



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"/>	Copies of Social Security Cards for all Household members listed in the application.
<input type="checkbox"/>	Verification of Enrollment in an Indian Tribe: Karuk Tribe Enrollment card, CDIB, or other Tribe.
<input type="checkbox"/>	Verification of Income for all Household members listed and most recent 2 years of tax returns: 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 should show current and year-to-date income.
<input type="checkbox"/>	Copies of Bank Statements for the last two months: This includes; checking, savings and any other assets.
<input type="checkbox"/>	Background information: If you have checked "YES" to any questions in this section, please include complete information regarding any felony convictions.
<input type="checkbox"/>	Authorization for the Release of Information/Privacy Act Notice: Must be signed by all adult members in the household.
<input type="checkbox"/>	Current or former Landlord's: Name, Address, and Phone Number.

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

POINT SYSTEM

Karuk Tribal Member =	200 pts.	Member of another Tribe =	100 pts.
Formula Service Area =	20 pts.	Karuk Elder =	200 pts.
Disabled/Handicapped =	50 pts.	Karuk Near Elderly (55 - 61) =	50 pts.
Substandard Housing =	20 pts.	Karuk Descendant =	50 pts.
Without Permanent Housing =	15 pts.	Involuntary Displacement =	30 pts.
Rent above 50% of Income =	10 pts.	Working (40 hours) =	100 pts.
Health & Safety =	100 pts.	Working (20 hours) =	50 pts.
Retired Karuk Elder =	50 pts.	Full Time Student =	50 pts.
Disabled Veteran =	100 pts.	Veteran =	50 pts.

CRIMINAL RECORD (Negative points as listed below)

Sex Offender =	Minus	999 pts
Battery/Assault Crimes =	Minus	225 pts
Drug Related Charges =	Minus	225 pts
Felony Convictions =	Minus	500 pts
Criminal Misdemeanors =	Minus	225 pts
Negative Landlord Reference =	Minus	50 pts

Previously evicted tenants are not eligible for re-admission for twenty four (24) months from the date of eviction. Previous tenants with an outstanding balance are not eligible for re-admission for sixty (60) days from the date the balance is paid in full. If an applicant owes money to the Karuk Tribe or any of its' entities or departments, they will be deemed ineligible for housing 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 your at the KTHA office, if there is any 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 of the KTHA programs.

It is the applicant's responsibility to notify the Karuk Tribe Housing Authority of any address change.

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

P.O. Box 1159

Karuk Tribe Housing Authority

Please check the KTHA program(s) that you are applying for:

<input type="checkbox"/>	Low-Income Rental Program
<input type="checkbox"/>	Temporary Rental Program
<input type="checkbox"/>	Elder/Emergency Voucher Program
<input type="checkbox"/>	Lease Purchase Program
<input type="checkbox"/>	Elders Homes (Contact KTHA for Point Criteria)
<input type="checkbox"/>	First-time Homebuyer Loan Program
<input type="checkbox"/>	Down Payment Assistance
<input type="checkbox"/>	Rehabilitation & Weatherization Home Improvement Grant/Loan Program
<input type="checkbox"/>	Home Replacement Grant

Area of Preference: () Yreka () Happy Camp () Orleans

Applicant Information			Co-Applicant Information		
Full Name			Full Name		
Social Security #		Home Phone	Social Security #		Home Phone
Date of Birth		Age	Date of Birth		Age
Present Street Address		How Long?	Present Street Address		How Long?
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip

If you have been at your current residence for less than 2 years, please provide previous landlord information.

Previous Address			Previous Address		
		Dates - From/To			Dates - From/To
City	State	Zip	City	State	Zip

Employment Information (List employer information for a minimum two years)

Name and Address of Employer		Dates - From / To	Name and Address of Employer		Dates - From / To
		Monthly Income			Monthly Income
Position Held		Business Phone	Position Held		Business Phone
Name and Address of Employer		Dates - From / To	Name and Address of Employer		Dates - From / To
		Monthly Income			Monthly Income
Position Held		Business Phone	Position Held		Business Phone
Name and Address of Employer		Dates - From / To	Name and Address of Employer		Dates - From / To
		Monthly Income			Monthly Income
Position Held		Business Phone	Position Held		Business Phone

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Household Member Information

Please print. List Head of Household first and 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:

Enrollment Number:

Tribal Affiliation:

Other Verification:

Income Information

List all money earned or received by everyone in the household including: Wages, Self-Employment, AFDC/TANF, Child Support, Social Security, Disability, Workman's Comp., Retirement/Veterans benefits, Interest & Dividends, alimony, .etc.

Household Member	Source of Income	Gross Monthly Amount

Verification of income for the items listed above must be attached per the Application Checklist.

Liability Information

List all liabilities (excluding your rent) such as car payments, creditors, outstanding debts, etc.

Household Member	Debt Paid To	Monthly Payment Amount

If more space is needed, attach on a separate sheet.

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Checking / Savings Accounts

Name(s) on Account	Bank	Checking/ Savings	Account #	Balance

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

Asset Information

1	Does any household member own any real estate, boats and/or mobile home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Has any household member sold, given away, or disposed of any real estate in the last two (2) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Does anyone outside your household pay any of your bills? <u>If yes, please explain on back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4 Please list the automobiles / motorcycles that you own:

Year _____ Make _____ Model _____

Year _____ Make _____ Model _____

Year _____ Make _____ Model _____

Property Information for Homeowners

If anyone in the household currently owns property, please fill in the following information

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

Current Rental Situation

5	Are you living in substandard housing? <u>If yes, please explain on the back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Are you paying rent in excess of 50% of your income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Are you being Involuntarily Displaced? <u>If yes, please explain on the back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Disabled / Handicapped Status

8	Is any household member Disabled or Handicapped? <u>If yes, please attach documentation.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Condition of Current Living Unit

Do you: Own Rent Share Other:

Number at current residence:		Number of Bedrooms:		Monthly Rent:	
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Type of Household:	Single Family <input type="checkbox"/>	Duplex <input type="checkbox"/>	Apartment <input type="checkbox"/>	Mobile/Mfg. Home <input type="checkbox"/>
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Landlord Name	Address	City	State	Zip	Phone
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Please list household items that are in need of repair or items that are inadequate:

Background Information

9	List any other names used (including Maiden Names):		
10	Has any household member lived in low-income housing? <u>If yes, list address/dates on the back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Has any household member been evicted from a residence? <u>If yes, explain on back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Has any household member been convicted of a crime? <u>If yes, explain on the back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Does any household member have any outstanding debts owed to KTHA, KT or any of its tribal programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Declarations of Applicant and Co-Applicant

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

The undersigned specifically acknowledges and agrees that all information in this application is true and accurate. I/We understand that all changes in income or household composition must be reported to the Housing Authority immediately. I/We understand that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or prosecution. The Housing Authority may verify any information contained in this application through any sources, including 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