



TRIBAL  
HOUSING  
OFFICE

P.O. BOX 39 • USK, WA 99180  
PHONE (509) 447-7270 • FAX (509) 445-0920

## MEMORANDUM

**TO:** Applicant  
**FROM:** Housing Staff  
**RE:** Rental Assistance Application

**PLEASE PROVIDE THE FOLLOWING INFORMATION TO COMPLETE THE APPLICATION:**

- 1) Income Verification **FOR ALL** members of the household.
- 2) If a student is applying they will need verification from the Kalispel Education department of school enrollment.
- 3) **ALL** adult members of the household must sign the application where indicated.

This is a once every five years grant. If an applicant is approved the applicant will not be eligible for another rental assistance grant for five years from date of approval.

Please plan in advance realizing that processing applications can take some time because of required verification forms. **DO NOT** seek to secure an apartment/house prior to completing the application and expecting approval within the week. Some verifications take longer to get back from the employer, TANF office, Employment Security Department, etc.

If you have any questions please feel free to contact KTHO at the information above.

cc: file

## CONSENT AND AUTHORIZATION STATEMENT

1. **PURPOSES:** In signing this consent and authorization form, you are authorizing Kalispel Tribe Housing Office (KTHO) to request, obtain, and verify income and other necessary information which may affect eligibility or the level of assistance under the KTHO programs, including but not limited to Mutual Help, Rental, and Down Payment Assistance Programs. KTHO needs appropriate information to verify household income, tribal enrollment, and similar data to determine if you are eligible for any benefits and they are at the correct amount.  
  
Further, KTHO will need similar information during the time period you are receiving any benefits under KTHO programs to ensure such benefits continue to be set at the correct amount during the reaffirmation information process.  
  
Finally, release of certain information about you will be necessary not only to obtain or verify the data outlined above, but also to respond to other entities and programs that have a need for such information during the period you are applying for or are receiving housing benefits from KTHO. KTHO may release certain information to the source and entities or programs identified in Paragraph 2 below.
2. **SOURCES TO WHOM INFORMATION MAY BE RELEASED, OBTAINED AND VERIFIED:**
  - A. Public Utility Districts, including Pend Oreille PUD and Avista.
  - B. Any and all Kalispel Tribal Programs or Kalispel Tribal Enterprise Programs; including but not limited to the Tribal Credit, Energy Assistance Program, TANF Program, Social Services, Employment and Training, Adult Education, KTI Payroll, Kalispel Business Council, Food Distribution Program, Early Childhood Program, Alcohol Program, and Mental Health.
  - C. Kalispel Tribal Law Enforcement Entities, including but not limited to the Tribal Prosecutor, Tribal Police, Adult and Juvenile Probation Officers, and the Tribal Court.
  - D. Washington State Agencies, including the Employment Security Department, Department of Social and Health Services, and similar state entities or branches dealing with welfare or food stamp assistance, unemployment compensation wages, benefits, or income.
  - E. Federal Agencies, including the Social Security Administration (for wage and self-employment data or retirement income); Bureau of Indian Affairs (monetary accounts, personal and real property data including probate proceedings); and federal law enforcement entities (Federal Bureau of Indian, Immigration and Naturalization Service, etc.)
  - F. Current and former employers concerning salary and wages.
  - G. Financial Institution concerning unearned income (i.e. interest and dividends).
3. **WHO MUST SIGN CONSENT FORMS:** 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 members joining the household or whenever members of the household become 18 years of age.
4. **FAILURE TO SIGN CONSENT FORM:** Your failure to sign this consent form may result in the denial of eligibility or termination of benefits under KTHO programs. Any such denial or termination will be promptly communicated in writing to you by KTHO.

I hereby consent and authorize the Kalispel Tribe Housing Office to obtain, request, verify, and release information to the sources listed above for the purposes specified in Paragraph 1.

This consent includes any program KTHO participates in including computer matching programs with such Sources. I agree that photocopies of this form may be used to accomplish its purpose.

I also understand that if I or any adult member of my family fails to sign this consent form, such action may constitute grounds for denial of eligibility and/or termination of assistance from KTHO. However, I also understand that if this should occur, then I will be properly notified in writing by KTHO of such grounds for denial or termination.

Finally, I understand and agree that this consent and authorization form will remain in effect until I am either determined ineligible for assistance or I am no longer participating in any KTHO programs, whichever occurs first.

**SIGNATURES:**

_____	_____	_____
Head of Household	SSN	Date

_____	_____	_____
Other Member over 18 year of age	SSN	Date

_____	_____	_____
Other Member over 18 year of age	SSN	Date

_____	_____	_____
Other Member over 18 year of age	SSN	Date

_____	_____	_____
Other Member over 18 year of age	SSN	Date

_____	_____	_____
Other Member over 18 year of age	SSN	Date



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EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY THE APPLICANT

This form must be mailed or faxed to the applicant's employer by housing office.
The applicant cannot "hand carry" this form to his/her employer.

TO: (Name & Address of Employer)
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Re: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

I hereby authorize release of my employment information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The individual named directly above is an applicant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

RETURN FORM TO: Kalispel Tribe Housing Office
PO Box 39
Usk, WA 99180
Phone: (509) 447-7270 Fax: (509) 445-0920

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_
Presently Employed: YES \_\_\_ Date First Employed \_\_\_\_\_ NO \_\_\_ Last Day of Employment \_\_\_\_\_
Current Wages/Salary: \_\_\_\_\_ (circle one) hourly bi-weekly semi-monthly monthly
Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ through \_\_\_/\_\_\_/\_\_\_
Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_
Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_
Commissions/bonuses/tips: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_
Additional remarks: \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Employer's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Employer [Company] Name and Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_



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UNEMPLOYMENT BENEFITS VERIFICATION FORM

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY THE APPLICANT

This form must be mailed or faxed to the Employment Security Department by housing office.
The applicant cannot "hand carry" this form.

To:
Employment Security Department
Attn: Records Disclosure
P.O. Box 9046
Olympia, WA 98507-9046
Phone: (360) 407-4580
Fax: 1-866-610-9225

Return Form To:
Housing Staff
Kalispel Tribe Housing Office
P.O. Box 39
Usk, WA 99180
Phone: (509) 447-7270
Fax: (509) 445-0920

The individual named below is an applicant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Applicant's Name: \_\_\_\_\_
Social Security No.: \_\_\_\_\_
I hereby authorize release of my unemployment information.
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that this verification has been sent directly to the Employment Security Department and has not passed through the hands of the applicant or any other interested party.

Housing Staff

Date

(509) 447-7270
Sender's Phone Number

(509) 445-0920
Sender's Fax Number

**Kalispel Tribe Housing Office**  
P.O. BOX 39, USK, WA 99180 • PHONE (509) 447-7270  
OR (800) 240-6778 PIN #0000

**LANDLORD RENTAL ASSISTANCE STATEMENT**

**APPLICANT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RENTAL UNIT ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

I AUTHORIZE THE LANDLORD OR MANAGER NAMED BELOW TO PROVIDE THE INFORMATION REQUESTED BELOW TO THE KALISPEL TRIBE HOUSING OFFICE (KTHO)

The Kalispel Tribe Housing Office has received an application for Rental Assistance from the above named individual. Please provide the information below.

**LANDLORD NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**THE INFORMATION BELOW TO BE COMPLETED BY LANDLORD**

1. Has the above named Applicant been approved to rent a unit from you?  Yes  No
2. Do you have a unit available for move-in at this time?  Yes  No
3. How many people are listed to reside in the unit? \_\_\_\_\_
4. What pre-payment is REQUIRED before this individual can enter the unit?

_____	First Month Rent	\$ _____
_____	Last Month Rent	\$ _____
_____	Security/Damage Deposit	\$ _____
_____	Other (Describe):	\$ _____
<b>TOTAL:</b>		<b>\$ _____</b>
5. Has the named Applicant moved in and/or received a key to the rental unit?  Yes  No  
If yes when? \_\_\_\_\_
6. I certify that the rental unit is in a safe and habitable condition:  Yes  No

**THE FEDERAL LAW CONCERNING FRAUD STATES:**

Sub Section A

Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully:

- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact
- (2) makes any materially false, fictitious, or fraudulent statement or representation, or
- (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title or imprisoned not more than 5 years or both.

**It is acknowledged and understood that if the applicant identified above receives a grant from KTHO, KTHO is not a party to any rental or lease agreement. KTHO is not responsible for any rent or other obligations (unpaid rent, damages, utilities, etc.) and actions of any tenant.**

**SIGNATURE OF LANDLORD:** \_\_\_\_\_

**DATE:** \_\_\_\_\_