



YAKAMA NATION HOUSING AUTHORITY

Weatherization Application

701 South Camas Avenue - - P.O. Box 156
Wapato, WA 98951-1499
Phone: (509) 877-6171 Ext. 1105 or 1102
Fax: (509) 877-6317



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

DO NOT WRITE IN THIS SPACE

Date Submitted: _____

Time Submitted: _____

Received by: _____

NEW UPDATE ONLY

Applicant Name: _____

YNHA RENTER HOMEOWNER RENTER (OTHER)

Please make sure your application has all of the items listed in the boxed area complete before turning it into YNHA Weatherization Program.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Documents & Verification must be submitted

_____ Name, address and phone numbers

_____ Social Security #'s and Birthdates must be filled in on application (copies of Social Security cards for all listed on application will also be needed)

_____ Report **ALL INCOME for all 18 years of age and older** or a statement of zero income
Verification of income must also be provided. If you do not have proof of income for SS Benefits or SSI you can call 1-800-772-1213 to have a copy of your benefits mailed to you. Or a bank statement will suffice if you get direct deposit.

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

_____ Utility Bill; A copy of your Utility Bill or a **Utility Waiver (Attachment A)** is required

_____ **Deed/Other Documentation of Home Ownership. If you do not have this we have had a meeting with the Yakama Nation Trust Real Estate Office and with your written permission we can get a title status report from their department for your unit. **Deed Waiver (Attachment B)****

Screening:

- Washington State Low-Income Weatherization Program Eligibility Guidelines do apply for qualifications of this program

PLEASE CONTACT THE WEATHERIZATION DEPARTMENT IF YOU HAVE ANY QUESTIONS OR CONCERNS AT EXTENTION # 1105 (Erica Thompson) or 1102 (David Olivas)

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK ONLY

| | |
|--------------------------------------|----------------|
| 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. Please list household members as they appear on the Social Security Card. Social Security cards must be submitted for all in your household. Tribal ID may be submitted to prove Gaming Revenue Income. Otherwise provide the Gaming Revenue Per Capita stub with all names on it of those who receive it to verify income.

List all persons who live in your home:

| Head of Household | Date of Birth | Relationship to Head of Household | Tribal Affiliation & Enrollment Number | <input type="checkbox"/> Not Enrolled | Social Security # | Place of Birth |
|-------------------|---------------|-----------------------------------|--|---------------------------------------|-------------------|----------------|
| | | | # | | | |
| | | | # | | | |
| Others: | | | | | | |
| | | | # | | | |
| | | | # | | | |
| | | | # | | | |
| | | | # | | | |
| | | | # | | | |
| | | | # | | | |
| | | | # | | | |

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 Dividend Payment | | | | |
| Other Income Please explain | | | | |

“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 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 #

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 #

| | | |
|--|---|--|
| Housing Status <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Subsidized <input type="checkbox"/> Rental <input type="checkbox"/> Rm/Brdr <input type="checkbox"/> Temp Hsg. Monthly Amount: \$ _____ | Primary Heat Source <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas | Approximate Annual Heating Cost: \$ _____ Attach a copy of your most current utility bill for your primary heat source. |
| | # Of Bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | Utility Company <input type="checkbox"/> PP&L <input type="checkbox"/> Benton Rural <input type="checkbox"/> Yakama Power <input type="checkbox"/> Klickitat PUD <input type="checkbox"/> Acct #: _____ |
| Your present or most recent address: | | Landlord's Name: |
| Monthly rent amount: \$ | | Address: |
| Rented from (month/date/yr) to | | Landlord's phone #: |

VOLUNTARY INFORMATION

| | |
|---|---|
| Female Primary Wage Earner? <input type="checkbox"/> Yes <input type="checkbox"/> No | Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multi-Racial: _____ | |
| Household Members (voluntary) Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ | |

****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 agree that I know that <i>I am required to cooperate</i> 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>I understand failure or refusal to do so may result in delay, termination of assistance, or disapproval of my application.</i> | | | |
| I also understand that knowingly providing false, incomplete or inaccurate information is punishable under Federal, State, or Tribal criminal law. <i>I understand that knowingly giving false, incomplete, or inaccurate information is grounds for ineligibility.</i> | | | |
| _____ | _____ | _____ | _____ |
| Signature of Head of Household | Date | Signature of Spouse or Other Adult | Date |
| _____ | _____ | _____ | _____ |
| Signature of Other Adult | Date | Signature of Other Adult | Date |

Authorization for the Release of Information

| | |
|--|--|
| PHA requesting release of information: (Name, Address & Phone Number) YAKAMA NATION HOUSING AUTHORITY WHEATHERIZATION PROGRAM P.O. BOX 156 WAPATO, WA 98951 (509) 877-6171 | This form cannot 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 weatherization 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

Attachment A

Yakama Nation Housing Authority **Weatherization** Program
701 South Camas Avenue, Wapato WA 98951
Work Phone (509)877-6171 Fax (509) 877-6317

Utility Information Release Waiver

Fill out only if you have not provided a recent Electric Bill

| Section A: Applicant Information | | |
|--|------------|---|
| Primary Applicant: (please print) _____ | | Mailing Address: _____ |
| Last Name | First Name | Middle Initial |
| Phone Numbers: Home: _____ Cell: _____ Message: _____ | | Residence Physical Address: _____ |
| Name on Utility Account if different from applicant: (please print) _____ | | |
| | Last Name | First Name |
| | | Middle Initial |
| | | |
| Section B: Utility Information | | |
| UTILITY SERVICE PROVIDER (as applicable) | | |
| Electric | | Acct. # |
| Natural Gas | | Acct. # |
| Propane | | Acct. # |
| Wood | | Acct. # |
| Coal | | Acct. # |
| Primary Heat Source: (Electric, Natural Gas, Propane, Oil, Wood, Coal) | | Secondary Heat Source: (Electric, Natural Gas, Propane, Oil, Wood, Coal) |

I certify that the above information is accurate to the best of my knowledge. I give the above listed utility service providers permission to release my account information, including both consumption and expenditure data, to Yakama Nation Housing Authority Weatherization Program or Washington State Department of Community, Trade, and Economic Development for current and future data analysis.

Applicant Signature

Date

N/A Electric Bill provided by Occupant

Attachment B

Yakama Nation Housing Authority Weatherization Program
701 South Camas Avenue, Wapato WA 98951
Work Phone (509)877-6171 Fax (509) 877-6317

Title Status Report Release Waiver

Fill out only if you have not provided documentation proving ownership of your land

Real Estate Services
(509) 865-2255

PRIVACT DISCLOSURE AUTHORIZATION

I, _____, a member of the _____ Nation, having land managed by the Yakama Agency, hereby consent under the provision of the Privacy Act (5 U.S.C 552A) to the disclosure by the said Agency's Superintendent of information pertaining to the trust lands in which I hold an interest. This authorization includes lands which I may acquire by purchase, exchange, gift or devise. Information which can be released including my name, address, allotments, and the ownership percentage interests for land that I own.

The purpose of this disclosure of information is limited to the facilitation of all types of land transactions, including but not limited to permits and leases, sales and gifts, minerals, mining, timber and rights-of-way. The information may be disclosed to my co-owners, potential lessees, potential purchasers, utility companies, and the Yakama Nation. I do not wish this information to be released to the following individuals or entities. If none, so state: _____

This Privacy Act Disclosure Authorization clearly and accurately expresses my wishes. I understand that this authority shall remain in effect until such times as it is revoked in writing by me in a letter to the Superintendent.

_____ Date: _____
Print Name

Signature

Address

City, State, Zip Code

Please return the original form to: Superintendent, Yakama Agency, P.O. Box 632, Toppenish, WA 98948. You can copy to: 509-865-2271

N/A Documentation provided by Owner