

KARUK TRIBE HOUSING AUTHORITY

P.O. Box 1159 • 635 Jacobs Way
Happy Camp, CA 96039
Ph: (530) 493-1414 • Fax: (530) 493-1415



1836 Apsuun Street
Yreka, CA 96097
Ph: (530) 842-1644 • Fax: (530) 842-1646

Karuk Tribe Housing Application

The Karuk Tribe Housing Authority (KTHA) offers Low Income and Elder Rental Units in Yreka, Happy Camp, and Orleans to income eligible Tribal individuals and families. KTHA also offers the following assistance to income eligible Karuk Tribal Members: Student Rent Vouchers, Elder Rent Vouchers, Temporary Rent Vouchers, First-Time Homebuyer Loans, Down Payment Assistance Grants, Mortgage Relief Grants, Home Replacement Grants, Home Rehabilitation & Weatherization Grants and Loans, and Home Improvement Loans.

All applicants must have a current and complete application to determine eligibility for KTHA assistance. Applications are available at any KTHA Office or online at www.ktha.us

The cover sheet of the application is a checklist of mandatory documents which must be submitted with your application; however additional documents will be requested depending on each individual circumstance. All documentation must be submitted to process the application and to deem the application complete. Applicants will be notified if there is missing documentation, or if additional documentation is needed. Processing times vary depending on the KTHA program applicants are applying for; this is due to different documentation required, research, and third-party verifications required for each unique program. The top reason for the delay in processing applications is due to changes in household composition and/or changes in income. It is very important that you report all changes to KTHA such as changes to: your phone number, your mailing address, your employment status, household members, income, etc. to prevent delays.

All applications must be completed and submitted with the following documents:

- **Social Security Cards for all Household Members.**
- **Verification of Enrollment in an Indian Tribe:** Karuk Tribe Enrollment card, CDIB, or other Tribe.
- **Verification of Income for all household members:** All income earned or received including: Employment W2's, employment wages (one full month's pay stubs), Unemployment benefits, TANF/AFDC, Child Support, Social security, Disability, Retirement or Veterans Benefits, Alimony, Tribal payments, etc.
- **Copies of Bank Statements for the last two months:** checking, savings and any other assets.
- **Authorization for the Release of Information/Privacy Act Notice:** Must be signed by all adult household members.
- **Current or former Landlord's:** Name, Address and Phone Number.
- **Criminal Background Information:** If you checked "YES" to any questions in this section, you must include complete information regarding all criminal convictions.

If you have any questions regarding any of the KTHA programs contact **Samantha White** at **(800) 250-5811** or **(530) 493-1414 extension 3108** or via email at smwhite@karuk.us



KARUK TRIBE HOUSING AUTHORITY

Application & Checklist

Please make sure that all information in this application is accurate. The application must be completed in full and all the attachments must be submitted in order to process your application.

You must submit copies of the following information:

<input type="checkbox"/>	<u>Copies of Social Security Cards for all Household members listed in the application.</u>
<input type="checkbox"/>	<u>Verification of Enrollment in an Indian Tribe, if claiming Indian Preference:</u> Tribe Enrollment card, CDIB, etc.
<input type="checkbox"/>	<u>Verification of Income for all Household members listed and most recent 2 years of tax returns:</u> Including your W2s, 1099, etc. Verification includes but is not limited to: 2 Current Employment Payroll Stubs, AFDC/TANF award letter, Social Security/SSI statement, Child Support, etc. Verification must show current and year-to-date income.
<input type="checkbox"/>	<u>Copies of Bank Statements for the last two months:</u> This includes; checking, savings and any other assets.
<input type="checkbox"/>	<u>Criminal Background Information:</u> If you check "YES" to any questions in the Background Information section, please include complete information, including all criminal convictions, attach separate sheet, if necessary.
<input type="checkbox"/>	<u>Authorization for the Release of Information/Privacy Act Notice:</u> Must be signed by all adult members in the household.
<input type="checkbox"/>	<u>Current or former Landlord(s) for the last two years:</u> Include Name, Address, and Phone Number. If none, include statement explaining alternative living situation(s).

You will not be considered for any KTHA programs until your application is complete. Preference points and the date of your **completed application** will determine eligibility in accordance with applicable HUD and KTHA requirements.

ADMISSIONS PREFERENCE (POINTS AS INCLUDED BELOW)

Enrolled Karuk Tribal Member =	200	Working (Part Time) =	50
Enrolled Karuk Elder (62+) =	200	Full Time Student =	50
Enrolled Karuk Descendent =	100	Veteran =	50
Working (Full Time) =	100	Karuk Foster Care Family =	50
Disabled Veteran =	100	Involuntary Displacement =	30
Health & Safety Emergency =	100	Formula Area Preference =	20
Enrolled Other Tribal Member =	50	Substandard Housing =	20
Retired Karuk Elder =	50	Without Permanent Housing =	15
Karuk Near Elder (55 to 61) =	50	Rent Above 50% of Income =	10
Disabled/Handicapped =	50		

CRIMINAL RECORD (NEGATIVE POINTS AS INCLUDED BELOW)

Negative Landlord Reference =	-50	Felony Crimes =	-500
Violent (Battery/Assault) Crimes =	-225	Sex Offender =	Ineligible
Drug Related Crimes =	-225	Violent/Drug Felonies (more than 1) =	Ineligible
Criminal Misdemeanors =	-225		

Previous KTHA tenants and persons that owe the Housing Authority money are not eligible for assistance until debt is paid in full.

Previously evicted KTHA tenants shall have a waiting period of twenty four (24) months from the date of eviction, or the date of prior balance being paid in full, whichever is later.

Applicants who were named in a KTHA Deed of Trust (Home Loan) that was foreclosed upon shall have a waiting period of five years (60 months) from the effective date of the Trustee's Deed.

Upon receipt of your application in the KTHA office, if there is missing information, you will be mailed a letter requesting the information. If you do not respond within fourteen (14) days, a second letter will be sent requiring a response within fourteen (14) days. If you do not respond to any of the letters your application will not be processed.

Receipt of negative information regarding: Credit History, Landlord References and/or Criminal Activity for any household member listed on the application may result in denial of assistance for any KTHA programs.

It is the applicant's responsibility to notify KTHA of address/phone contact changes.

Applicants are urged to contact the KTHA office with questions you may have regarding any KTHA program.

SUBMIT YOUR APPLICATION TO:

Karuk Tribe Housing Authority, ATTN: Samantha White
P.O. Box 1159, Happy Camp, California 96039
Phone: (530) 493-1414 EXT. 3108 OR (800) 250-5811

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Indian Verification

Qualifying Household Member(s):		Enrollment Number(s):	
Tribe:		Other Verification:	

Income Information

List ALL income earned or received by everyone in the household including: Wages, Self-Employment, AFDC/TANF, Child Support, Social Security, Disability, Workman's Compensation, Unemployment, Retirement/Veteran Benefits, Interest/Dividends, Alimony, etc.

Household Member	Source of Income	Gross Monthly Amount

Include verification for all income listed above as specified in Application Checklist.

Liability Information

List ALL Liabilities, excluding rent, such as car payments, creditors, outstanding debts, etc.

Household Member	Debt Paid To	Monthly Payment Amount

Attach Additional Sheet(s) If Necessary.

Checking / Savings Accounts

Name(s) on Account	Bank	Type	Account #	Balance

Do you, or any household member, have other assets such as stocks, bonds, annuities, etc.? If yes, attach copies of most recent statement.	[] Yes [] No
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Asset Information

1	Do you or any household member own real estate, boats, and/or mobile home(s)?	[] Yes [] No
	<u>If yes, explain:</u>	
2	Have you or any household member sold, given away, or disposed of any real estate/assets in the last two (2) years?	[] Yes [] No
	<u>If yes, explain:</u>	
3	Does anyone outside of your household pay any of your bills?	[] Yes [] No
	<u>If yes, explain:</u>	
4	Please list all automobiles / motorcycles that you, or any household members, own:	
	Year:	Make:
	Year:	Make:
	Year:	Make:

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Property Information for Homeowners

If you or anyone in the household owns property, provide the following information and attach documentation.

Address of Property	Type of	Date Acquired	Present Market	Amount Owed	Monthly Payment

Current Rental Situation

5	Are you living in substandard housing? <u>If yes, explain:</u>	[] Yes [] No
6	Are you paying rent in excess of 50% of your income? <u>If yes, explain:</u>	[] Yes [] No
7	Are you being Involuntarily Displaced? <u>If yes, explain:</u>	[] Yes [] No

Disabled / Handicapped Status

8	Is any household member Disabled or Handicapped? <u>If yes, attach documentation.</u>	[] Yes [] No
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Condition of Current Living Unit

Do you:	[] Own [] Rent [] Share [] Other, explain:				
Number in current residence:		Number of Bedrooms:		Monthly Rent:	
Type of Housing:	[] Single Family [] Duplex [] Apartment [] Mobile/Mfg. Home [] Other, explain:				
Current Landlord	Address	City	State	Zip	Phone
Previous Landlord	Address	City	State	Zip	Phone
Please list all household items that are in need of repair, or inadequate:					

Background Information

9	List any other names used (including Maiden Names):	
10	Has any household member lived in low-income housing?	[] Yes [] No
	<u>If yes, list address/dates:</u>	
11	Have you or any household member been evicted from a residence?	[] Yes [] No
	<u>If yes, explain:</u>	
12	Have you or any household member been convicted of a crime?	[] Yes [] No
	<u>If yes, explain:</u>	
13	Do you or any household member have outstanding debts to KTHA, the Karuk Tribe, or any of its tribal programs/entities?	[] Yes [] No
	<u>If yes, explain:</u>	

Failure to provide requested information may result in delay or denial of application.

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Declarations of Applicant and Co-Applicant

		Applicant	Co-Applicant
a	Are there any outstanding judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>If yes, explain:</u>		
b	Have you declared bankruptcy within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>If yes, explain:</u>		
c	Have you ever had property foreclosed or repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>If yes, explain:</u>		
d	Are you a party to a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>If yes, explain:</u>		
e	Are you presently delinquent or in default on any Federal debt or any other loan, mortgage or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>If yes, explain:</u>		
f	Are you obligated to pay alimony, child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>If yes, explain:</u>		
g	Are you a co-maker or endorser on any note?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>If yes, explain:</u>		

The undersigned specifically acknowledges and agrees that all information on this Application is true and accurate. I/We understand that all changes in income or household members must be reported to the Karuk Tribe Housing Authority immediately. I/We understand that any intentional or negligent misrepresentation of the information contained on this application may result in civil liability and/or prosecution. The Karuk Tribe Housing Authority may verify any information contained on this application through any sources, including credit reporting agencies, background checks, criminal investigations or any other form of written or electronic media.

Applicant Signature (Head of Household)

Date

Co-Applicant Signature

Date

Other Household Member Over 18 Signature

Date

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. 07/31/2021

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)

KARUK TRIBE HOUSING AUTHORITY
P.O. BOX 1159
HAPPY CAMP, CA 96039
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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(l)(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.

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INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

I/We hereby authorize you to release, from any Credit Reporting Agency, Lender, Banking establishment, Employer, Public Agency, or others, as needed, for verification purposes, any information concerning:

- Employment History, dates, title, income, hours worked, etc.
- State Wage Information for unemployment compensation
- Social Security Administration for wage, self-employment or SSI information
- Bank and Savings account records.
- Mortgage Loan Ratings (opening date, high credit, payment amount, loan balance, payment record and maturity date).
- Criminal background investigation.

- Any information deemed necessary in connection with a consumer credit report for loan purposes and housing evaluations.

This information is for the **Karuk Tribe Housing Authority's** confidential use in compiling a credit and housing evaluation.

A photographic or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Thank you. Your prompt reply will help my Housing Application.

Date

Signature

Social Security Number

Signature

Social Security Number