

WIYACHI VILLAGE, BURNEY CA APPLICATION CHECKLIST

- COMPLETED APPLICATION (signed, last page front and back)
- INCOME VERIFICATION
- TRIBAL ID/ CERTIFICATION (ENROLLED PIT RIVER TRIBAL MEMBER)
- (2) SOURCE DOCUMENTATION OF DISABILITY
- SOCIAL SECURITY CARD
- IF VETERAN, PROOF OF MILITARY SERVICE

Applicant must be 55 years or older to be eligible. The Wiyachi Village is an Independent Living residence. **Independent living** is not needing the 24-hour medical care provided by, a live in caretaker, a nurse, medical staff, or health care providers. The applicant can independently ensure health, safety, and well-being without assistance.

Applicants will be screened for the following, but not limited to; past financial obligations, past tenancy performance, and criminal record.

PLEASE RETURN TO:

PIT RIVER TRIBAL HOUSING

20300 Fir Street ~Burney, California 96013

Phone: 530-335-4809

Fax: 530-335-4849

Toll free: 877-335-4802

ATTENTION APPLICANTS

Please be advised: Pit River Tribal Housing will conduct a thorough screening process of each applicant to determine suitability for admission. The screening process shall include a review of factors including the following:

PIT RIVER TRIBAL HOUSING BOARD
Eligibility, Admission, and Occupancy for Wiyachi Village
IV. Selection Procedure and Requirements
C. Screening of applicants

1. The applicant's past performance in meeting financial obligations, including but not limited to rent and utilities. The PRTHB may request a report from a consumer credit reporting agency. The PRTHB shall request information from former landlords detailing payment history (from up to 5 years ago);
2. Whether the applicant was previously evicted for nonpayment or non-compliance with any PRTHB, IHA, and tribal or public housing authority (PHA) policy;
3. Whether the applicant previously participated in a HUD assisted program and abandoned the dwelling unit;
4. The applicant's past performance and behavior including destruction of property, disturbance of neighbors, poor housekeeping practices, or other activities which may endanger or be detrimental to other residents or neighbors. The PRTHB may require a home visit at the applicant's present residence. If a home visit is not feasible, references may be required; and
5. The applicant's criminal record (including all family members), particularly drug-related activities, physically violent crimes, or other criminal acts which may endanger other residents or neighbors. PRTHB may conduct a criminal background check of any applicant or any member of an applicant's Family to determine whether such applicant or any such member of his or her Family has been convicted of rape, Spouse abuse, child abuse, child sexual abuse, registered sex offender (Megan's Law), domestic violence, sexual offense, or any other crime of violence or of any drug related offense. Conviction of any such crime may be grounds for denying applicant's eligibility to participate in any PRTHB program covered by this Policy. All such records of applicant criminal checks shall be confidential and shall be maintained in a secure place.
6. The Wiyachi Village is an Independent Living residence. Independent living is not needing the 24-hour medical care provided by, a live-in caretaker, a nurse, medical staff, or health care providers. The applicant can independently ensure health, safety, and well-being without assistance. An Assisted Living residence or Assisted Living Facility is a housing facility for people with disabilities who cannot care for themselves. These facilities provide supervision or assistance with activities of daily living; coordination of services by outside health care providers; and monitoring of resident activities to help to ensure their health, safety, and well-being. Assistance may include the administration or supervision of medication, or personal care services provided by a trained staff person.

PIT RIVER TRIBAL HOUSING BOARD APPLICATION FOR ADMISSIONS WIYACHI VILLAGE

PART I		PART II						
#	NAME	RELATIONSHIP	AGE	SEX	SS #	DATE OF BIRTH	SOURCE OF INCOME	INCOME
1		HEAD OF HOUSEHOLD						
2								
3								
4								
5								
6								
7								
8								
9								

I certify that the information provided above is a true and accurate statement of my family composition and annual income. I further understand that in the event that I fail to maintain my application up-to-date status or provide false information on my application, I will not be eligible for selection. All information will be kept confidential. This application and all attachments become the property of the Pit River Tribal Housing Board.

APPLICANT SIGNATURE

DATE

VERIFIED BY

DATE

QUALIFIED - YES NO NUMBER OF BEDROOMS _____

NAHASDA INDIAN HOUSING BLOCK GRANT REGULATIONS	
INCOME DEFINITIONS	
24 CFR 1000	§1000.10 (B) (2)
<ul style="list-style-type: none"> i) Wages, salaries, tips, commissions, etc.; ii) Self employment income; iii) Farm self employment income; iv) Interest, dividends, net rental income, or income from estates, or trust; v) Social Security or railroad retirement; vi) Supplemental security income, Aid to Families with dependant children, or other public assistance or public welfare programs; vii) Retirement, survivor, or disability pensions; and viii) Any other sources of income received regularly, including Veterans' (VA) payments, unemployment compensation and alimony. 	

NEW APPLICANTS FOR INDIAN HOUSING
(Not used for Annual Recertification)

The following questionnaire is used to establish selection priorities. Applicants must answer all questions.

1. TRIBAL AFFILIATION:

Are you a member of the Pit River Tribe? Yes No
 Enrollment Number _____

2. CURRENT RESIDENCY STATUS

A. Current Address

B. Alternate Address

Phone No: _____

Phone No: _____

C. Total number of people living at your residence: _____

D. Total number of bedrooms at your current residence: _____

E. Your current house has the following:

Power	Water	Plumbing	Kitchen Facilities	Heat	Shower/tub
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F. Cost of utilities _____

G. Do you own a pet(s)? Yes No If yes how many _____ Breed _____

3. Name(s) of any family member who is Handicapped or Disabled: _____

4. BACKGROUND:

A. Are you now a participant in an Indian Housing Program? Yes No

B. Have you ever been evicted from a Federal/State assisted Housing Program? Yes No

C. Are you a Veteran? Yes No

D. Are you a foster parent? Yes No

E. Have you ever been convicted of a felony? Yes No Year: _____

F. Major reason(s) for submitting this application: _____

I understand that it's solely my responsibility to maintain this application in an up-to-date status by notifying the PRTHB, in writing, of any changes to the information provided on this application. I also certify that the information provided on this application is the truth to the best of my knowledge. I further understand that in the event that I fail to maintain my application in an up-to-date status or provide false information on my application, I will not be eligible for selection. All information will be kept confidential. This application and all attachments become the property of the Pit River Tribal Housing Board.

 Applicant Signature

 Date

SUPPLEMENTAL APPLICATION FOR ADMISSIONS
RENTAL VERIFICATION
(Past five years)

CURRENT RENTAL INFORMATION

1. Applicants Name _____
Street Address _____
City _____ State _____ Zip Code _____
Name of Current Landlord _____ Phone Number (_____) _____
Date rented from _____ to _____
Mailing Address _____
City _____ State _____ Zip Code _____

PAST RENTAL INFORMATION

2. Applicants Name _____
Street Address _____
City _____ State _____ Zip Code _____
Name of Landlord _____ Phone Number (_____) _____
Date rented from _____ to _____
Mailing Address _____
City _____ State _____ Zip Code _____

3. Applicants Name _____
Street Address _____
City _____ State _____ Zip Code _____
Name of Landlord _____ Phone Number (_____) _____
Date rented from _____ to _____
Mailing Address _____
City _____ State _____ Zip Code _____

4. Applicants Name _____
Street Address _____
City _____ State _____ Zip Code _____
Name of Landlord _____ Phone Number (_____) _____
Date rented from _____ to _____
Mailing Address _____
City _____ State _____ Zip Code _____

5. Applicants Name _____
Street Address _____
City _____ State _____ Zip Code _____
Name of Landlord _____ Phone Number (_____) _____
Date rented from _____ to _____
Mailing Address _____
City _____ State _____ Zip Code _____

CONFLICT OF INTEREST

DEFINATION: Immediate family is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents, grandchildren, aunt, and uncle.

PUBLIC DISCLOSURE: The Pit River Tribal Housing (PRTHB) shall make public disclosure the nature of assistance to be provided. The disclosure shall be posted at the PRTHB office, and a copy of the disclosure shall be provided to HUD before assistance is provided.

Are you related to any PRTHB employees or Board of Commissioners? Yes No

If yes give the name(s) of relative(s) and relationship

Name: _____ Position: _____

Relationship: _____

Name: _____ Position: _____

Relationship: _____

Name: _____ Position: _____

Relationship: _____

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

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

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



Pit River Tribal Housing
37134 Main Street
Burney CA 96013

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(d)(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.