

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.

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
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: _____ HOW LONG: _____

TELEPHONE #() _____

SELECTION PREFERENCE (S)

☐ Substandard Living

☐ No Preference

☐ Local Preference

☐ Involuntarily Displaced

☐ Homeless

☐ 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	I	N	CS	F	W	U

PE=PENSION

SS=SOCIAL SECURITY

SI=SOCIAL SECURITY IMPLEMENT

F=FEDERAL WAGE

W=OTHER WAGE

I=TRIBAL MEMBER DISTRIBUTION

N=OTHER NONWAGE SOURCES

D=STATE CASH ASSISTANCE

CS=CHILD SUPPORT

U=UNEMPLOYMENT

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 Kaibab Paiute 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

TYPES OF INCOME

	YES	NO
Tribal Member Distribution Payments	_____	_____
Unemployment Compensation	_____	_____
Interest on CD's	_____	_____
Child Support Payments	_____	_____
Pensions	_____	_____
Scholarships for room/board/subsisting	_____	_____
Tips	_____	_____
Alimony	_____	_____
DES Cash Assistance	_____	_____
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. Unless tenant resides in a tribally owned rental unit, on the reservation, then rent will be the maximum set rate.
- ❖ 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 \$450.00.

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 of 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

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:** _____

Authorization for Release of Information

Kaibab Paiute Tribal Housing Department
HC 65 Box 2
Fredonia, AZ 86022

Contact Person: **Yolanda Rogers – Homeownership Counselor**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Kaibab Paiute Housing Department any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to: Identity and Marital Status Employment, Income, and Assets Residences and Rental Activity Medical or Child Care Allowances Credit and Criminal Activity I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: Previous Landlords (including Past and Present Employers Veterans Administration Public Housing Agencies) Welfare Agencies Retirement Systems Courts and Post Offices State Unemployment Agencies Banks and other Financial Institutions Schools and Colleges Social Security Administration Credit providers and Credit Bureaus Law Enforcement Agencies Medical and Child Care Providers Utility Companies Support and Alimony Providers

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State

welfare and food stamp agencies. CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

Signature:

Head of Household

Date

Social Security Number of Head of Household

Spouse

Date

Other Family Member over age of 18

Date

Other Family Member over age of 18

Date

Other Family Member over age of 18

Date

Other Family Member over age of 18

Date

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 policy.