

# KLETSEL DEHE HOUSING SERVICES TENANT BASED RENTAL ASSISTANCE

## GUIDANCE & PROCESS SHEET

### General Guidelines:

- Rental unit must be within the housing service area of Glenn, Colusa, Yolo or Sacramento Counties in California.
- The Rental Lease agreement must be in the tribal applicant's name.
- Rental assistance program is not a party to the lease agreement between landlord and the tenant/rental assistance applicant)
- It is the applicant's responsibility to locate their rental unit.
- A complete application (An application that meets all eligibility requirements) is not an approved application (An application that has been added to the rental assistance program.)
- All completed applications that are not yet approved are held in the waiting list file.
- All incomplete applications will be returned to the applicant.

### Step 1. Rental application is received:

- The application is received at the Tribal Office and is date stamped, copied and filed in a secure location.

### Step 2. Check for application completeness:

- If the application is incomplete or ineligible, return the application and inform the applicant of incompleteness or ineligibility.
- If the application is complete proceed to step 3.

### Step 3. Contact Landlord:

- Inform landlord of the applicants eligible for rental assistance and about the rental assistance program.
- Confirm willingness of the landlord to accept rental assistance payments (Landlord must complete and return taxation and income reporting documentation to the tribe).
- If the landlord agrees to accept rental assistance and returns taxation documents, then proceed to step 4.

### Step 4. Schedule unit inspection:

- Tribal staff/Program Administrator will schedule a walkthrough inspection of the rental unit with the landlord and or applicant.
- If the unit fails to pass inspection, then inform the applicant of the unit's ineligibility for rental assistance and why.
- If the unit passes inspection, then proceed to step 5.

### Step 5. Application Approval/Waiting List

- If all other requirements are completed and the applicant is deemed eligible for rental assistance, then the applicant is contacted by phone and sent an official approval letter for rental assistance.
- If the rental assistance program is at capacity or if there are administrative delays in approving the completed application, then the applicant will go on the waiting list and will be served in turn in accordance with the rental assistance policy priority system.

**KLETSEL DEHE HOUSING SERVICES  
TENANT BASED RENTAL ASSISTANCE PROGRAM**

**APPLICATION FOR RENTAL ASSISTANCE**

**SECTION 1. TYPE OF ASSISTANCE & ELIGIBLTY CERTIFICATION:**

**STAFF ONLY – DATE RECEIVED**

- a.  **REQUESTING MOVE-IN-COST AND RENTAL ASSISTANCE:** I am applying for move-in-cost and rental assistance.
- b.  **RENTAL ASSISTANCE ONLY:** I am residing in a rental unit currently and I am applying for rental assistance only.
- c.  **REQUESTING MOVE-IN-COST ASSISTANCE ONLY:** I am requesting move-in-cost assistance only. I understand that I may receive assistance sooner than other forms of rental assistance, but that I must wait one (1) year from the move-in-date before being considered for monthly rental assistance.
- d.  **REQUESTING TRANSFER OF RENTAL ASSISTANCE:** I am requesting to transfer to another affordable rental unit. (May only be considered once per year and only if the unit meets rental affordable income and safety standards.)
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- e.  **ELIGIBILITY RECERTIFICATION ONLY:** I am recertifying my income and household composition status information to determine if I am eligible to continue receiving tenant based rental assistance.
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**SECTION 2. APPLICANT INFORMATION:**

Name: \_\_\_\_\_  
(Last) (First) (M.I.) Maiden, if any

Current Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Tribal Roll Number: \_\_\_\_\_

**APPLICATION CERTIFICATION:** I/we understand that the above information is collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Program Administrator to verify all information provided on this application. I/We understand that false statements or information are grounds for termination of rental/housing assistance.

_____ Applicant Signature	_____ Date	_____ Spouse/Co-habitant Signature	_____ Date
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**SECTION 3. HOUSEHOLD COMPOSITION:**

(List the applicant and all other household members who will be living in the unit. Give the relationship of each family member to the applicant.)

Household Member's Full Name	Relationship to Applicant	Date of Birth	Tribal Roll No.	Social Security No.

**SECTION 4. HOUSING INFORMATION:**

a. Have you been or are you about to be displaced from your current household?  Yes  No

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Name/Address/Phone of landlord: \_\_\_\_\_  
 \_\_\_\_\_

c. Are you currently living in substandard housing conditions?  Yes  No

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d. If your application is approved, have you located a rental unit?  Yes  No

If yes, please give address of the rental unit and copy of the rental agreement. \_\_\_\_\_  
 \_\_\_\_\_

e. Does anyone in your family, who is a permanent resident listed under Section 3. of this application, have a severe health problem, handicap, or permeant disability?  Yes  No

If yes, please provide the name of the family member and brief description of the condition:  
 \_\_\_\_\_  
 Name of family member. \_\_\_\_\_ Brief description of condition. \_\_\_\_\_

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_____ Applicant Signature	_____ Date	_____ Spouse/Co-habitant Signature	_____ Date
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**SECTION 5. INCOME INFORMATION:**

Start with the applicant’s income, and then list all other household members and their income. Provide proof of income for each claimed source household income. (Such as, tax returns, check stubs, benefit letters etc.)

**a. EARNED INCOME:**

Examples of earned income are wages, salaries, commissions, tips and other income obtained by participating in a business or trade.

Household Member’s Full Name:	Source of Income	Annual Amount	Payment Basis (Weekly, Monthly, etc)

**b. UNEARNED INCOME:**

Examples of unearned income include social security, unemployment benefits, child support, tribal distributions and per-capita, and other income not obtained by participating in a business or trade.

Household Member’s Full Name:	Source of Income	Annual Amount	Payment Basis (Weekly, Monthly, etc)

**c. HOUSEHOLD ANNUAL INCOME**

What is the total combined annual income of all household members from all sources reported?

Annual Total \$ \_\_\_\_\_

**d. EXPENSE INFORMATION:**

- Yes  No Does your household have an un-reimbursed medical expense in excess of 3 percent of annual income?
- Yes  No Does your household pay child care expenses for children under the age of 13 that enable a family member to work or get to school?
- Yes  No Does your household pay care expense for the care of a family member with disabilities that enable a family member to work?

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_____ Applicant Signature	_____ Date	_____ Spouse/Co-habitant Signature	_____ Date
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**KLETSEL DEHE HOUSING SERVICES**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT:**

I authorize the **KLETSEL DEHE WINTUN NATION** and it’s agents to gather any information or materials needed to complete and verify my housing assistance application for participation in and/or to maintain my continued participation in their housing assistance program(s).

**INFORMATION COVERED:**

I understand that previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and marital Status  
Employment, Income, and Assets  
Credit and Criminal Activity

Medical or Child Care Allowances  
Residences and Rental Activities  
Benefits Status

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:**

Previous Landlords  
Past and Present Employers  
Welfare Agencies  
Medical and Child Care Providers  
Retirement System  
Banks, Credit Bureaus, Credit Providers

Support and Alimony Providers  
State Unemployment Agencies  
Social Security Administration  
Veterans Administration  
Utility Companies  
Other Tribes

Authorization includes, but is not limited to the above groups.

**CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original document of this authorization is on file with the housing department and will stay in effect for a year from the date signed.

\_\_\_\_\_  
Print Name - Tribal Applicant      Date

\_\_\_\_\_  
Print Name - Other Adult      Date

\_\_\_\_\_  
Signature - Tribal Applicant

\_\_\_\_\_  
Signature - Other Adult

\_\_\_\_\_  
Print Name – Other Adult      Date

\_\_\_\_\_  
Print Name - Other Adult      Date

\_\_\_\_\_  
Signature – Other Adult

\_\_\_\_\_  
Signature - Other Adult

# KLETSEL DEHE HOUSING SERVICES

## CLAIM OF NO INCOME

**This form must be filled out by each adult household member over the age of eighteen (18) living in the household that is reporting no income or no employment.** Please read each claim carefully and **initial by each statement that applies.** If you are receiving any income in any form it must be reported on Page 3. Of the TBRA-Application as either earned or unearned income.

IF YOU ARE CLAIMING NO INCOME OR EMPLOYMENT YOU MUST COMPLETE THIS FORM:

**This statement confirms that:**

- I am not receiving income from any source.
- I am not employed by any employer.
- I am not working and receiving cash as payment for any type of services provided.
- I am not receiving any type of employment compensation benefits.
- I am not receiving TANF, Welfare, Social Security, Veterans benefits or any other benefits
- I am not receiving pension or annuity benefits.
- I am not receiving any income from babysitting, "Odd jobs", selling any type of products, house cleaning, self-employed, rent, etc.
- I am not receiving child support or any monetary benefits from a divorce.
- I am not receiving alimony.
- I am not receiving money from any foster care program.
- I am not a beneficiary of any other person's social security, pension, annuity or otherwise.
- I am not receiving any type of per capita or tribal distributions from any tribe.
- I am not receiving any money from any type of inheritance.
- I understand that I must report any income changes.**

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\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Warning: Falsifying information on this form may result in removal from the applicable benefit program or consideration for the benefit for a specified period of time.**