



SPOKANE INDIAN HOUSING AUTHORITY

P.O. BOX 195 • Wellpinit, WA 99040
509-818-1460 • (f) 509-258-7188

FOR OFFICIAL USE

Date Submitted: _____

Time Submitted: _____

Received by: _____

Application #: _____

COVID-19 Emergency Services Application

Type of assistance you are applying for (check all that apply):

- Move-In Assistance
- Rental Assistance
- Mortgage Assistance

Please provide an explanation for the requested assistance:

Application Checklist

Please review your application to make sure that it contains the following information:

- Proof of Income received in the last 60 days (2 months) for each member 18 or older
- Copy of Driver's License or Washington State ID
- Enrollment Verification Certificate of Indian Blood (C.I.B) for Applicant
- Letter / Email / Text from employer showing your lay off, furlough status or drop in hours
- Signed Release of Information
- Document showing delinquent rent/mortgage and application late fee(s) *(if applicable)*
- Eviction Notice *(if applicable)*
- Approval Notice for rental unit *(if applicable)*

Eligibility Requirements

- Households must qualify as low-income as defined by HUD
- Applicant must be a Spokane Tribal member OR a member of a federally-recognized tribe.

**** Note ****

These eligibility requirements may be waived for the provision of certain services identified herein that are necessary to protect the health, safety and well-being of the Spokane Tribal community, provided that the funding source permits such waiver.

Part 1 – APPLICANT INFORMATION

Applicant Name: _____

DOB ____/____/____ Tribal Enrollment No. _____ Social Security No. ____/____/____

Contact Phone No. _____ Email: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Physical Address: _____ City: _____

Household Information

Name Other Member(s)	Date of Birth	Last 4 digits of SSN	Enrollment No.	Monthly Income Amt	Income Source

STATEMENT OF NO INCOME

If there are any adults 18 years and 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 knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

Signature Date

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 knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

Signature Date

<p>What is your current living situation:</p> <input type="checkbox"/> Rental: Room / Apartment / House <input type="checkbox"/> Mobile Home Space Rental <input type="checkbox"/> Homeowner <input type="checkbox"/> Staying w/ Family or Friends <input type="checkbox"/> Hotel / Motel (w/ voucher) (w/o voucher) <input type="checkbox"/> Homeless (car, camping, shelter) <input type="checkbox"/> Other (please explain) _____ _____	<p>Are you currently past due on Rent or Mortgage? (circle one)</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how much do you owe? _____</p> <p>Have you received a notice to vacate: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What type of notice did you receive? <input type="checkbox"/> 72 hr notice to vacate <input type="checkbox"/> Eviction Summons</p>
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Current Landlord/Mortgage Holder Name: _____

Contact Phone: _____ Email: _____

Part 2 – ECONOMIC NEED

Between March 2020 and December 30, 2020, I/we have experienced and/or expect to experience the following (check all that apply) economic impact caused by the COVID-19 Pandemic.

- | | |
|---|--|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Increased personal care costs (PPE, hygiene products) |
| <input type="checkbox"/> Reduced Employment | <input type="checkbox"/> Increased food costs |
| <input type="checkbox"/> Loss of self-employment/business income | <input type="checkbox"/> Increased costs for telework |
| <input type="checkbox"/> Increased household cleaning costs | <input type="checkbox"/> Increased costs for isolation or quarantine due to COVID-19 |
| <input type="checkbox"/> Housing cost increase, foreclosure, eviction, rent | <input type="checkbox"/> Other unanticipated costs due to COVID-19, List: _____ |

Part 3 - CERTIFICATION

TO THE APPLICANT: By signing this application, you are certifying that you have not already received funding or benefit from another source for the same assistance being applied for with this application (“duplicative benefit”). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

Further, if you subsequently receive funding or a benefit that duplicates the assistance provided pursuant to this application, you agree and certify, by your signature below, to repay SIHA in full for any funds or benefits provided based on this application.

By my signature below, I hereby certify that all the foregoing information and certifications are true and correct. I understand that making a false statement in an application seeking federally funded benefits will make me ineligible for such benefits and possibly subject me to civil or criminal penalties.

Applicant Signature _____ Date

OFFICIAL USE ONLY	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____	
Funding Source: _____	Amount of Assistance: _____
Denial Communicated: _____	CIHA Staff Signature: _____

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

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

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

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(I)(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.



SPOKANE INDIAN HOUSING AUTHORITY

6401 Sherwood Addition, P.O. Box 195
Wellpinit, WA 99040
(509) 818-1460 Fax (509) 818-1489

Date: ____ / ____ / ____

Spokane Tribal Court
P.O. Box 225
Wellpinit, WA 99040

and/or

Verus Research
P.O. Box 141688
Spokane, WA 99214

I hereby authorize the Spokane Indian Housing Authority to have access to my Court Records. I understand that my Court Records will be researched through Tribal Court and/or Verus Research Inc. for any Tribal, State and Federal Criminal History Records. The Housing Authority will utilize the records strictly for the purpose of determining eligibility for admission. The records are to be released to:

Spokane Indian Housing Authority
P.O. Box 195
Wellpinit, Wa 99040

Print Name:

First M. Last

Date of Birth:

____ / ____ / ____ Social Security Number: ____ - ____ - ____

Current Address:

P.O. Box City, ST. Zip Code

Street Address City, ST. Zip Code

Signature:
