

LOW RENT APPLICATION

Name of Applicant: _____
(OFFICE USE ONLY) Date Received: _____ Time: _____ Tribal Housing Rep. Initials: _____

Dear Participant:

The Kaibab Paiute Tribal Housing Department would like to thank you for taking an interest in our Low Income Rental Units. Please complete the following application to the best of your ability. Failure to complete and sign all forms will result in a delay on your Housing Application. When completing the application please submit the following information listed below. If you should have any questions or concerns contact the Housing Staff at the number listed below.

Don Johnson, Executive Director
Kaibab Paiute Tribal Housing Department

THINGS YOU WILL NEED, TO COMPLETE YOUR APPLICATION

- < PROOF OF EMPLOYMENT
- < PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS
- < THREE PERSONAL REFERENCES
- < THREE CREDIT REFERENCES
- < COPIES OF ALL HOUSEHOLD MEMBERS SOCIAL SECURITY CARDS
- < COPY OF DRIVERS LICENSE OF HEAD OF HOUSEHOLD & ADULTS OVER 18

Why are you requesting Low Rent Housing? (Please briefly explain, you may attach a letter)

LOW RENTAL PROGRAM RULES AND REGULATIONS

- DEPOSITS: \$300.00 Security Deposit to Tribal Housing Program (\$100.00 non-refundable)
\$150.00 Deposit for DPW Water and Propane connection
- RENT DUE: Rent is due on the 1st of each month.
- DPW DUE: Utility payments are due and payable by the 15th of the current month (in the event that the utility user fails to pay in full by the 20th of the current month, services will be terminated)
- RETURNED CHECKS: All checks either personal or business, which are returned to the Kaibab Paiute Tribal Housing Department/DPW for any reason will have a \$15.00 service charge.
- INCOME: Income received on a regular basis, by any and all household members, MUST be reported to the Tribal Housing Department as soon as possible and verified on our records.
- ANIMALS: NO DOGS ALLOWED FOR ANY REASON (with the exception of blind tenants or Doctor prescribed companions for medical purposes). No livestock in any residential areas.
- ORDER: Alcohol, drugs, loud parties, disturbing the peace, fighting, peddling, soliciting, child abuse, domestic violence, is NOT ALLOWED. These occurrences are to be REPORTED to the Police Department and Social Services Offices.
- PARKING: No semi-tractor and trailer parking in any village areas.
- HUNTING: NO ARTIFACT HUNTING, No hunting of any kind by non-Indians (Non-Tribal members by permit ONLY).
- OFF ROAD: No off-road or back road driving.

NO Church services in any rental unit per HUD Federal Regulations, units are used only for residential Purposes, as mandated in the lease. ALL tenants are responsible for their children. Children SHALL NOT go into other tenants grounds without permission.

Should there be intentional damage to the rental unit, there will be a mandatory fine of \$500.00 And grounds for eviction. Tenant will work cooperatively with the staff of the Tribal Housing Department and Tribal Office. Failure to do so will also be grounds for eviction.

I/We, understand that by not abiding by the above rules and regulations listed, will cause a breach in the Low Income Rental Lease Agreement and that the Kaibab Paiute Housing Department will have not other alternative than to terminate this agreement. I/We have read the following rules and regulations and hereby agree to comply with these rules.

Signature:

Signature:

LOW RENTAL PROGRAM
Application

Date:

Last Name: _____ First Name: _____ MI _____

Date of Birth: __ / __ / __ Social Security Number: _____ / ____ / ____

Address:

E-mail address:

Home Telephone # () _____ Message # () _____

Next of Kin in Case of Emergency:

Address:

City _____ ST _____ ZIP _____

Telephone # () _____

Are you an enrolled member of the Kaibab Band of Paiute Indians? YES NO

Are you an enrolled member of any recognized tribe? YES NO

If yes, what tribe?

ENROLLMENT or CENSUS NUMBER:

Are any members of the household enrolled members of a federally recognized tribe:

Name	Tribe	Enrollment Number

Have you or anyone in the household ever been convicted of a felony within the past five (5) years? YES NO

Have you or anyone in the household been convicted of a drug related crime? YES NO

EMPLOYER:

ADDRESS:

POSITION:

TELEPHONE # () _____

HOW LONG:

SELECTION PREFERENCE (S)

- | | |
|---|---|
| <input type="checkbox"/> Substandard Living | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Local Preference | <input type="checkbox"/> Involuntarily Displaced |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Rent Above 50% of Income |

CIRCLE YOUR PREFERRED SITE CHOICE (S):

1ST Choice: ANY STEAMBOAT REDHILLS JUNIPER KAIBAB
 2ND Choice: ANY STEAMBOAT REDHILLS JUNIPER KAIBAB

HOUSING COMPOSITION

NAME(S)	RELATION	DOB	S.S.N.	D.L #

HOUSEHOLD INCOME (S)

NAME(S)	PE	SS	SI	D	G	I	N	CS	F	W	U

PE=PENSION
 SS=SOCIAL SECURITY
 SI=SOCIAL SECURITY IMPLEMENT
 G=GENERAL ASSISTANCE
 CS=CHILD ASSISTANCE
 U=UNEMPLOYMENT
 I=INDIAN TRUST/PER CAPITA
 N=OTHER NONWAGE SOURCES
 D=STATE CASH ASSISTANCE
 F=FEDERAL WAGE
 W=OTHER WAGE

CREDIT REFERENCES

NAME OF BUSINESS OR CREDITOR ADDRESS MONTHLY PAYMENT
 1.)
 2.)
 3.)

PERSONAL REFERENCES

NAME ADDRESS TELEPHONE #
 1.)
 2.)
 3.)

I hereby certify that the foregoing information is true and complete to the best of my knowledge
I authorize inquiries to be made in order to verify statements above.

(Signature of Applicant

(Date)

Tribal Housing Department Rep:

APPLICANT/TENANT CERTIFICATION

APPLICANT(S)/TENANT(S) STATEMENT:

I/We certify that the information* given to the Kai bab Pai ute Tribal Housing department on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for Termination of Tenancy.

Signature of Head of Household

Date

Signature of Spouse

Date

If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590.

* After verification by this Tribal Housing Department, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

TYPES OF INCOME

YES

NO

Tribal Per Capita Payments

Unemployment Compensation

Interest on CD's

Child Support Payments

Pensions

Scholarships for room/board/subsisting

Tips

Alimony

AFDC Payments

Overtime Pay

Net income of business

Income of Temporarily absent Family Member

Full or Part-time Employment

Social Security/SSI

Listed above are the types of income that the Tribal Housing Department considers in determining your Financial qualifications for acceptance to our Rental Program. Please mark YES or NO and sign below.

Signature:

Date:

I have no regular employment from any source at the time:

Signature:

Date:

LOW RENTAL PROGRAM Main Features

- ⇒ Monthly payment is based upon 20% of total family gross income minus certain deductions.
- ⇒ Income must be verified prior to admission.
- ⇒ A Security Deposit must be paid prior to admission.
- ⇒ Monthly payment are due the first of each month.
- ⇒ The lease is month-to-month and renewable by paying the rent each month.
- ⇒ The Tribal Housing Department will perform all maintenance but the resident will pay for any damage beyond normal wear and tear.
- ⇒ The house must be inspected once each year by the Tribal Housing Department for compliance with the lease.
- ⇒ The house may be inspected at other times of the year by the Tribal Housing Department.
- ⇒ Total family income of each family member must be reported and re-certification by the Tribal Housing Department must be done every year.
- ⇒ The resident never owns the home.
- ⇒ Each resident must pay utilities.
- ⇒ A family may be transferred to another sized home if the family size increases or decreases.
- ⇒ The Tribal Housing Department's insurance on the house does not cover the resident's personal property.
- ⇒ The rent payments will increase or decrease based upon changes in the total family income, which must be reported as soon as possible.
- ⇒ A maximum rent payment for Tribal Housing is \$400.00.

THIS IS A LIST OF TYPICAL SITUATIONS WHEN THE TRIBAL HOUSING DEPARTMENT MIGHT INITIATE EVICTION AGAINST A RENTAL TENANT.

A FAMILY MAY BE EVICTED FOR ANY OF THE FOLLOWING REASONS:

- 1) Non-payment of rent.
- 2) Repeatedly being late with monthly payment.
- 3) Failure to keep the home in a decent, safe and sanitary manner (safe and clean).
- 4) Major destruction of the home.
- 5) Repeated disturbances of the neighborhood.
- 6) Failure to provide income information needed by the Tribal Housing Department for Re-Certification.
- 7) Failure to comply with occupancy standards requiring a maximum of people in the home.
- 8) Refusing to transfer to another unit if the situation is warranted.
- 9) Refusing to allow the Tribal Housing Department to perform necessary inspections after proper notification.

- 10) Failure to use the home as a private dwelling solely for the tenant and his family and/or dependants.
- 11) Failure to abide by necessary rules and regulations passed and posted by the Tribal Housing Department for the well being of the housing project and the tenants. (EXAMPLE: Pet Policy and Trash Removal Regulations).
- 12) Not paying the Security Deposit.
- 13) Not paying excess utility charges.
- 14) Not paying reasonable maintenance charges.
- 15) Not having necessary utilities operational.
- 16) Failure to notify the Tribal Housing Department of guest or visitors staying for more than two (2) weeks time.
- 17) Having guests or visitors staying too long.
- 18) Giving accommodations to roomers or boarders.
- 19) Subleasing the Housing Unit to someone else.
- 20) Not being "In Residence" at the housing unit.
- 21) Conviction on Drug Charges/Sexual Assault Charges.
- 22) Intentionally damaging the rental unit.
- 23) Tenant is belligerent, rude or uncooperative with all staff, Tribal Housing or Tribal Office staff.

All of the above features have been thoroughly explained to me by the Kaibab Paiute Tribal Housing Department. I fully understand my responsibilities in this program and would like to submit my application for Housing with the Kaibab Paiute Tribal Housing Department.

Print Head of Household's Full Name

Signature of Head of Household

Date

Print Co-Head/Spouse Full Name

Signature of Co-Head/Spouse

Date

Signature of Executive Director

Date

Authorization for Release Information

Kai bab Pai ute Tribal Housing Department
HC 65 Box 2
Fredonia, AZ 86022

Contact Person: Yolanda Rogers – Homeownership Counselor

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 household members joining the household or when ever 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:

- Low Rental Housing
- Mutual Help Ownership Opportunity

Failure to sign the Consent Form- Your failure to sign the consent form may result in the denial of eligibility or termination of assistance housing benefits, or both. Denial of eligibility or termination benefit is subject to the Housing Department's grievance 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 these period(s) within the 5 years when I have received assistance housing benefits.)

U.S. Social Security Administration (This consent is limited to wages and self employment information and payments of retirement income and reference at Section 6103 (1)(7)(A) of Internal Revenue Code).

U.S. Internal Revenue Service (This consent is limited to unearned income (i.e. interest and dividends).

Information may also be obtained directly from: (A) current and former employers coercing 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 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 five (5) years when I have received assisting housing benefits.

I, hereby consent to allow the Kaibab Paiute Tribal Housing Department to request and obtain information from the sources listed on this form for the purpose of verifying my eligibility and level of benefit under the Kaibab Paiute Tribal Housing Department Programs. I understand that the information given to the Tribal Housing Department under this consent form cannot be used 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 fifteen (15) months after signed.

Signature:

Head of Household

Date

Social Security Number of Head of Household

Spouse

Date

Other Family Member over age of 18

Date