

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

DO NOT WRITE IN THIS SPACE

Applicant Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Time Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_

NEW  UPDATE ONLY



## Yakama Nation Housing Authority Rental & Homebuyer Application

Please make sure your application has all of the items listed in the boxed area complete before submitting. Your application cannot be processed and will be considered incomplete without the following documents and verification:

\_\_\_\_\_ Legal Name(s), physical and mailing address, and phone numbers.

\_\_\_\_\_ Social Security #'s and Birthdates must be completed. Copies of Social Security cards for all listed are required.

\_\_\_\_\_ Enrollment Verification or Proof of Ancestry. Copies of Enrollment cards or Certificate of Indian Blood/Proof of Descendancy from Enrollment office are required.

\_\_\_\_\_ Report **ALL INCOME for all 18 years of age and older** or a signed Statement of Zero Income  
**Verification of income must also be provided.**

\_\_\_\_\_ All 18 years and older need to sign their name on designated areas of the application, including the "Release of Information Form."

\_\_\_\_\_ If you are applying for the Homebuyer Waiting List and own land, a copy of your TSR (Title Status Report) is also needed to verify proof of land ownership.

**Preference Information and Verification:** If you feel that you qualify to receive a preference, please provide verification. You will not receive any of the preference points until verification is submitted. Preference Points are listed below:

Enrolled Yakama Head of Household (6pts)

Other Enrolled Yakama Household Member (3pts)

Yakama Descendant Head of Household (5pts)

Elderly Person (60 yrs of age or older) (2pts)

Enrolled Other Indian Head of Household (4pts)

Near Elderly Person (55-59 yrs of age) (1pt)

Other Indian Descendant Head of Household (3pts)

Veteran (1pt)

**Screening:** Your application will go through a screening process to determine eligibility. If and when your application nears the top of the waiting list, your application will be rescreened to confirm eligibility according to HUD regulations and YNHA Admissions and Occupancy Policies. If you are found ineligible, you will receive a "Disapproved Notice" in the mail. The screening process includes, but not limited to:

Total Household Income

Credit History

Previous Tenant History

Criminal Background

Custody Verification

Disability Status

**PLEASE PRINT IN BLACK OR BLUE INK ONLY**

I am applying for:  Rental Preference     Homebuyer  
 Sr. Citizen (age 60+)     Disabled

Bedroom Size preferred (Homebuyer only): 1    2    3    4    5

Applicant:	Home Phone:
Mailing Address: City/State/Zip:	Cell Phone:
Physical Address: City/State/Zip:	Message Phone:
E-Mail Address:	Work Phone:

**This form MUST BE COMPLETED IN FULL. You must use the correct LEGAL NAME for each of your household members as it appears on their Social Security Card. Social Security cards & Enrollment verification must be submitted for all in your household. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN ALL DESIGNATED AREAS & SUBMIT ALL INCOME VERIFICATION.**

**List all persons who will be occupying your home:**

	Legal Name	Date of Birth	Relationship to Head of Household	Tribal Affiliation & Enrollment Number	Social Security #	Place of Birth
1.						
2.						
	Others:					
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**Are you or any other adult (18 yrs or older) an enrolled full time student?**     Yes     No  
 If yes, please list names and *provide verification* of full-time enrolled student status:

\_\_\_\_\_

**TOTAL HOUSEHOLD INCOME**

**MUST BE COMPLETED FOR ALL 18 YRS OF AGE & OLDER**

**IF EMPLOYED or SELF EMPLOYED, PLEASE COMPLETE THIS SECTION & SUBMIT VERIFICATION**

Household Member	Occupation / Job Title	Employer	Pay Schedule (weekly, bi-weekly or monthly)	Hours Per Week	Hourly Rate	Tips or Commission

**OTHER HOUSEHOLD INCOME \*VERIFICATION MUST BE SUBMITTED**

Income Source	Applicant	Spouse	Other Adult	Other Adult
Unemployment Benefits	\$	\$	\$	\$
Labor & Industry Benefits	\$	\$	\$	\$
Retirement/Pension Benefits	\$	\$	\$	\$
Veteran's Benefits	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Social Security Income (SSI)	\$	\$	\$	\$
Child Support or Alimony	\$	\$	\$	\$
Lease Income	\$	\$	\$	\$
TANF	\$	\$	\$	\$
General Assistance	\$	\$	\$	\$
Gaming Revenue & Other Income	\$	\$	\$	\$

## “Statement of No Income”

**If there are any adults 18 yrs of age or older that do not receive any type of income, he/she must sign this statement.**

---

---

I \_\_\_\_\_ do not have any income. This includes earnings from employment, payments from any public assistance program (DSHS/GA) Unemployment benefits, Social Security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to YNHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

---

---

I \_\_\_\_\_ do not have any income. This includes earning from employment, payments from any public assistance program (DSHS/GA) Unemployment benefits, Social Security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to YNHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

---

---

I \_\_\_\_\_ do not have any income. This includes earning from employment, payments from any public assistance program (DSHS/GA) Unemployment benefits, Social Security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to YNHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

---

---

I \_\_\_\_\_ do not have any income. This includes earning from employment, payments from any public assistance program (DSHS/GA) Unemployment benefits, Social Security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to YNHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

---

---

***\*Does not apply to Enrolled Yakamas due to Gaming Revenue, unless verified by YN RAP Office.***

---

---

## ASSETS

Answer the following questions:

	No	Yes	If yes, please explain (use additional of sheet if needed)
1. Do you or any household member own or have an interest in any real estate, boat and/or mobile home?			
2. Do you have a savings account? If yes, give bank name & bank account amounts.			
3. Do you own a car? License plate #:			Make / Model / Year
4. Do you own a second car? License plate #:			Make / Model / Year
5. Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using?			
6. Have you or any household member lived in any assisted housing?			Where & When?
7. Have you or anyone in your household ever been convicted of any crime other than traffic violations?			Where & When?
8. Have you or anyone in your household ever committed of fraud in any Federal or State Assisted Program or been requested to repay money for knowingly misrepresenting information for such programs?			Where & When?

### **\*\*READ CAREFULLY, ALL ADULTS MUST SIGN THIS AREA**

**All adults 18 yrs of age and older must read carefully & sign:**

I do hereby swear and attest that all of the information given about me and my household is true and correct. I also understand that ***ALL CHANGES in the income of any household member as well as ANY CHANGES in the household members*** must be reported to the Housing Authority in writing immediately.

I also agree that I know that ***I am required to cooperate*** in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. ***I understand failure or refusal to do so may result in delay, termination of assistance, eviction and or disapproval of my application, Low Rent Lease or Termination of my MHOA.***

I also understand that knowingly providing false, incomplete or inaccurate information is punishable under Federal, State, or Tribal criminal law. ***I understand that knowingly giving false, incomplete, or inaccurate information is grounds for immediate termination.***

\_\_\_\_\_  
Signature of Head of Household                      Date

\_\_\_\_\_  
Signature of Spouse or Other Adult                      Date

\_\_\_\_\_  
Signature of Other Adult                      Date

\_\_\_\_\_  
Signature of Other Adult                      Date

## HOME BUYER WAITING LIST APPLICANTS MUST COMPLETE THIS SECTION

Do you have ownership of your own land?  Yes  No

Which of these does your land fall under?      Trust      Non-Trust      Fee

**Attach a copy of your TSR or your DEED of Land.**

Did you inherit this land from another family member?  Yes  No

If yes, state your interest, or share amount entitled to you. \_\_\_\_\_

If needed, will you be able to obtain a gift deed, long-term lease, partitionment, etc., to acquire sole-ownership of this land?  Yes  No

Town closest to location: \_\_\_\_\_ Septic tank available?  Yes  No

Access Road:  Yes  No      Electrical hook up:  Yes  No      Telephone hook-up:  Yes  No

### LANDLORD REFERENCES

List ALL the addresses where you have lived for **your past 3 residences and the NAME, ADDRESS AND TELEPHONE NUMBER of the LANDLORD**. Also, include the dates you rented from each landlord.

Your present or most recent address:	Landlord's Name:
Monthly rent amount: \$	Address:
Rented from (month/date/yr)                      to	Landlord's phone #:

Previous Address:	Landlord's Name:
Monthly rent amount: \$	Address:
Rented from:    to	Landlord's phone #

Previous Address:	Landlord's Name:
Monthly rent amount: \$	Address:
Rented from:    to	Landlord's phone #:

# Authorization for the Release of Information

U.S Dept. of Housing & Urban Development  
 Office of Housing  
 Office of Public and Indian Housing

PHA requesting release of information: (Name, Address & Phone Number)  YAKAMA NATION HOUSING AUTHORITY P.O. BOX 156 WAPATO, WA 98951 (509) 877-6171 or Toll Free: 877-964-2884	This form can not be used to request a copy of a tax return. Instead, use IRS Form 4506, Request for Copy of TAX Form.
--	---

**Purpose:**  
 The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**Authorization:**  
 I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:  
 Low-Income Rental Indian Housing  
 Low-Income Rental Public Housing  
 Mutual Help Homeownership Opportunity Program  
 Rental Assistance Program (RAP)  
 Rent Supplement  
 Section 8 Housing Assistance Payments Program  
 Section 23 and 10 ( C ) Leased Housing  
 Section 23 Housing Assistance Payments  
 Section 202  
 Section 221(d)(3) Below market Interest Rate  
 Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to

eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

**Information Covered** Inquiries may be made about:  
 Child Care Expenses  
 Credit History  
 Criminal Activity  
 Family Composition  
 Employment, Income, Pensions, and Assets  
 Federal, State, Tribal, or Local Benefits  
 Handicapped Assistance Expenses  
 Identity and Marital Status  
 Medical Expenses  
 Social Security Numbers  
 Residences and Rental History

**Individuals Or Organizations That May Release Information**  
 Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Provider of:
  - Alimony
  - Child Care
  - Child Support
  - Credit
  - Handicapped Assistance
  - Medical Care
  - Pensions/Annuities
  - Schools and Colleges
  - U.S. Social Security Administration
  - U.S. Department of Veterans Affairs
  - Utility Companies
  - Welfare Agencies
  - Chemical Dependency Programs

**Computer Matching Notice & Consent**  
 I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The governmental Agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

**Conditions**

I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature, Printed Name of Head of Household	Signature, Printed Name of Other Adult Member of the Household
Signature, Printed Name of Other Adult Household Member	Signature, Printed Name of Other Adult Member of the Household

Original is retained by the requesting organization.

Form HUD 9886 (4/91) ref. Handbooks 4350.3, 7420.7, 7465.1