

Student Rental Assistance Program Application

This program supports low to moderate-income Tribal members attending post-secondary educational institutions by providing rental assistance to help with their rental housing costs. Please be aware that the application process takes a minimum of 45 days to complete so submit the application timely.

Incomplete applications cannot be processed.

STUDENT/APPLICANT: Please be sure to list your current, not prospective, contact information.

Name: _____
Last First Middle Maiden/Other Names Used

Mailing Address: _____
Street or PO Box City State Zip Code/County

Residence Address: _____
Street or PO Box City State Zip Code/County

Telephone: Home _____ Cell _____

Email Address: _____

Marital Status (Please check) Single Married Widowed Domestic Partner

Emergency Contact: _____
Name Relationship to Applicant Phone

Address: _____
Street or PO Box City State Zip Code

Are you related to:

Board Member Council Member CITH Employee (If yes please explain below)

Please answer all the questions on the following pages and provide documentation/support required.

1. Are you an enrolled member of the Cowlitz Indian Tribe of Washington Yes No If no, you are not eligible for assistance under this grant. (If yes please provide): **Enrollment #** _____

2. Will you be residing with your spouse, domestic partner, and/or children OR other persons over age 18 who are not full time students? Yes No If yes, please note that in addition to primary applicant, all persons over 18 who are not full time students are considered household members for purposes of this program.

RESIDENTS OF RENTAL UNIT: List all persons who are or will be living in the rental unit with student while student is attending school. All persons living with student are considered household members. While household members are not applicants, information for all household members must be included for application to be considered complete. This does not apply to students living in on-campus housing.

NOTE: Students may not rent a unit from any immediate family member¹ nor reside with anyone who can declare them as a dependent on their federal income tax return.

Legal Name	Relationship to Applicant	Date of Birth	Phone Number
	(SELF)		

INCOME: Please provide a copy of the student's completed current FASFA form and the determination confirming the student is eligible for assistance with Federal Funds. Additional information on the FASFA is available at www.fafsa.ed.gov/.

Please provide a copy of the determination of student financial aid from your school.

Please list income from all sources for all household members (This does not apply to students living in on-campus housing). Sources of income include (but are not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments, annuities, retirement benefits and pensions, disability or death benefits, unemployment or disability compensation, welfare assistance (not including food stamps), veterans' assistance, grants, alimony, and child support.

Verification must be provided for each source of income

Other Household members	Income Source	Amount	Frequency M/Q/A ²	Verification Attached ³
		\$		
		\$		
		\$		
		\$		

¹For the purpose of this policy, family member means: (i) (Mother, Father, Daughter, Son, Full & Half Sister, Full & Half Brother, Grandmother, Grandfather, Granddaughter, and Grandson) or (ii) equivalent who are related by marriage, domestic partnership or adoption; or (iii) people who are either married to each other or involved in a quasi-spousal relationship including unmarried parents of a child.

² M-Monthly; Q-Quarterly; A - Annually

³Verification - W-2's, tax returns, employee check stubs (must include employer name, address and contact information), SSI statement, Tribal per capita distribution statement, orders for child support and/or alimony, bank statements, unemployment insurance benefit statements.

3. Does anyone outside of your household provide regular financial support or pay any of the household bills? Yes No If yes, please explain: _____

ASSETS: List all assets belonging to each household member, including (but not limited to) savings accounts, checking accounts, vehicles, contents of safe deposit boxes, homes, rental property, stocks, bonds, treasury bills, certificates of deposit, and money market accounts.

<u>Applicant</u>	<u>Type of Asset</u>	<u>Location of Asset (bank, etc.)</u>	<u>Current Value of Asset</u>	<u>Income/Interest Rate of Asset</u>
			\$	%
			\$	%
			\$	%
			\$	%

GENERAL INFORMATION:

4. Has any household member ever received any type of housing assistance or grant from CITH? Yes No
If yes, what program and when:

UNIT:

5. Will you be moving between now and your attendance in school? Yes No If known/applicable, please list your (prospective) contact information for you while you are attending school.

School Residence

Address: _____
Street or PO Box City State Zip Code/County

Telephone: Home _____ Cell _____

EDUCATION INFORMATION:

Post-secondary Educational Institution: _____

School Mailing Address: _____

Educational Goal: _____

Major: _____ Year in School: F/S/J/Sr⁴ _____ Grades will be submitted to CITH as follows:

Date 1st term begins: _____ **Date 1st Term Ends** _____ **Grades to CITH on** _____

Date 2st term begins: _____ **Date 2st Term Ends** _____ **Grades to CITH on** _____

Date 3rd term begins: _____ **Date 3rd Term Ends** _____ **Grades to CITH on** _____

Date 4th term begins: _____ **Date 4th Term Ends** _____ **Grades to CITH on** _____

APPLICANT DECLARATION: The applicant(s) certify, confirm, and understand all of the following:

- I certify all information provided on this form and supplied as supporting documentation, is accurate and complete to the best of my knowledge.
- I understand that the information I am providing will be used for the purpose of verifying my eligibility.
- I understand that all attachments included with this application are subject to all the certifications, confirmations, and acknowledgments made in this declaration.
- I understand that I must report any changes to the household income and/or to the household composition (number of persons in the household) to CITH.
- I understand that grades must be submitted at the end of each term.
- **I understand that if I provide false, incomplete or inaccurate information I will be denied assistance; will be required to repay any assistance received, will be subject to penalty under the federal false claims act; and will be prosecuted to the full extent of the law.**

_____ Student/Applicant _____ Date

If application packet is submitted electronically, the signature page may be mailed separately.

Return completed application packet with all applicable forms completed (A-K) and all supporting/verification documentation to:

Cowlitz Indian Tribal Housing
107 Spencer Rd.
Toledo, WA 98591
e-mail to: housing@cowlitz.org

**Incomplete applications will not be processed.
Assistance is subject to current eligibility requirements and grant
funding**

⁴ F-Freshman; S-Sophomore; J-Junior' Sr-Senior