



## **LOW-INCOME RENTAL APPLICATION**

Chilkoot Indian Association LOW-INCOME RENTAL APPLICATION

The application must be completely filled out in order for us to process it.

Be sure you have included:

- Copies of BIA Certificate of Indian Blood card and/or Tribal enrollment card.
- Copies of 1040 tax forms filed with the IRS for the past two year(s) for all members of your household who had income.
- Copies of wages statements for the last two months.
- Signature and date.

**All questions in this application must be answered. Read instruction before completing this form. This application is subject to the Privacy Act of 1974, Public Law 93-579. Read the Certification carefully before you sign and date your application. (Sign in ink).**

**Please read carefully and complete all the blanks. This form must be considered complete before the application can be processed. Use additional paper if necessary.**

### **A. APPLICATION INFORMATION:**

**Print or type:**

Applicants Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

If you checked other please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Co- Applicants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**B. Family information:**

Household composition: List all persons living in your home. List Head of Household first:

Full Legal Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need more space, use a blank sheet of paper.

Are you an Alaska Native or American Indian? No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, attach copies of BIA Certificate of Indian Blood and/or Tribal enrollment card.

Which tribe? \_\_\_\_\_ Tribal card number: \_\_\_\_\_

**C. GENERAL INFORMATION:**

Have you ever participated in a tribally owned housing rental program?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes:

Where: \_\_\_\_\_

When: \_\_\_\_\_

Are you presently on a waiting list for Federally Funded Housing?

No: \_\_\_\_\_ Yes; \_\_\_\_\_

If yes,

Where: \_\_\_\_\_

Are you or your spouse/mate over 62 years of age?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

Do you or a family member have a disability or handicap that requires a house with special features?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

Are you physically capable of performing required routine cleaning chores for your home?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

List special accommodations or auxiliary aids required and attach certification of disability:

Do You Have Any Pets? No: \_\_\_\_\_ Yes: \_\_\_\_\_ Type: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: How Long: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Other Income: Amount: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: How Long: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Other Income: Amount: \_\_\_\_\_

Credit References, Auto Loans, Charge Cards, and Personal Loans:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Banks and Types of Accounts:

\_\_\_\_\_

\_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_ License Number: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_ License Number: \_\_\_\_\_

**D. BACKGROUND INFORMATION:**

BACKGROUND INFORMATION MAY BE OBTAINED FROM FEDERAL, STATE AND LOCAL GOVERNMENTS AND ANY OF THEIR AGENCIES AND REPRESENTATIVES, LAW ENFORCEMENT AGENCIES, JUDICIAL SYSTEM PUBLIC RECORDS, SEX OFFENDER REGISTRY, FINANCIAL INSTITUTIONS, CREDIT BUREAUS AND CURRENT AND PRIOR LANDLORDS

**E. APPLICANT'S CERTIFICATION:**

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

**Anyone who knowingly makes false or fraudulent statements in this application is subject to the penalties provided by law (U.S. Code, Title 18, Section 1001).**

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both. June 25, 1948, c 645, 62 Stat. 749.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I / we, the undersigned, with this document, authorize the Chilkoot Indian Association and their agents to obtain any and all information, necessary, to process this application. This information may be obtained from the following sources, any program of the Chilkoot Indian Association, federal, state and local governments and any of their agencies and representatives, law enforcement agencies, credit bureaus, sexual offender registry, financial institutions and current and prior landlords.

This list is not all inclusive and may include any additional agency, government or private source as deemed necessary by the Chilkoot Indian Association and / or their agents or designates.

I / we, the undersigned, with this, release the Chilkoot Indian Association and / or their agents, federal, state and local governments, their agencies and their representatives, credit bureaus, law enforcement agencies, sex offender registry, financial institutions, current or prior landlords and any individual of any liability for releasing requested information.

The information requested maybe given by fax, telephone or in writing. This release is valid for one year from the date of the signature. This release is valid if photocopied and does not have to have an original signature.

I / we have read the terms and conditions of this release and with this give consent for the release of any requested information.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE OF BIRTH OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF CO-APPLICANT

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE OF BIRTH OF CO-APPLICANT