Income/Interest Rate of Asset
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

⁵ Examples of Income Verification: W-2's, tax returns, employee check stubs (must include employer name, address and contact information), SSI statement, orders for child support, alimony, maintenance, unemployment benefits statements, etc.

⁶ If any applicant owns an asset (such as real property) which has an unpaid balance on a loan secured by that asset, verification of the unpaid balance must be provided.

GENERAL INFORMATION: (If you need additional space continue writing on the back of this page.)

Are any members of the household related by blood or marriage to any Council members, CITH Employees, or Board members?

Yes No If yes, please list which household member is related, name of relative and nature of relation – son, daughter, cousin etc. _____

Please explain why you are requesting assistance.

APPLICANT CERTIFICATION:

The applicant(s) certify, confirm, and understand all of the following:

- I certify all information provided in this application and supplied as supporting documentation is accurate and complete to the best of my knowledge.
- I understand that assistance is subject to funding availability and HUD & tribal regulations & policies.
- I certify that I understand only one application per household is allowed.
- I understand that the information I provided will be used for the purpose of verifying my eligibility.
- I understand that all attachments included with this application are subject to all the certifications, confirmations, verifications, and acknowledgments made in this declaration.
- **I understand that I must report any changes to my total household income and/or to my household composition (number of persons in the household) to CITH.**
- **I understand that if I provide false, incomplete or inaccurate information I will be denied assistance; will be required to repay any assistance received, will be subject to penalty under the federal false claims act; and will be prosecuted to the full extent of the law.**

Applicant Date

Applicant Date

Return completed applications and all docs on CHECKLIST FOR ALL APPLICANTS to:

Cowlitz Indian Tribal Housing
107 Spencer Rd
Toledo, Washington 98591
Fax: (360) 864-8722
e-mail to: **Housing@cowlitz.org**

Completed applications are processed in the order in which they are received.