

Information Update

KARUK TRIBE HOUSING AUTHORITY

Name of Applicant: _____

Mailing Address: _____

Street Address _____

Phone Number: _____
(Home)

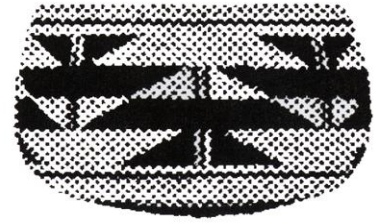
Phone Number: _____
(Work)

Landlord Name _____

Landlord Address _____

Phone Number: _____

Fax Number: _____



PLEASE PRINT NAMES OF ALL PERSONS LIVING IN HOUSEHOLD

NAME	DOB	SEX	RELATION	TRIBAL #	SS #

INCOME INFORMATION

Total household income: List all money earned or received by everyone in your household including; wages, self-employment, AFDC/TANF, Child Support, Social Security, Disability, Workman's Comp, Retirement/Veterans Benefits, Interest & Dividends, alimony, etc.

NAME	SOURCE OF INCOME	MONTHLY AMOUNT
		\$
		\$
		\$
		\$

I declare that all of the information above is true and correct. I further understand that all changes in income or household composition must be reported to KTHA immediately.

Signature of Head of Household

Date

For all household member(s) over 18 years of age:

Background Information			
1	List any other names used (including Maiden Names):		
2	Has any household member lived in Low-Income housing? If yes, list address/dates on the back of this sheet.	<input type="radio"/> Yes	<input type="radio"/> No
3	Has any household member been evicted from a residence? If yes, explain on the back of this sheet.	<input type="radio"/> Yes	<input type="radio"/> No
4	Has any household member been convicted of a crime? If yes, explain on the back of this sheet.	<input type="radio"/> Yes	<input type="radio"/> No
5	Does any household member have any outstanding debts owed to the KTHA, Karuk Tribe or any of its tribal programs?	<input type="radio"/> Yes	<input type="radio"/> No
Failure to provide requested information may result in delay or denial of application			

Please list at least 3 previous landlord names, addresses and phone numbers for the past 10 years for each household member over 18 years of age:	
Landlord Name	Address & Phone Number

Please Check the program(s) that you are applying for:	
<input type="radio"/>	Low Income Rental Program
<input type="radio"/>	Temporary Rental Program
<input type="radio"/>	Elder/Emergency Voucher Program
<input type="radio"/>	Lease Purchase Program
<input type="radio"/>	Elder Homes (Please contact KTHA for point criteria)
<input type="radio"/>	First Time Homebuyer Loan Program
<input type="radio"/>	Down Payment Assistance
<input type="radio"/>	Rehabilitation & Weatherization Home Improvement Grant/Loan Program
<input type="radio"/>	Home Replacement Grant
Area Of Preference: () Yreka () Happy Camp () Orleans	

The undersigned specifically acknowledges and agrees that all information on this update form is true and accurate. **I/We understand that all household composition and/or income changes 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, prosecution and/or ineligible for assistance. The Karuk Tribe Housing Authority may verify any information contained in this application; Sources listed, credit reporting agencies, background checks, 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