



Cowlitz Indian Tribal Housing

Subject: Application for St. Mary's Apartments

Dear Applicant,

Thank you for your interest in Cowlitz Indian Tribal Housing's (CITH) apartments in our beautiful St. Mary's Mission complex. Enclosed is an application for admittance. Complete the application and submit it with all the required documentation to CITH by mail at 107 Spencer Rd, Toledo WA 98591, by e-mail at housing@cowlitz.org or by fax at (360) 864-8722.

CITH will process the application as soon as possible after receipt of the completed application and **all required supporting documents**, determine if you are eligible for admittance to units assisted with federal funds, and send you a letter of explanation. If qualified, we will then show you the available apartments and help you make arrangements for a UA drug screening. The final step is to sign your rental agreement, get your keys and begin to enjoy your beautiful new home.

As you may or may not know, CITH receives its funding from a federal grant under the Native American Housing Assistance and Self Determination Act of 1997. (NAHASDA) The program is administered by Housing and Urban Development (HUD). The grant is called an IHBG (Indian Housing Block Grant).

Use of IHBG funds by the Cowlitz Indian Tribe is conditioned upon the Tribe's agreement to comply with all of the applicable statutes, regulations, guidance, and policies set out by NAHASDA and HUD. The requirements include but are not limited to written application procedures, limiting assistance to households whose total income is less than 80% of the median income, adequate documentation of income, housing must be drug free, must follow ADA requirements.

Again, thank you for your interest in our HUD housing units. If you have any questions, do not hesitate to contact us by one of the methods listed above.

Jence Redecker
Executive Director

Enclosure (application)



Cowlitz Indian Tribal Housing

Housing Assistance Eligibility Application

Assistance is subject to current eligibility requirements and availability of funding.

Applicants must use the correct legal name for each member of the household as it appears on each person's Social Security card. All adult members of the household must sign and date the last page of this form certifying that the information pertaining to them is accurate and complete.

Purpose of Application: (check purpose)

Date: _____

Initial
Application

Updated
Application

Annual
Recertification

Check the program(s) for which you are applying and include all required attachments. (See Required Attachment Checklist)

Homeownership Program:

CITH Unit-St. Mary's Housing

PRIMARY APPLICANT INFORMATION:¹

Name: _____
Last First Middle Maiden and all other names used.

Mailing Address: _____

Residence _____

Telephone: Home, _____ Cell _____ DOB ____ / ____ / ____

Email Address: _____ Driver's License Number: _____ SSN _____

Gender Preference _____ Student: Yes Noif yes, are you FT or PT _____

Marital Status (Please circle one) Single Married Widow/er Domestic Partner

Emergency Contact _____
Name Relationship to Applicant² Phone

COWLITZ ENROLLMENT# _____ Other tribe name & enroll# _____

¹ All adult (18+) household members are applicants and information for each adult must be included for application to be considered complete. Incomplete applications will not be processed. CITH requires that all applicants sign an Authorization for Release of Information so that information contained herein can be verified by third party sources.

² Emergency Contact may not be your spouse or domestic partner.

HOUSEHOLD INFORMATION: List all persons who will be living in the residence on a permanent basis. List the primary applicant first then list all other household members. Please list names as they appear on each person's Social Security card. Only children who reside in the unit more than 50% of the time will be considered members of the household. Applicants may be required to complete a Declaration of Dependency.

Legal Name	Relationship to Primary Applicant	Date of Birth	Social Security Number ³	Full Time Student ⁴	Gender	Tribal Roll#
		/ /		Y/N	M/F	
		/ /		Y/N	M/F	

***Note:** All persons age 18 or older must complete and sign a Release of Information Form and provide income verification.

CRIMINAL HISTORY: List all crimes, other than minor traffic violations, committed by household member(s).

Household Member Name	Crime	Felony/Misdemeanor	Date Convicted	Court Type

INCOME: List income from all sources for each member (including yourself) of the household, including (but not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments, SSI, workman's comp, TANF/DSHS, annuities, retirement benefits and pensions, disability or death benefits, unemployment or disability compensation, welfare assistance (not including food stamps), alimony/Maintenance, veterans' assistance, grants, Rental Income, and child support. All applicants must provide verification of each source income in the form of a 1040 (long) form, or if not available, separate verification for each source of income.

If an applicant has no source of income, list that applicant and enter O for source & amount. If no verification can be provided that an adult Applicant has no income, he/she will be required to complete a separate zero income certification.

Household member name	Income Source ⁵ (i.e., employment, SSI, TANF, etc.)	Amount	Frequency (Yearly/monthly/ weekly)	Verification (i.e., IRS 1040 or W-2, SS form)
		\$		
		\$		

- Are any members of the household related by blood or marriage to any Tribal officials, employees, or board members?

Yes No If yes, please list which household member is related, name of relative and nature of relation - son, daughter, cousin

etc. _____

³ Social Security number verification must be provided for all household members over the age of two.

⁴ Verification of school enrollment must be provided for all students over the age 18.

⁵ **Examples** of Income Verification: W-2's, tax returns, employee check stubs (must include employer name, address and contact information), SSI statement, orders for child support, alimony, maintenance, unemployment benefits statements, etc.

APPLICANT CERTIFICATION:

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

- I certify all information provided in this application and supplied as supporting documentation is accurate and complete to the best of my knowledge.
- I understand that assistance is subject to funding availability and HUD & tribal regulations & policies.
- I certify that I understand only one application per household is allowed.
- I understand that the information I provided 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, verifications, and acknowledgments made in this declaration.
- I understand that I must report any changes to my total household income and/or to my household composition (number of persons in the household) to CITH.
- **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.**
- I understand that to qualify, dwelling unit **rent must not exceed the HUD Fair Market Rent Schedule**
- I acknowledge that HUD funded housing help from CITH has a lifetime limit. Included in the limit are all CITH programs and rent subsidies (the difference in what I pay and the HUD fair market rent).

Applicant	Date
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Applicant	Date
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Applicant	Date
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Applicant	Date
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Return completed applications and all docs on CHECKLIST FOR ALL APPLICANTS to:

Cowlitz Indian Tribal Housing
 107 Spencer Rd
 Toledo, Washington 98591
 Fax: (360) 864-8722
 Email: housing@cowlitz.org

Allow minimum 30-60 days for processing of application by CITH



Cowlitz Indian Tribal Housing

Authorization for Release of Information

I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses or individuals to furnish information concerning myself and/or my household to Cowlitz Indian Tribal Housing (CITH), its duly authorized representatives Sheryl Bertucci, Dana Ecklund, and/or CITH's contracted agent for purposes of verifying my eligibility to receive benefits from CITH.

Those that may be asked to release the information include, but are not limited to: the Cowlitz Tribe, background screening agencies, the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the United States Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, courts and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

In addition, I authorize release of information to the **individuals** named below:

1.
2.
3.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to: identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal activity and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits, Tribal benefits and local benefits.

I understand I have a right to review any information received in accordance with my release and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 15 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it will constitute grounds for denial or termination of assistance or tenancy, or both.

Applicant	(Printed Name)	Date
<u>Co-Applicant</u> or <u>Adult Household Member</u>	<u>(Printed Name)</u>	<u>Date</u>
<u>Co-Applicant</u> or <u>Adult Household Member</u>	<u>(Printed Name)</u>	<u>Date</u>
<u>Co-Applicant</u> or <u>Adult Household Member</u>	<u>(Printed Name)</u>	<u>Date</u>

APPLICANT DECLARATION OF UNDERSTANDING

Giving True and Complete Information

I certify that all the information provided about household composition, Social Security numbers, US. Citizenship, income, family assets, and Items for allowance and deductions, is complete to the best of my knowledge. certify that the information given is true and correct.

Initial _____

Reporting Changes in Income or Household Composition

I know that I am required to report within 10 days, in writing, any changes in household income, or any changes in the number of people living in my household.

Initial _____

Reporting on Prior Housing Assistance

I certify that I have disclosed where and when I received any previous assistance from Cowlitz Indian Tribal Housing, I certify that for this previous assistance, I did not commit any fraud or knowingly misrepresent any information.

Initial _____

Cooperation

I know that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verification of my true circumstances Cooperation includes responding to any or all correspondence from Cowlitz Indian Tribal Housing in a time manner and completing and signing all needed forms. I understand failure or refusal to do so may result in delays, denial of assistance, or termination of assistance.

Initial _____

Criminal and Administrative Action for Supplying False Information

I understand that knowingly supplying false, incomplete, or inaccurate information is a felony under Title 18 Section 1001 of the U.S. Code and is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial of assistance, or termination of assistance.

Initial _____

Signature of Household Adults

- 1. _____ Date: _____
- 2. _____ Date: _____
- 3. _____ Date: _____



Cowlitz Indian Tribal Housing

MARIJUANA USE IN CITH PROGRAMS

Rev.2/2023

In 2012, Washington voters approved Initiative 502 which allows limited recreational use of marijuana in Washington State. Under the law, persons 21 years or older may possess and personally use limited amounts of marijuana on private property. The substance can only be purchased at authorized retail establishments licensed by the State.

However, based on federal law, marijuana users are prohibited from admission into Public Housing and Indian Housing programs. HUD rules require all housing authorities that administer rental assistance programs to establish standards prohibiting admission of participants that use controlled substances, including state legalized marijuana and medical marijuana.

Current participants of CITH programs and residents of CITH owned projects are subject to the same provision. Households actively participating in CITH's rental assistance programs, and all other HUD funded CITH programs will have their program assistance and/or tenancy terminated if there is a *preponderance of evidence* (if not convicted, termination will still be processed based on evidence) demonstrating the household or member of the household used, possessed, grew or sold marijuana and/or medical marijuana.

Federal and state nondiscrimination laws do not require a Housing Authority to accommodate requests by current or prospective residents with disabilities to use medical marijuana, and may not permit the use of medical marijuana as a reasonable accommodation because: 1) persons who are currently using illegal (federal standard) drugs, including medical marijuana, are categorically disqualified from protection under the disability definition provisions of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, and 2) such accommodations are not reasonable under the Fair Housing Act because they would constitute a fundamental alteration in the nature of the Housing Authority's operations.

Please acknowledge by your signature below that you have read and understand that all members of your assisted household are subject to CITH's provisions prohibiting use, possession, growth, or sale of marijuana and/or medical marijuana.

Head of Household Date

Additional Adult Date

Additional Adult Date

RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: _____ Unit # _____ Rent Amount _____

Applicant's Complete Name: _____ Date of Birth: _____

SSN# _____ DL#/State issued: _____

Tel# _____ Email Address: _____

Other Occupant's Name, Age & Relationship: _____

If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no: ___Y___N

✓ Complete Every Item on Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)

Street _____
City _____ State _____ Zip _____
Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt Co. _____
Address _____
Tel# _____ Rent/Own/Lease _____

PRIOR ADDRESS (Required Entry)

Street _____
City _____ State _____ Zip _____
Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt. Co _____
Address _____
Tel# _____ Rent/Own/Lease _____

✓ Current Employer _____ Tel# _____ Supervisor _____

Dept / Attached to _____ Occupation _____ Rank _____

Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____

Address _____ Suite _____ City _____ State/Zip _____

✓ Prior Employer _____ Tel# _____

Dept / Attached to _____ Occupation _____ Rank _____

Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____

Address _____ Suite _____ City _____ State/Zip _____

✓ Additional Income (Interest, Child Support, Etc) _____

✓ Bank _____ Acct# _____ Branch _____ Tel# _____

✓ Pets? Yes _____ No _____ If yes, number, size, and type(s) _____

✓ Disability status and require special accommodations? _____

✓ Are you a fulltime student? Yes _____ No _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted or refused to pay rent? Yes _____ No _____ Ever been Charged or Convicted of a Crime? Yes _____ No _____

If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)? _____

When? _____

Ever used any other name(s)? Yes _____ No _____ If yes, list name(s) _____

Are you or any other household member a Registered or Unregistered Sex Offender? Yes _____ No _____

Ever had bedbugs or any other infestation? Yes _____ No _____ If yes, what type of infestation: _____

Do you or any other household member smoke? Yes _____ No _____

Have you or any other household member filed bankruptcy? Yes _____ No _____

Auto/Year/Make/Lic#: 1.) _____ 2.) _____

Local Contact _____ Address _____ Tel# _____

Nearest Relative _____ Address _____ Tel# _____

Emergency Contact _____ Address _____ Tel# _____



Phone: () ()
Fax: () ()

Management Company:

Orca Information, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722



Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION

Revised 6/2012 to comply with Fair Tenant Screening Act.

To Whom It May Concern:

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you and your household members that an investigation involving the statements made on this application for tenancy are being initiated by ORCA Information, Inc., PO Box 277, Anacortes, Washington 98221, 360-588-1633. I certify that to the best of my knowledge all statements are "true and complete". I further authorize ORCA Information, Inc. to obtain **CREDIT REPORTS, EMPLOYMENT REFERENCES (including verifying salary), COURT, CRIMINAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFERENCES, GENERAL REPUTATION, MODE OF LIVING, and RENTAL REFERENCES** as needed to verify all information put forth on this application and otherwise available regarding all applicants identified on this application (for juvenile occupants, the undersigned parent/guardian authorizes the above-information to be obtained on their behalf).

Furthermore I warrant the accuracy of all information contained on this rental application, including that relating to the other intended occupants of the subject property. I understand and agree that if subsequently a determination is made that I provided false or inaccurate information on the rental application it is a breach of the terms of any rental agreement signed based on that information and Owner and/or his/her agent may take legal action to terminate said Agreement.

In addition, I confirm receipt of the **Tenant Selection Policy** (per WA State Fair Tenant Screening Act, 2012) from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

Applicant's Name (please print)

Applicant's Signature

Date of Authorization

Manager's/Assistant Manager's Signature

List All Juvenile Age Occupants 12yrs-17yrs:

Full Legal Name	Nickname(s)	Date of Birth
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Full Legal Name	Nickname(s)	Date of Birth
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Full Legal Name	Nickname(s)	Date of Birth
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