

ERIHA needs the following information with your application:

Required Documents

- Verification of Tribal Membership for Applicant***
- Social Security Cards for all Household Members***
- Valid Driver's License or Identification Card for all Members of the Household over the age of 18***
- Income Verification for all Members of the Household over the age of 18 - (Check Stubs, AFDC, TANF, SSI, SDI, Unemployment, Tribal Distribution/Per Capita, Revenue Sharing, Child Support, Taxes, etc.) For the last 30 Days***
- Verification of Disability, Handicap, or Veteran, if applicable***
- Statement of Explanation of Circumstances beyond Applicants Control and a Written Plan of Action to Prevent these Circumstances Again**
- Documentation Relevant to your Request - (Proof of Ownership & Insurance on the home, Quote (or Repair of an Item, Current Lease or Rental Agreement, Past Due Bills, Eviction Notices, etc.)***

ARE YOU A HOMEOWNER? IF YES, WHERE IS YOUR HOME LOCATED? _____

ARE YOU HOMELESS? CURRENT ADDRESS, CITY, STATE, AND LIVING ARRANGEMENT: _____

MORTGAGE COMPANY/LANDLORD/PROPERTY MANAGEMENT COMPANY: _____

ADDRESS: _____

CONTACT NAME: _____

TELEPHONE NUMBER: _____

IF THIS ASSISTANCE IS FOR MORTGAGE PAYMENT, PLEASE PROVIDE ACCOUNT # _____

HOUSEHOLD EXPENSE

MONTHLY RENTAL/MORTGAGE AMOUNT \$ _____

OTHER MONTHLY FEES

(WATER/SEWER, GARBAGE REMOVAL, FEES, AND DUES): \$ _____

UTILITY DEPOSITS DUE FOR: ELECTRIC: \$ _____

GAS: \$ _____

INCOME

LIST ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER:

<u>NAME</u>	<u>SOURCE OF INCOME & WAGE</u>	<u>MONTHLY GROSS</u>	
_____	EMPLOYER: _____ \$ _____	HR	\$ _____
_____	EMPLOYER: _____ \$ _____	HR	\$ _____
_____	SOCIAL SECURITY		\$ _____
_____	PENSION(S)/RETIREMENT		\$ _____
_____	UNEMPLOYMENT COMPENSATION		\$ _____
_____	AFDC/OTHER WELFARE PAYMENTS		\$ _____
_____	CHILD SUPPORT/ALIMONY		\$ _____
_____	FULL-TIME STUDENT INCOME (18 YRS/OLDER)		\$ _____
_____	OTHER MONTHLY INCOME		\$ _____
REVENUE SHARING MONTHLY INCOME			\$ _____
TOTAL GROSS MONTHLY INCOME			\$ _____

DO YOU ANTICIPATE ANY CHANGES IN THIS INCOME IN THE NEXT 12 MONTHS? YES _____ NO _____
IF YES, EXPLAIN _____

HAVE YOU SOLD/DISPOSED OF ANY BUSINESS, PROPERTY, OR OTHER ASSETS IN THE LAST 2 YEARS? _____
IF YES, STATE TYPE OF BUSINESS, PROPERTY OR ASSET

DATE OF SALE OR DISPOSITION. _____ AMOUNT SOLD FOR _____

DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (I.E. RECREATIONAL VEHICLE OR MOBILE HOME, DO NOT INCLUDE PERSONAL PROPERTY) _____

OTHER INFORMATION

DO YOU WISH TO HAVE PRIORITY STATUS BASED ON ELDERLY HOUSEHOLD STATUS, HANDICAPPED OR DISABLED STATUS? _____

ARE YOU A VETERAN, IF YES, STATE DIVISION, AND YEARS SERVED? _____

ARE YOU CURRENTLY A USER OF AN ILLEGAL CONTROLLED SUBSTANCE? _____

FOR PAST DUE MORTGAGE PAYMENTS REQUEST, ARE ALL PROPERTY TAXES PAID CURRENT ON THIS PROPERTY: _____

IS THE MORTGAGE/TITLE OF THIS HOME IN THE QUALIFYING TRIBAL MEMBER'S NAME: _____

HAVE YOU EVER BEEN CONVICTED OF A DRUG VIOLATION (I.E., USE, ATTEMPTED USE, POSSESSION, MANUFACTURE, SALE, OR DISTRIBUTION)? IF YES, PLEASE GIVE DATE OF CONVICTION: _____

CERTIFICATION

I/WE HEREBY CERTIFY THAT THE ASSISTANCE APPLIED FOR WILL SECURE OR IMPROVE THIS HOUSEHOLDS PERMANENT RESIDENCE.

I/WE FURTHER CERTIFY THAT I/WE DO/WILL NOT MAINTAIN A RENTAL UNIT OR HOME IN ANOTHER LOCATION.

I/WE FURTHER UNDERSTAND THIS ASSISTANCE IS BASED ON FUNDING AVAILABILITY.

I/WE FURTHER UNDERSTAND THAT THIS ASSISTANCE IS AN AMOUNT UP TO \$3,500.00.

I/WE CERTIFY THAT THIS IS AN EMERGENCY SITUATION, AND MY HOUSEHOLD HAS NO OTHER FUNDS AVAILABLE TO MY HOUSEHOLD TO PAY FOR THIS EMERGENCY SITUATION THAT IS PRESENT.

I/WE UNDERSTAND THAT MY/OUR ELIGIBILITY FOR THIS ASSISTANCE WILL BE BASED ON THE INFORMATION PROVIDED AND THAT MY INCOME MUST BE CONSIDERED TO BE LOW-INCOME ACCORDING TO MEDIAN INCOME FOR THIS AREA.

I/WE UNDERSTAND THAT IF I RECEIVE THIS ASSISTANCE EITHER MYSELF OR ANY TRIBAL MEMBERS THAT I HAVE LISTED AS PART OF MY HOUSEHOLD WILL BE ELIGIBLE TO RECEIVE EMERGENCY ASSISTANCE ONCE(1) A YEAR.

I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO IMMEDIATE CANCELLATION OF THIS APPLICATION OR TERMINATION AND REPAYMENT OF ANY ASSISTANCE AMOUNT THAT MAY HAVE BEEN OBTAINED THROUGH THIS APPLICATION.

SIGNATURES:

APPLICANT/ENTERPRISE TRIBAL MEMBER

DATE: _____

DATE: _____
CO-APPLICANT/ENTERPRISE TRIBAL MEMBER

ALL OTHER ENTERPRISE TRIBAL MEMBERS THAT ARE MEMBERS OF THIS HOUSEHOLD MUST SIGN THIS APPLICATION AND ACKNOWLEDGE THE ACCEPTANCE AND CONDITIONS OF THIS ASSISTANCE:

DATE: _____
ENTERPRISE TRIBAL MEMBER

DATE: _____
ENTERPRISE TRIBAL MEMBER

DATE: _____
ENTERPRISE TRIBAL MEMBER

AUTHORIZATION

I/We do hereby authorize the Enterprise Rancheria and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our application for this Emergency Assistance and in programs administered by the Enterprise Rancheria.

I, _____, (all tribal members over the age of 18 must complete this section), if I receive relief from my past due rental payments, or past due mortgage payments up to \$3500.00, and I do not maintain this residence as my primary place of residence for one (1) year immediately following the date of assistance, then I understand and agree my household must pay back the entire amount granted my household for this Emergency Assistance prior to receiving any further assistance from the Enterprise Rancheria Indian Housing Authority, or receiving the revenue sharing that I am eligible to receive. By signing this document, I authorize the Enterprise Rancheria to forward all revenue sharing payments on my behalf to the Enterprise Rancheria Indian Housing Authority until this debt is paid in full. If there is more than one (1) tribal member over the age of 18 years of age on this application, the payments will be made in equal amounts from all qualifying members revenue sharing. I also understand that I have the option of paying the ERIHA in other forms of payment other then the revenue sharing funds.

Tribal Member #1

DATE: _____
ENTERPRISE TRIBAL MEMBER

Tribal Member #2

DATE: _____
ENTERPRISE TRIBAL MEMBER

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. 1/31/2014

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Enterprise Rancheria Indian Housing Authority
2133 Monte Vista Ave. Oroville, CA 95966

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(1)(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.