

# Tribal Housing

## **Aging in Place Program**

Made possible by CIT Gaming Revenue, granted to Elders (62+) by CIT Tribal Council \$15,000 per year (Maximum) Subject to availability of funds (To be eligible: CIT Members must be a Legal Owner of the home or named on the Rental Lease.)

The Cowlitz Elders (AIP) Aging in Place Program has been designed to assist Elders (62+) in remaining in their homes as long as possible. Assistance is provided for individuals earning up to 150% household (AMI) Area Medium Income.

### APPLICATION

Name	Email	
Address	Phone	
	Phone	
County Stick Built,	Stick Built, Modular, Mobile, or Rental?	

Please List below ev Name	reryone who lives in the home with you. Lis Relationship to you	st yourself first: Age	Monthly Income From all sources
1	Self		
2			
3			
4			
5			
6			

Household members over 18 yrs. must submit income verification. Paystubs, W-2's, SS determination

➢ If you wish (CITH) to calculate using "taxable income", please include your most current tax return.

Cowl	itz Indian Tribal Housing Page 2
Emergency C	Contact Name: Phone:
	Contact Address:
	Contact Relationship:
Assistance R	equested:
	<ul> <li>Property Taxes - Reimbursement Only</li> <li>Are your property taxes paid through escrow?</li></ul>
	<ul> <li>Homeowners Insurance - Reimbursement Only</li> <li>Is your homeowner's insurance paid through escrow?</li></ul>
	Attach Proof of Payment
	<ul><li>Renters Insurance</li><li>Attach Proof of Payment</li></ul>
	Home Repair/Maintenance (to \$9,999.00 max) Please list what you would like to have accomplished this year, per cover letter guidelines. Photos recommended for repair work.

- <u>**Renters**</u> Landlord <u>**MUST**</u> approve in writing, any cosmetic or structural repairs, or additions made to the rental property with (AIP) assistance.
- <u>Homeowners</u> All repair/maintenance work <u>MUST</u> be approved by CITH Staff prior to any reimbursement or authorization of work to be completed.

#### **Applicant (s) Certification:**

#### Applicant(s) certify, confirm, and understand all the following:

- I certify that all information and documentation provided in this application is accurate to the best of my knowledge.
- I understand that assistance depends on available funds, and is subject to Federal & Tribal rules, regulations, & policies.
- I understand that if I provide false or inaccurate information, I will be denied assistance; will have to repay any assistance received, will be subject to penalty under the federal false claims act & will be prosecuted to the full extent of the law.
- I acknowledge that assistance from (CITH) has a lifetime limit, and that all programs are included including subsidies.
- I understand that applications are processed in the order in which they are received, and depending on how many applications are received, it may take up to (30) days.

Applicant	Date
Household member	Date
Household member	Date

#### REQUIRED ✓ APPLICATION CHECKLIST

\_ Application (Signed)

- \_\_\_\_ Current Income Verification (any source)
- \_\_\_\_ Mortgage statement (If applicable)
- \_\_\_\_ Rental Agreement (If applicable)
- \_\_\_\_ Tribal ID
- \_\_\_ Copy of Driver License or Picture ID
- \_\_\_\_ 2023 Tax Return- (When available)
- \_\_\_\_ Property Tax Statement (If applicable)
- \_\_\_\_ Homeowner Insurance Policy (If

applicable)

#### **RETURN COMPLETED APPLICATIONS TO:**

- Email: <u>housing@cowlitz.org</u>
  - Mail to: Cowlitz Indian Tribal Housing 107 Spencer Rd Toledo, WA 98591
- ► Fax: (360) 864-8722