

# 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

## 2020-2021 Student Rent Voucher Program

The Karuk Tribe Housing Authority Student Rent Voucher Program provides rental assistance for income eligible Karuk Tribal Members while attending college or vocational school full-time (12 units). Assistance is based on the household's total income, for a 10 month period (August-May), up to a school year maximum of \$5,000, whichever comes first.

The Karuk Tribe Housing Authority will be accepting applications for the 2020-2021 Student Rent Voucher Program beginning May 1, 2020 with a deadline of July 31, 2020.

Students who do not meet the July 31 deadline, may still apply, and if eligible for assistance, may receive partial year assistance, beginning the first of the month following the date their application is deemed complete, with BOC approval, based on availability of remaining funds.

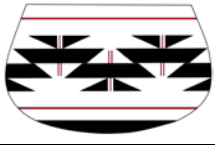
For more information on this program contact Patches Marsh at 1-800-250-5811, or 530-493-1414 extension 3108, or [pmarsh@karuk.us](mailto:pmarsh@karuk.us)

**FULL APPLICATION AVAILABLE ONLINE AT**

<http://www.ktha.us/>

**DEADLINE: JULY 31, 2020**





# Karuk Tribe Housing Authority

## Student Rent Voucher Program Application

*The Karuk Tribe Housing Authority Student Rent Voucher Program provides rental assistance for eligible, low-income, Karuk Tribal Member students; continuing their education by attending college or vocational school.*

**Please make sure that all information on this application is complete and accurate. The application must be completed in full and must be submitted with all required documents as listed below for the application to be processed and considered for rental assistance.**

### **The following documents must be submitted with your application:**

- Copies of **Social Security Cards** for all Household members listed;
- Verification of Enrollment** in Karuk Tribe;
- Verification of Income for all Household members listed** including most recent 2 years of tax returns with W-2s, 1099, etc. **Household income includes the following:** 2 current Paycheck Stubs, Income Award Letter, Notice of Action Letter, Social Security statement, SSI, etc. Documents should show current and year-to-date income information;
- Certification of Zero Income Form** (This form will be provided separately, if applicable);
- Financial Needs Analysis** (Provided by the College Financial Aid Department);
- NEW REQUIREMENT - College Transcript:**  
**New Students** (must include current semester class schedule)  
**Returning Students** (must include current semester class schedule AND prior semester grades);
- Current or Former Landlord Information** Name, Address and Phone Number;
- Lease Agreement and Completed W-9 Form** (From your landlord) **due by September 30;**
- Authorization for the Release of Information/Privacy Act Notice** Signed by all adults.

### **APPLICATION DEADLINE: JULY 31**

**Students who do not meet the deadline, may still apply, and if eligible for assistance, may receive partial year assistance. Assistance will begin the first of the month following the date their application is deemed complete, with BOC approval. The assistance is based on availability of remaining funds.**

**Students will not be considered for assistance until their application is complete. The date of a complete application will determine the assistance, in accordance with KTHA requirements.**

**The Maximum Amount of Assistance will not exceed \$5,000 per school year.**

**If an applicant owes a debt to the Karuk Tribe or any of its' entities or departments, they will be deemed ineligible for assistance until a payment agreement has been processed. Any persons with an outstanding debt to the Karuk Tribe must have a payment agreement that is current before they will be deemed eligible.**

***Upon receipt of the Student Rent Voucher Application, students will be mailed a response: either a complete application or requesting missing information, if needed.***

**IMPORTANT: IT IS THE STUDENT'S RESPONSIBILITY TO NOTIFY THE KARUK TRIBE HOUSING AUTHORITY IN PERSON OR IN WRITING: ANY CHANGES TO YOUR MAILING ADDRESS, INCOME OR TO ADD/REMOVE ANYONE FROM YOUR APPLICATION.**

### **SUBMIT APPLICATION & ALL REQUIRED DOCUMENTS TO:**

**Karuk Tribe Housing Authority, ATTN: Patches Marsh  
PO Box 1159, Happy Camp, Ca 96039  
Phone: (800) 250-5811, Extension 3108 Email: pmarsh@karuk.us**

# Karuk Tribe Housing Authority

## Applicant Information

Full Name	Name of College/University
Social Security #	Home and/or Mobile Phone
Date of Birth                      Age	# of Years Participated in SRVP
Present Street Address	How Long?
Mailing Address	Email Address
City	State                      Zip

## All Household Member Information

Please Print. List Head of Household first. List all persons who will be living in your home.

Full Legal Name	Date of Birth	Sex	Relationship	Tribal Roll #	Social Security #

## Indian Verification

Qualifying Household Member	Karuk Tribe Enrollment Number
_____	_____

## Income Information

List all income earned or received by everyone in your household including: Wages, Unemployment, Self-Employment, AFDC/TANF, Child Support, Social Security, Disability, Workers Compensation, Retirement, Veterans benefits, Interest & Dividends, etc.

Household Member	Source of Income	Gross Monthly Amount

**Remember to attach all verifications; per the Application Checklist for each item listed above.**

## Karuk Tribe Housing Authority

### Current Living Situation

**Do you:**      **Own**                       **Rent**                       **Share**                       **Other:**

<b>Number at current residence:</b>		<b>Number of Bedrooms:</b>		<b>Monthly Rent:</b>	
-------------------------------------	--	----------------------------	--	----------------------	--

<b>Type of Household:</b>	<b>Single Family</b> <input type="checkbox"/>	<b>Duplex</b> <input type="checkbox"/>	<b>Apartment</b> <input type="checkbox"/>	<b>Mobile/Mfg. Home</b> <input type="checkbox"/>
---------------------------	---	--	---	--

<b>Landlord Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
----------------------	----------------	-------------	--------------	------------	--------------

*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 landlord, employment, schools, credit reporting agencies, criminal investigations or any other form of written or electronic media.*

\_\_\_\_\_  
Signature - Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Other Member of Household over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Other Member of Household over 18

\_\_\_\_\_  
Date

**IT IS THE STUDENT'S RESPONSIBILITY TO SUBMIT INCOME DOCUMENTS MONTHLY, IF APPROVED FOR ASSISTANCE!**

**IMPORTANT: IT IS THE STUDENT'S RESPONSIBILITY TO NOTIFY THE KARUK TRIBE HOUSING AUTHORITY IN PERSON OR IN WRITING: ANY CHANGES TO YOUR MAILING ADDRESS, INCOME OR TO ADD/REMOVE ANYONE FROM YOUR APPLICATION.**

# KARUK TRIBE HOUSING AUTHORITY

## CERTIFICATION OF ZERO INCOME

(To be completed by adult household members who are claiming zero income from any source, if appropriate.)

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments
- g. Public assistance payments
- h. Periodic allowances such alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, selling jewelry, child care, etc.);
- j. Any other source not named above.

2. List the name and address of person, or source (program), that provide for the following:

- a. Rent: \_\_\_\_\_
- b. Fuel (heating propane/fire wood, etc.): \_\_\_\_\_
- c. Food: \_\_\_\_\_
- d. Utilities (power, water, phone, cell phone, etc.): \_\_\_\_\_
- e. Medical: \_\_\_\_\_
- f. Transportation (fuel, registration, insurance, etc.): \_\_\_\_\_
- g. Clothing: \_\_\_\_\_

3. Choose one:

- Currently, I have no income of any kind and, while I am seeking employment, there is no definite job offer at this time.
- Currently, I have no income of any kind and I will not be seeking employment at this time.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further acknowledge that the information provided is subject to verification and that falsification of this information shall be grounds for my termination from any program, in which I participate, and that I may be subject to prosecution under law. I further give my permission for the Karuk Tribe Housing Authority to verify the above statements with Public Assistance, Unemployment, or other service agencies.

\_\_\_\_\_  
Print Tenant Name

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
KTHA Representative

\_\_\_\_\_  
Date

# FINANCIAL NEEDS ANALYSIS



TO BE COMPLETED BY THE FINANCIAL AID OFFICER AT SCHOOL OF YOUR CHOICE

Verification of need from your office is requested before action can be taken on this student's application. Please complete and forward this form to the below address: **ATTN: EDUCATION DEPARTMENT.**

STUDENT NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

DATE: \_\_\_\_\_

BUDGET PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ WHICH WILL START ON: \_\_\_\_\_

COLLEGE BUDGET:	RESOURCES:	CAMPUS BASED AND OTHER AID:	
TUITION	\$ _____ PARENT CONTRIBUTION	\$ _____	SEOG \$ _____
FEES	\$ _____ STUDENT CONTRIBUTION	\$ _____	PELL \$ _____
BOOKS/SUPPLIES	\$ _____ VETERANS BENEFITS	\$ _____	NDSL \$ _____
ROOM	\$ _____ AFDC/WELFARE	\$ _____	CWS \$ _____
BOARD	\$ _____ SOCIAL SECURITY	\$ _____	SUG \$ _____
TRANSPORTATION	\$ _____ STATE (INDIAN)	\$ _____	EOPS \$ _____
PERSONAL	\$ _____ VOC. REHABILITATION	\$ _____	GSL \$ _____
CHILD CARE	\$ _____ OTHER	\$ _____	CAL \$ _____
OTHER	\$ _____		OTHER \$ _____
<b>TOTAL:</b>	<b>\$ _____ TOTAL:</b>	<b>\$ _____</b>	<b>TOTAL: \$ _____</b>

**WE RECOMMEND A STUDENT AWARD OF:** \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
FINANCIAL AID OFFICER

\_\_\_\_\_  
DATE

COLLEGE OR SCHOOL: \_\_\_\_\_

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

YOUR SCHOOL IS ON: SEMESTER \_\_\_\_\_ QUARTER \_\_\_\_\_ TRIMESTER \_\_\_\_\_ OTHER \_\_\_\_\_

Scan/Email to: [dwood@karuk.us](mailto:dwood@karuk.us)  
Mail/Fax completed Financial Aid Analysis to:

**Karuk Tribe**  
**ATTN: EDUCATION DEPARTMENT**  
**P.O. Box 1016**  
**Happy Camp, CA 96039**  
**Fax (530) 493- 1613**

# 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  
(530) 493-1414

**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.