



Cowlitz Indian Tribal Housing

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: _____ Square Footage _____ # of bedrooms: ____ # of baths ____

Monthly Rent: \$ _____

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

Have you rec'd a foreclosure notice? Yes No 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: _____



Cowlitz Indian Tribal Housing

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