



## **Aging in Place Program** **Application**

**Made possible by CIT Gaming Revenue, granted to Elders (62+) by CIT Tribal Council**  
\$15,000 per year (Maximum) Subject to availability of funds

The Cowlitz Elders (AIP) Aging in Place Program has been designed to assist Elders (62+) in remaining in their homes as long as possible. Assistance is provided for individuals earning up to 150% household (AMI) Area Medium Income. Please see the attached checklist for additional eligibility guidelines.

Name	Address	City, State, Zip
Home Phone	Cell	Email
Stick built/mobile/condo/other	Enrollment# SOCIAL SECURITY #	Were you approved for AIP in 2025?

Please enter all members living in your household beginning with yourself. Include birthdate, income and income source for the last year.

NAME	RELATIONSHIP TO YOU	BIRTHDATE	INCOME	INCOME SOURCE
	SELF			

- *If household members over 18 yrs. must submit income verification. Paystubs, W-2's, SS determination.*
- *Please include your recent tax return. 2024 RETURNS will only be accepted through April 2026. 2025 tax returns required after April 2026. If you are legally not required to submit a tax return please sign an attestation located online or you may request one from our office. If you have requested an extension please include that information with your most recent tax return.*

**EMERGENCY CONTACT:**

An emergency contact is different than an ROI (Release of Information). We will not share information about your application with this contact unless it's an emergency.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Relationship \_\_\_\_\_

**ASSETS:**

Please provide a list of your current assets. CITHD will determine which assets shall be counted towards your income. Most assets valued under \$100,000.00 will not affect your income, unless you are receiving regular income from that asset. If you have additional homes or hold an ownership interest in real or personal property, please include it below. You may use an additional sheet of paper if needed. Assets will not disqualify you from this program, but withholding information could result in denial, suspension or paying back funds. If your asset exceeds \$100k please provide additional information and/or documentation.

ASSETS	APPROX VALUE	INCOME FROM ASSET? Ie: Monthly rent, dividend, w/d

Page 3 will outline what you may request under this program. All requests this year must be on this application. We will no longer allow for additional requests throughout the year unless it's an emergency repair. Repairs may not exceed \$9,999.00 and all repair requests must align with the program intent which is to help keep our elders in their homes. Please summarize below what you are requesting under the AIP program for 2026 and attach any supporting documentation, and photos if requesting repairs.

Please select from the options below (Please note you will not be able to add items later in the year unless it's an emergency) All additional requests must be on an addendum to this application:

☐ **Property Taxes** – Reimbursement is preferred. Please select an option below.

Are your property taxes and insurance included in your loan and paid through escrow?

Circle one: **Yes, both Taxes only insurance only No I pay them directly**

— Please attach a current mortgage statement if applicable, even if your taxes are not paid through escrow.

— Please circle an option below:

- a) REIMBURSEMENT: If you wish to be reimbursed for your taxes, please attach proof of payment including a statement from the county.
- b) REIMBURSEMENT AT A LATER DATE: If you are going to pay but they are not due yet, please provide the date you plan to submit the documents above for reimbursement. DATE: \_\_\_\_\_
- c) DIRECT PAY: Please provide a tax statement and due date. This option is only for accounts that are not included in your mortgage payment. DATE DUE: \_\_\_\_\_.

☐ **Homeowners Insurance** - Reimbursement is preferred. Please select an option below:

— Please provide your current insurance policy and/or bill.

— Please select an option below.

- a) REIMBURSEMENT: If you wish to be reimbursed, please attach confirmation of payment i.e. receipt or copy of cancelled check with the Insurance Policy.
- b) REIMBURSEMENT AT A LATER DATE: If you are going to pay but they are not due yet, please provide the date you plan to submit the documents above for reimbursement. DATE: \_\_\_\_\_.
- c) DIRECT PAY: If you are requesting CITHD to pay the insurance company directly please understand we are not responsible for payment being late due to the US mail. You are responsible for verifying payment is received. Cowlitz Indian Tribe is a payor only and are not responsible for cancelation of policy due to missing or late payment. CITHD makes no guarantee we can accommodate immediate requests and will not communicate with the insurance company to ensure payment is received. Please provide the policy and /or bill including due DATE: \_\_\_\_\_.

☐ **Homeowners Association Fees** - Reimbursement is preferred. Please select an option below:

- d) REIMBURSEMENT: If you wish to be reimbursed, please attach confirmation of payment i.e. receipt or copy of cancelled check with the bill from the HOA.
- e) REIMBURSEMENT AT A LATER DATE: If you wish to be reimbursed at a later date, please provide the date you plan to submit the documents above: Date \_\_\_\_\_.
- a) PAY DIRECTLY: If you request payment to be made directly, please provide a bill from the Association. a contact phone number, W9 and the date due: Payments will be made annually.
- b) Date due: \_\_\_\_\_.

Additional options on the following page:

☐ **Renter's Insurance – Reimbursement only**

— Attach Renters insurance policy, including proof of payment, ie: receipt or copy of canceled check.

- ☐ **Home Repair/Maintenance** (to \$9,999.00 max) Please provide a detailed request of what you need repaired in your home including photos. Please see attached checklist to determine what is acceptable under this program. **Photos mandatory for repair work. If you do not have the ability to take photos, please include that in your application and we will try to arrange a video inspection. Photos will help us to determine the extent of the work that needs to be done prior to scheduling a contractor.**

- ☐ **Rental or mortgage assistance:** Under certain emergency conditions Aging in Place may be used for prevention of eviction or foreclosure. Rental and Mortgage assistance will not be paid through this program continuously and other resources must be exhausted. If you are requesting mortgage or rental assistance payments under this program you may be required to apply for hardship assistance first. If you are requesting assistance with your rent please apply for the the NAHASDA rental assistance program or provide a denial letter to be consideration under AIP. Restrictions may apply.

- ☐ **Renters** – Permanent repairs to a property owned by a third party may be approved for health and safety reasons only. Please request alterations directly from the landlord first. Landlord **MUST** approve in writing, any modifications to any part of the unit, and repairs will be done on a case-by-case basis. Ie: Handrails, ADA requests etc. Renter must be on a current lease agreement (not month to month). Landlord cannot be related to the applicant.

- ☐ **Homeowners** – All repair/maintenance work **MUST** be approved in writing by CITH Staff prior to any reimbursement or authorization of work to be completed. CITHD will not approve reimbursements to work that has already been done.

Repairs will not exceed \$9,999.

PLEASE NOTE: Reimbursements will not be made monthly. You must submit your request for reimbursement after all payments are made for the year. After payment is made we will consider your application closed for reimbursements.

**RETURN COMPLETED APPLICATIONS TO:**

- Email: [housing@cowlitz.org](mailto:housing@cowlitz.org)

Mail to: Cowlitz  
Indian Tribal  
Housing  
107 Spencer Rd  
Toledo, WA 98591

- Fax: (360) 864-8722

Signature required on the following page.

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**Applicant (s) Certification:**

**Applicant(s) certify, confirm, and understand the following:**

- I certify that all information and documentation provided in this application is complete and accurate to the best of my knowledge.
- I understand that assistance depends on available funds, and is subject to Federal & Tribal rules, regulations, & policies. These policies are subject to change at any time throughout the year.
- I understand that if I provide false, inaccurate or incomplete information, I will be denied assistance; will have to repay any assistance received, will be subject to penalty under the federal false claims act & will be prosecuted to the full extent of the law.
- I acknowledge that this program is funded with GWE (General Welfare Exclusion) gaming revenue under the Cowlitz Indian Tribe. All requests must meet the safe harbor guidelines under that exclusion. This program has been approved through Cowlitz Tribal Council and is funded yearly. I understand this program may not be available every year.
- I acknowledge that bullying or harassing staff may be cause for suspension of the program. In the event my request is denied I have the option to appeal.
- I understand that I may not request additional payments through this program once my application has been approved in writing unless it's an emergency at which point I will need to complete an addendum to this application which is provided by CITHD.
- I understand that once payment is made, additional payments will not be made without prior approval. Reimbursements may only be made once per year.
- I understand if I am requesting direct payment for an invoice with a due date and that payment is not made in time, my insurance may be canceled, or a penalty may be assessed. Cowlitz Indian Tribal Housing will make all efforts to accommodate my request but are not responsible for my payment getting there on time. The US post office and other factors may cause a delay. It is my responsibility to ensure my payment has arrived on time and if it has not, I will notify CITHD immediately and I may have to request a replacement check and I will be responsible for any late fees that may be assessed.
- ***I understand that applications are processed in the order in which they are received, and depending on how many applications are received, it may take up to (30) days. Additional documents must be signed upon approval of application. All household members on the mortgage or lease must approve to any alterations to the home.***

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Applicant

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Date

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Household member

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Date

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Household member

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Date

**REQUIRED DOCUMENTS and AIP CHECKLIST:**

- \_\_\_ Application (signed) All 7 pages with nothing left blank. If non-applicable, please say "N/A or None".
- \_\_\_ ROI (Release of Information) Please include those you would like to give CITHD permission to speak to on that form.
- \_\_\_ UNIT or MORTGAGE form
- \_\_\_ Current Income Verification (any source) ie: Paystubs, retirement documentation. Social security
- \_\_\_ Current Years tax return (required)
- If you are not legally required to file a tax return, please complete the attestation form.
  - If you have filed a tax extension, please provide evidence of that.
- \_\_\_ Tribal ID (If you do not have one or it is expired, please reach out to enrollment)
- \_\_\_ Copy of Driver License or Picture ID (only if there is no photo on Tribal ID or if it is expired).

**DOCUMENTS NEEDED IF YOU ARE REQUESTING TAXES, INSURANCE, RENT OR MORTGAGE ASSISTANCE:**

- \_\_\_ Mortgage statement (If requesting taxes, insurance or mortgage assistance) Please print out the most recent mortgage statement. CITHD will not be able to communicate directly with your mortgage company.
- \_\_\_ Rental Agreement (For rental payments or repairs/alterations) Please provide all pages.
- \_\_\_ W9 from landlord for rental payments (if applicable)
- \_\_\_ Property Tax Statement (If requesting taxes paid or reimbursed)
- \_\_\_ Homeowner or renters Insurance Policy (If requesting insurance reimbursed)
- \_\_\_ If requesting reimbursement, please provide receipt. If it has not been paid, please provide the date it will be provided..
- \_\_\_ Repairs: Please provide photos of the repair you are needing and detailed explanation on page 2 of this application.
- \_\_\_ If you are a renter, please request an authorization form from housing if you plan on asking for any alterations to the rental home. The landlord must agree to any alterations to the home, and you must have an active lease agreement.
- \_\_\_ HOA: Please provide an HOA statement with contact information if you are requesting payment for HOA dues.
- \_\_\_ ADDITIONAL HOUSEHOLD MEMBERS: Once application has been approved an additional document must be signed by all homeowners or leasehold members to approve any alterations or acknowledge payments made that may affect their home.

**NOTABLE AGING IN PLACE CHANGES FOR 2026:**

- \_\_\_ All requests must be in writing in your original application. Any additional requests submitted later will be considered for emergencies only and applicant must submit an addendum to their 2026 application.
- \_\_\_ CITHD will only be approving repairs that are mandatory for keeping you in your home. Aesthetic repair requests will not be considered.
- \_\_\_ Rental or mortgage assistance under this program may not exceed \$5000. Restrictions may apply.
- \_\_\_ Photos will be required prior to any repair requests and post repair. Video inspection may be required.
- \_\_\_ Applicants must provide all assets on their application.
- \_\_\_ All requests must align with the intent of the program. If member has additional assets eligibility may be affected.
- \_\_\_ All applicants must include a recent tax return, or attestation that they do not have to file taxes.

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 Primary Applicant/Member signature

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 Date

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 Household Member signature

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 Date

## HOMEOWNERS AND MORTGAGE UNIT FORM

This document is part of the Housing Assistance Application and is subject to all the restrictions, rules, and declarations contained therein. Please be advised that all individuals on the deed and/or mortgage must sign off on any payments or repairs that may affect their interest.

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

Address of Home to be paid for: \_\_\_\_\_

Mortgage Co: \_\_\_\_\_

Mtg Co. Address: \_\_\_\_\_

If you are requesting Mortgage payment assistance through one of our programs, please note that we may not be able to pay the entire mortgage payment. You may have to pay a portion or you may have to pay your escrow payment separately. This can sometimes be an issue for mortgage companies. Please contact them prior to applying to see if they can accept separate

Move in date: \_\_\_\_\_ Sq Ft \_\_\_\_\_ Bedrooms# \_\_\_\_\_ Baths \_\_\_\_\_

Mortgage payment: \$ \_\_\_\_\_ Principal and interest \$ \_\_\_\_\_ Escrow: \$ \_\_\_\_\_

Taxes included in mortgage? \_\_\_\_\_ Insurance included in mortgage? \_\_\_\_\_

Are you past due on payments? Yes ☐ No ☐ If yes, How much? \$ \_\_\_\_\_

What date are you paid through? \_\_\_\_\_ What is your current balance owing? \_\_\_\_\_

Have you received a foreclosure notice? \* Yes ☐ No ☐ If yes, please attach foreclosure notice.

\*If you are in active foreclosure we may not be able to assist you.

Are you related to mortgage holder by blood or marriage? Yes ☐ No ☐ If yes, explain the relationship to Applicant \_\_\_\_\_

Is the Deed in your name? Yes ☐ No ☐ (Attach a copy of Deed)

Is the mortgage in your name? Yes ☐ No ☐ (Attach a recent mortgage statement)

Is the home a (check) Single Family home ☐ Condo ☐ Mobile Home ☐ Other ☐  
\_\_\_\_\_(explain)

If a mobile home, is it secured to it's own land? Yes ☐ No ☐

Has the title been eliminated? Yes ☐ No ☐

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

Co-Owner/Adult Household Signature: \_\_\_\_\_ Date \_\_\_\_\_

# 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.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical address of home you rent: \_\_\_\_\_

\_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Move in Date: \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ #bedrooms \_\_\_\_\_ #baths \_\_\_\_\_

Rental Amount \$ \_\_\_\_\_ Lease Term: \_\_\_\_\_

Are you behind on your rental payments? Yes or No? How much do you owe \$ \_\_\_\_\_

As of what date? \_\_\_\_\_ Please provide a current ledger.

Have you received an eviction 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

Heat Source: Select one: Furnace, Baseboard, Wall Heater, Gas. Oil, Electric, Other.

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member 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