



NEZ PERCE TRIBAL HOUSING AUTHORITY

P.O. BOX 188 • LAPWAI, IDAHO 83540 • (208) 843-2229

105 RIVERVIEW AVENUE • KAMIAH, ID 83536 • (208) 935-2144

Application Instructions

Attached is the application for Housing Assistance. Please return the completed application to the NPTHA Office with the following:

- ☐ Copies of Tribal Enrollment cards for all enrolled household members;
- ☐ Copies of Social Security Cards for all household members;
- ☐ Copies of most recent paycheck stubs and/or other household income;
- ☐ IDA & Mortgage Finance Assistance applicant do not need to complete sections 4 or 5.

You will receive notice within two weeks regarding the status of your application. Once you are on the waiting list, you can check your status at our front office. The waiting list is prioritized by preference points and application date thereafter.

All housing assistance provided by the NPTHA is subject to federal and state income guidelines. Moderate income families may be eligible for various programs, however, are not able to receive the same benefits as low income families.

If you need assistance in completing this application, please contact the NPTHA Office in either Lapwai or Kamiah.

NPTHA Programs

Low Rent Programs

Low Rent Housing: The NPTHA manages Low Rent housing units in the Lapwai and Kamiah areas. Only qualified low-income families are eligible for assistance. Applicants are placed on a waiting list with preference given to Nez Perce families. The Low Rent program is a month-to-month lease and the rent is based on 30% of adjusted gross income.

Low-Income Housing Tax Credit (LIHTC) Rentals: The NPTHA manages LIHTC units in the Lapwai area. Only qualified low-income families are eligible for assistance. Although preference is provided to Nez Perce families, various income restrictions apply. The LIHTC program accepts Section 8 vouchers and requires all tenants to apply for Section 8 vouchers. Rents are calculated annually based on 30% of adjusted gross income.

Homeownership

Starter Home Program (SH): This program is a five-year lease with option to purchase and only applies to available homeownership units the NPTHA built before 1998. Eligible applicants will earn credits during the lease phase to buy down the purchase price. Only Nez Perce families who can complete the mortgage process within five years are eligible.

Option to Purchase Program (OPP): This program is a three-year lease with option to purchase available for our Sundown Heights homeownership units. Eligible applicants will earn mortgage payment credits during the lease phase and receive buy-down assistance. Only Nez Perce families who can complete the mortgage process within three years are eligible.

Financial Assistance

Individual Development Account (IDA): This is a savings program designed to encourage low-income Nez Perce Families to save for 1) down payment to purchase home or 2) home repairs/improvements. The NPTHA will provide a \$2 match for every \$1 saved toward the purchase of a home or a \$1 for \$1 match for home repairs/improvements.

Mortgage Finance Assistance (MFA): Down payment and closing costs assistance is available for eligible low and moderate income families who are purchasing a home through a private lender. MFA is not applicable when buy-down assistance is provided by other NPTHA programs.

Home Repair Programs

Senior Rehab Program: This program provides assistance to low-income senior citizens who own their own home. The grant amount is a maximum of \$4,500 to complete essential repairs. The NPTHA will assist in compiling estimates and arranging completion of repairs.

Education Classes

Education Classes:: The NPTHA provides the following Education Classes:

- *Homebuyer Education: Overview of the program benefits and step by step process for those interested in purchasing a home. Also, a requirement of Section 184 Guaranteed Loan program.
- *Financial Literacy: Learn to manage your personal finances, understanding credit, etc...
- *Renter's Rights & Responsibilities: A complete review for current tenants and future tenants.
- *Maintenance Class: Learn various do-it-yourself maintenance tasks.
- *Homeowners Maintenance Class: A guide to inspecting, and completing home repairs and improvements.

PART I: Housing Assistance Application

SECTION 1: Application Information

ASSISTANCE DESIRED

Applicant Name: _____

Co-Applicant Name: _____

Home Phone: _____ Work Phone: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____

Indicate the type of housing assistance you are applying for:

☐ Low Rent ☐ Tax Credit Rental ☐ Starter Home ☐ Purchase SDH Home
☐ Purchase SDH Lot ☐ IDA ☐ MFA ☐ Other: _____

Desired location: ☐ Lapwai ☐ Kamiah ☐ Orofino ☐ Other:

Do you presently own a home? YES ☐ NO ☐

If yes, please provide address:

Are you presently a NPTHA participant? YES ☐ NO ☐

If you are presently a NPTHA participant, please explain.

Please indicate your housing goals:

What is your family's current housing situation? OWN ☐ RENT ☐ LIVE WITH FAMILY ☐ MH ☐ SH ☐ OTHER ☐

Does any household member owe any amount to NPTHA?

Y ☐ N ☐

Verified: _____

Have you completed our Homebuyer Education Class?

Y ☐ N ☐

Date Completed:

Have you completed our Financial Literacy Class?

Y ☐ N ☐

Date Completed:

Household

List all household members that are applying to live in this home with you and provide Social Security cards and Tribal ID.

[illegible]

SECTION 2: Income and Asset Information

Applicant

Co-Applicant

CURRENT EMPLOYMENT INFORMATION

Current Employer/Address	Length: Yrs. ___ Mo. ___	Current Employer/Address	Length: Yrs. ___ Mo. ___
Position/Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Position/Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Gross Monthly Income	Net Mo. Income	Gross Monthly Income	Net Mo. Income

IF EMPLOYED WITH CURRENT EMPLOYER LESS THAN 2 YRS, COMPLETE THE FOLLOWING SECTION:

Previous Employer	Position/Title	Length	Previous Employer	Position/Title	Length
Address		Annual Income	Address		Annual Income

ALL HOUSEHOLD INCOME

List all household income: Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant, benefit, trust income, gaming dividends, or per capita dividends, it is counted for all household members including minors. Include all income ANTICIPATED for the next 12 months.

Household Member	Source Income	Amount	Frequency

Income Questionnaire

Do YOU or ANYONE in your household receive OR expect to receive income from:
(Report all dollar amounts above)

YES

NO

☐☐

1. Employment wages or salaries? (Include overtime, tips, bonuses commissions and payments received in cash.)

☐☐

2. Self-employment? (Include overtime, tips, bonuses, commissions and payments received in cash.)

☐☐

3. Regular pay as a member of the Armed Forces/Military?

☐☐

4. Unemployment benefits or workman's compensation?

☐☐

5. Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

☐☐

6. (a) Child support or Alimony?

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer. Payments received in a lump sum will also be counted.)

(b) How is the support received? (Check all that apply.)

☐
☐
☐
☐

Child Support Enforcement Agency
Court of Law
Directly from Individual
Other

Name of Agency: _____

Name of Court: _____

Name of Person: _____

Explain: _____

YES NO

- ☐ ☐ 7. (c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?
Explanation: _____
- ☐ ☐ 8. (d) Have you received repayment(s) of past due child support? (If so, obtain third party documentation of amounts, source, and dates.) _____
- ☐ ☐ 9. Social Security, SSI or any other payments from the Social Security Administration?
- ☐ ☐ 10. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?
- ☐ ☐ 11. Regular payments from a severance package?
- ☐ ☐ 12. Regular payments from any type of settlement? (For example, insurance settlements.)
- ☐ ☐ 13. Payments from any per capita related to land claims settlements, dividends?
- ☐ ☐ 14. Educational grants, scholarships, or other student benefits?
- ☐ ☐ 15. Regular gifts or payments from anyone outside of the household?
(This includes anyone supplementing your income or paying any of your bills.)
- ☐ ☐ 16. Regular payments from lottery winnings or inheritances?
- ☐ ☐ 17. Regular payments from rental property, trust, or other types of real estate transactions?
- ☐ ☐ 18. Any other income sources or types not listed?
- ☐ ☐ 19. Do you or any other household members expect any changes to your income in the next 12 months?
Explanation: _____

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household have:

YES

NO

☐
☐

20. Checking or savings account?

Household Member

Financial Institution

Amount

☐
☐

21. CDs, money market accounts or treasury bills?

Household Member

Financial Institution

Amount

☐
☐

22. Stocks, bonds or securities?

Household Member

Company or Broker

Amount

YES NO
☐ ☐

23. Trust Funds?

Household Member

Financial Institution

Amount

☐ ☐

24. Pensions, IRAs, Keogh or other retirement accounts?

Household Member

Financial Institution

Amount

☐ ☐

25. Whole life insurance policy?

Household Member

Financial Institution

Amount

☐ ☐

26. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?

(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member

Address of Property

Amount

☐ ☐

27. Personal property held as an investment?

(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Household Member

Item

Amount

☐ ☐

28. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member _____ Amount _____

Explanation _____

SECTION 3: General Questionnaire

Housing References

List housing references for the past 3 years. *(If additional space is required, use the back of this application.)*

Landlord's Name/Address

Your Address

Own/Rent

Dates

Name: _____

OWN

From: _____

Address: _____

RENT

To: _____

Phone: () _____

Name: _____

OWN

From: _____

Address: _____

RENT

To: _____

Phone: () _____

Name: _____

OWN

From: _____

Address: _____

RENT

To: _____

Phone: () _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

Tag/License Plate#

State Issued

Make/Model/Year

Vehicle #1 _____

Vehicle #2 _____

Emergency Contact

List an emergency contact.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

SECTION 4: Background Information

Background Information

YES

NO

☐☐

1. Do you expect any additions to the household within the next twelve months?

Name & Relationship: _____

Explanation: _____

☐☐

2. Is there anyone living with you now who won't be living with you at this property?

Name & Relationship: _____

Explanation: _____

☐☐

3. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren) will be living in unit.)

Explanation: _____

☐☐

4. Are there any absent household members who under normal conditions would live with you? (For example, a spouse away in the military.)

Explanation: _____

☐☐

5. Does your household have or anticipate having any pets other than those used as service animals?

Explanation: _____

☐☐

6. Have you or anyone else named on this application filed for bankruptcy?

Explanation: _____

☐☐

7. Do you owe any money to a utility company?

Explanation: _____

☐☐

8. Have you or anyone else named on this application been convicted of a felony?

Explanation: _____

☐☐

9. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?

Explanation: _____

☐☐

10. Have you or anyone else named on this application been convicted of property damage?

Explanation: _____

☐☐

11. Have you or anyone else named on this application been evicted from a rental unit of any type, including a home, apartment, mobile home, etc.?

Explanation: _____

SECTION 5: Rental Program Questions

Applicant Status

The following questions pertain to specific eligibility requirements of the Tax Credit Program, please answer if you are applying for any rental program.

YES

NO

☐☐

1. Do you or any other ADULT household members claim zero income?

Household Member _____

Explanation _____

☐☐

2. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): _____

☐☐

3. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (If any): _____

☐☐

4. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

☐☐

5. Will your household be eligible or have you applied to receive Section 8 rental assistance? (YOU MUST COMPLETE THE APPLICATION BEFORE BEING ELIGIBLE FOR NPHTA SUBSIDY.)

Date of Application: _____

Name of Agency: _____

SECTION 6: IDA and MFA Questions

Financial Assistance Questionnaire

1. What type of home are you purchasing or interested in purchasing?

☐ New manufactured

☐ New Home already built

☐ Existing home

☐ Used manufactured (not eligible for IDA)

☐ Build a new home

☐ Existing home w/improvements

2. Is the home you are interested in purchasing located within the Nez Perce Reservation boundaries (1855 Treaty)?

☐ Yes

☐ No

3. Will the home you purchase be your primary residence (at least 9 months per year)?

☐ Yes

☐ No

4. Do you have a plan for completing your purchase?

Explain: _____

Estimated cost of home \$ _____

Estimated purchase ddate: _____

Lender: _____

Have you prequalified for a loan: _____

5. Which costs are you requesting from Mortgage Finance Assistance:

☐ Down Payment

☐ Inspection costs

☐ Appraisal costs

☐ Attorney costs

6. Which costs are you saving for

Down payment

goal amount: \$ _____

Inspections cost

goal amount: \$ _____

Appraisal costs

goal amount: \$ _____

Application fees

goal amount: \$ _____

Closing fees

goal amount: \$ _____

Improvement costs
w/purchase of home

goal amount: \$ _____

SECTION 7: Signatures

Housing Counseling Agreement

It is a proven fact that Housing Counseling and Homebuyer Education classes prevent problems for renters and homebuyers. In order to obtain housing assistance from the NPTHA, pre and post counseling is required by NPTHA policy. The pre-counseling will include at least 4 to 12 hours of educational instruction offered in group sessions, depending on the program assistance requested. Additional one-on-one counseling can be required based on the needs of the family as determined by the NPTHA and the type of program assistance desired. Post counseling may also be required on a month to month basis.

Classes will be conducted by NPTHA Housing Counselors in the Homeownership Opportunity Center. All housing counseling requirements apply to the head or heads of household; consequently, both heads of household or the equivalent must complete the required classes and housing counseling sessions. Scheduling of individual sessions will be arranged to the greatest extent practical so that your work obligations are not interrupted.

Please indicate by your signature below that you understand that your participation in the Housing Counseling Program is a requirement for acceptance to the program and for continued occupancy. By your signature below you also agree to contact a NPTHA Housing Counselor to arrange for your participation in our classes.

Applicant Signature	Date	Co-Applicant Signature	Date
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Signature Clause

I understand that the NPTHA is relying on this information to verify my household's eligibility for NPTHA housing assistance programs. I certify that all information and answers to the questions contained in this application are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility including minors who will reside in the home. I understand that providing false information or making false statements is considered grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have the NPTHA verify the information contained in this application for purposes of proving my eligibility for occupancy and/or any other housing assistance provided by the NPTHA. I will provide all necessary information including source(s) of income, names, addresses, phone numbers, account numbers where applicable and any other information required for expediting the application process. I hereby authorize and instruct the NPTHA to obtain and review my credit report for prequalifying purposes. I further understand that the NPTHA can at any time require a criminal background check on any of the applicants and occupants residing in or applying to reside in the home. It is understood that assistance may be denied or discontinued as a result of allegations or conviction of a crime that is a violation of the NPTHA policies.

My signature below also authorizes the release of account information from and to other financial institutions that I have supplied to the NPTHA in connection with such evaluation. In other words, I understand that that the processing of this application will require providing my information to an agency as well as an agency providing personal information to the NPTHA. I understand that acceptance for occupancy is contingent on all occupants meeting NPTHA's resident selection criteria and the applicable program requirements and policies as they now exist or as they may hereafter be revised OR ADDED by the NPTHA.

Applicant Signature	Date	Co-Applicant Signature	Date
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All additional ADULT household members must sign below indicating consent for the release of information as described above:

Signature	_____	_____	Date
Signature	_____	_____	Date
Signature	_____	_____	Date
Signature	_____	_____	Date
Housing Counselor Signature	_____	_____	Date

FOR OFFICE USE ONLY

Pre-qualification Summary

Total Household Income: monthly: \$ _____ annual: \$ _____ # of Household members: _____

Income Classification: ☐ Very Low Income ☐ Low Income ☐ Moderate Income ☐ Above Moderate

Percentage of AMI _____ Bedroom size eligible _____

Program eligible: LR LIHTC SH OPP Lot IDA MFA

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

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 members joining the household or whenever 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:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing 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 period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning 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 that 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 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it 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 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**Nez Perce Tribal Housing Authority**

P.O. Box 188
Lapwai, ID 83540
(208) 843-2229

Fax (208) 843-2973

Employment Income Verification

Employers Name: _____

Phone #: _____

Address: _____

Fax #: _____

The Applicant/Tenant named below has applied for occupancy in one of our homes or is a current tenant. Due to the requirements of our various funding sources, we must verify all income and assets for this person and their household to determine eligibility. Please complete the following information and return it as soon as possible to the NPTHA Office via mail or fax.

NPTHA Representative: _____

Date: _____

Applicant/Tenant Release Statement:

Applicant/Tenant Name: _____ Social Security #: _____

I hereby authorize the release of the following information in order to determine my eligibility for occupancy in a unit managed by the Nez Perce Tribal Housing Authority. Please complete this form in full and return to the NPTHA at your earliest convenience.

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please do not leave any sections blank; enter zero "0" or N/A.

Employee Name: _____ Job Title: _____

Presently Employed: ☐ Yes Date first employed: _____ ☐ No Last Date of Employment: _____

Currently Wages/Salary: \$ _____ (check one)

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from _____ through _____
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one)

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional Remarks: _____

Employer's Signature

Employer's Printed Name

Date

Your assistance in completing this form accurately and timely is greatly appreciated!

(NPTHA #1)



Nez Perce Tribal Housing Authority

P.O. Box 188
Lapwai, ID 83540
(208) 843-2229

Fax (208) 843-2973

Employment Income Verification

Employers Name: _____

Phone #: _____

Address: _____

Fax #: _____

The Applicant/Tenant named below has applied for occupancy in one of our homes or is a current tenant. Due to the requirements of our various funding sources, we must verify all income and assets for this person and their household to determine eligibility. Please complete the following information and return it as soon as possible to the NPTHA Office via mail or fax.

NPTHA Representative: _____

Date: _____

Applicant/Tenant Release Statement:

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I hereby authorize the release of the following information in order to determine my eligibility for occupancy in a unit managed by the Nez Perce Tribal Housing Authority. Please complete this form in full and return to the NPTHA at your earliest convenience.

Signature: _____ Date: _____

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Please do not leave any sections blank; enter zero "0" or N/A.

Employee Name: _____ Job Title: _____

Presently Employed: ☐ Yes Date first employed: _____ ☐ No Last Date of Employment: _____

Currently Wages/Salary: \$ _____ (check one)

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from _____ through _____
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one)

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional Remarks: _____

Employer's Signature

Employer's Printed Name

Date

General Income Verification

Source's Mailing Address:		Phone #:	()
		Fax #:	()
Requestor:		Date:	

The applicant named above has applied for housing assistance to be provided through the Nez Perce Tribal Housing Authority Program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible to the NPTHA Office.

Your assistance in completing this form accurately and timely is greatly appreciated!

Applicant/Tenant Release Statement:

Applicant/Tenant Name:	Date:
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I hereby authorize the release of the following information in order to determine my eligibility for the Nez Perce Tribal Housing Program. Please complete this form in full and return it to the NPTHA at your earliest convenience.

Signature:		Social Security #:	
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Check the type(s) of income received, the GROSS amount CURRENTLY receiving and date began receiving benefit:

	Income Type	Amount	Frequency	Date First Started
<input type="checkbox"/>	Earned Wages	\$		
<input type="checkbox"/>	General Assistance	\$		
<input type="checkbox"/>	Unemployment	\$		
<input type="checkbox"/>	Veteran's Benefit, Retirement Pay or Annuity	\$		
<input type="checkbox"/>	Disability/SSI	\$		
<input type="checkbox"/>	TANF	\$		
<input type="checkbox"/>	Income from Real Estate/Lease	\$		
<input type="checkbox"/>	Child Support, Alimony, Etc.	\$		
<input type="checkbox"/>	Per Capita	\$		
<input type="checkbox"/>	Income from Real Estate/Lease:	\$		
<input type="checkbox"/>	Other:	\$		
	<i>(Please list type)</i>			

Signature of Source:

Date Completed Form:		Phone #:	

NPTCP Use Only:

Comments:

General Income Verification

Source's Mailing Address:		Phone #:	()
		Fax #:	()
Requestor:		Date:	

The applicant named above has applied for housing assistance to be provided through the Nez Perce Tribal Housing Authority Program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible to the NPTHA Office.

Your assistance in completing this form accurately and timely is greatly appreciated!

Applicant/Tenant Release Statement:

Applicant/Tenant Name:	Date:
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I hereby authorize the release of the following information in order to determine my eligibility for the Nez Perce Tribal Housing Program. Please complete this form in full and return it to the NPTHA at your earliest convenience.

Signature:	Social Security #:	
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Check the type(s) of income received, the GROSS amount CURRENTLY receiving and date began receiving benefit:

	Income Type	Amount	Frequency	Date First Started
<input type="checkbox"/>	Earned Wages	\$		
<input type="checkbox"/>	General Assistance	\$		
<input type="checkbox"/>	Unemployment	\$		
<input type="checkbox"/>	Veteran's Benefit, Retirement Pay or Annuity	\$		
<input type="checkbox"/>	Disability/SSI	\$		
<input type="checkbox"/>	TANF	\$		
<input type="checkbox"/>	Income from Real Estate/Lease	\$		
<input type="checkbox"/>	Child Support, Alimony, Etc.	\$		
<input type="checkbox"/>	Per Capita	\$		
<input type="checkbox"/>	Income from Real Estate/Lease:	\$		
<input type="checkbox"/>	Other:	\$		
	<i>(Please list type)</i>			

Signature of Source:

Date Completed Form:		Phone #:	

NPTCP Use Only:

Comments:

Landlord Reference Check

Name of Applicant: _____

Home Community Applying For: _____

Reference Performance Method: Telephone Person-to-Person Written

Name of Person Performing Reference: _____

Address of Previous Residence: _____

Type of Residence Own Rental Other

Landlord's Name: _____

Phone #: () Fax #: ()

Type of Landlord: Management Co. Real Estate Co. Private Owner

Dates of Residency: From: _____ To: _____

Amount of Monthly Rent: _____ # of Occupants: _____

of Late Payments: _____ # of Returned Checks: _____

of Disturbance Complaints: _____ # of Times Police Called: _____

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Did the resident or his family/guests damage the home or the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the resident pay for the damages? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the resident violate the lease agreement in any way? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the resident violate any of your house rules in any way? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the resident give the proper notice for vacating the unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Would you rent to this individual again? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did the resident have any pets? | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant/Tenant Release Statement & Signature:

I Hereby Authorize the release of the above information to determine my eligibility for the Housing Credit Program. Please complete this form in full and return it to the NPTHA at your earliest convenience.

Signature: _____ SSN# _____

Signature: _____ Date: _____

Title: _____

Office Use Only:

Date Received: _____ Comments: _____

