

# 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 22% 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 22% 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.
- \*Money Basics: 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.
- \*Post Purchase Class: Facts and issues that come up after you've purchased your home.

***All housing assistance provided by the NPTHA is subject to federal income guidelines. Moderate income families may be eligible for various programs, however, are not able to receive the same benefits as low-income families. All applicants are required to attend housing counseling programs. Various eligibility requirements apply to each program, please talk to a housing counselor for more information.***



# 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 items:

- ☐ 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 proof of 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.



## SECTION 2: Income and Asset Information

Applicant Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

### 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/Address	Length: Yrs. ____ Mo. ____	Previous Employer/Address	Length: Yrs. ____ Mo. ____
Address	Annual Income	Address	Annual Income

### ALL HOUSEHOLD INCOME

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

Household Member	Source of Income	Amount	Frequency

### INCOME QUESTIONNAIRE

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

<b>YES</b>	<b>NO</b>	
<input type="checkbox"/>	<input type="checkbox"/>	1. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash)</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash)</i>
<input type="checkbox"/>	<input type="checkbox"/>	3. Regular pay as a member of the Armed Forces/Military
<input type="checkbox"/>	<input type="checkbox"/>	4. Unemployment benefits or workman's compensation?
<input type="checkbox"/>	<input type="checkbox"/>	5. Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?
<input type="checkbox"/>	<input type="checkbox"/>	6. (a) Child support or Alimony? <i>(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.)</i>
		(b) How is the support received? <i>(Check all that apply.)</i>
		<input type="checkbox"/> Child Support Enforcement Agency
		<input type="checkbox"/> Court of Law
		<input type="checkbox"/> Directly from Individual
		<input type="checkbox"/> Other
		Name of Agency: _____
		Name of Court: _____
		Name of Person: _____
		Explain: _____

<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy? Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	(d) Have you received repayment(s) of past due child support? <i>(If so, obtain third party documentation of amounts, source, and dates.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	7. Social Security, SSI or any other payments from the Social Security Administration?
<input type="checkbox"/>	<input type="checkbox"/>	8. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?
<input type="checkbox"/>	<input type="checkbox"/>	9. Regular payments from a severance package?
<input type="checkbox"/>	<input type="checkbox"/>	10. Regular payments from any type of settlement? <i>(For example, insurance settlements)</i>
<input type="checkbox"/>	<input type="checkbox"/>	11. Payments from any per capita related to land claims settlements, dividends?
<input type="checkbox"/>	<input type="checkbox"/>	12. Educational grants, scholarships, or other student benefits?
<input type="checkbox"/>	<input type="checkbox"/>	13. Regular gifts or payments from anyone outside of the household? <i>(This includes anyone supplementing your income or paying any of your bills)</i>
<input type="checkbox"/>	<input type="checkbox"/>	14. Regular payments from lottery winnings or inheritances?
<input type="checkbox"/>	<input type="checkbox"/>	15. Regular payments from rental property, trust, or other types of real estate transactions?
<input type="checkbox"/>	<input type="checkbox"/>	16. Any other income sources or types not listed?
<input type="checkbox"/>	<input type="checkbox"/>	17. Do you or any other household members expect any changes to your income in the next 12 months? Explain: _____

<b>ASSET INFORMATION</b>
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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:

<u>YES</u>	<u>NO</u>																
<input type="checkbox"/>	<input type="checkbox"/>	18. Checking or savings account?															
		<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Financial Institution</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Household Member</u>	<u>Financial Institution</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<input type="checkbox"/>	<input type="checkbox"/>	19. CD's, money market accounts or treasury bills?															
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<input type="checkbox"/>	<input type="checkbox"/>	20. Stocks, bonds or securities?															
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<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>															
_____	_____	_____															
_____	_____	_____															
_____	_____	_____															
_____	_____	_____															

YES

NO

☐☐

21. Trust Funds?

Household MemberFinancial InstitutionAmount

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

Household MemberFinancial InstitutionAmount

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23. Whole life insurance policy?

Household MemberFinancial InstitutionAmount

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24. 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 MemberAddress of PropertyAmount

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25. 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 MemberItemAmount

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26. 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 MemberAmount

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Explain: 

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**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.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	<hr/>	<hr/>		From: <hr/>
Address:	<hr/>	<hr/>	Own	To: <hr/>
Phone:	( ) <hr/>	<hr/>	Rent	
Name:	<hr/>	<hr/>		From: <hr/>
Address:	<hr/>	<hr/>	Own	To: <hr/>
Phone:	( ) <hr/>	<hr/>	Rent	
Name:	<hr/>	<hr/>		From: <hr/>
Address:	<hr/>	<hr/>	Own	To: <hr/>
Phone:	( ) <hr/>	<hr/>	Rent	

### VEHICLE IDENTIFICATION

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

	<u>Tag/License Plate#</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1	_____	_____	_____
Vehicle #2	_____	_____	_____

### EMERGENCY CONTACT

List emergency contact

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## SECTION 4: Background Information

### Background Information

<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you expect any additions to the household within the next twelve months? Name & Relationship: _____ Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Is there anyone living with you now who won't be living with you at this property? Name & Relationship: _____ Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you have full custody of your child(ren)? <i>(If no, obtain proof of amount of time child(ren) will be living in the unit)</i> Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Are there any absent household members who under normal conditions would live with you? <i>(For example, a spouse away in the military.)</i> Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Does your household have or anticipate having any pets other than those used as service animals? Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you or anyone else named on this application filed for bankruptcy? Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you owe any money to a utility company? Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you or anyone else named on this application been convicted of a felony? Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs? Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	10. Have you or anyone else named on this application been convicted of property damage? Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	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.? Explain: _____

## SECTION 5: Rental Program Questions

### APPLICATION 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                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you or any other ADULT household members claim zero income?<br>Household member: _____<br>Explain: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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?<br>Household member(s): _____<br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Will you or any ADULT household member require a live-in care attendant to live independently?<br>Name of attendant: _____<br>Relationship (if any): _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Will your household be receiving Section 8 rental assistance at time of move-in?<br>Name of Agency: _____<br>Contact Person: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Will your household be eligible or have you applied to receive Section 8 rental assistance?<br>(YOU MUST COMPLETE THE APPLICATION BEFORE BEING ELIGIBLE FOR NPTHA SUBSIDY.)<br>Name of Agency: _____<br>Date of Application: _____ |

## SECTION 6: IDA and MFA Questions

### Financial Assistance Questionnaire

1. What type of home are you purchasing or interested in purchasing?
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New manufactured                             | <input type="checkbox"/> New Home already built | <input type="checkbox"/> Existing home                   |
| <input type="checkbox"/> Used manufactured<br>(not eligible for IDA.) | <input type="checkbox"/> Build a new home       | <input type="checkbox"/> Existing home with 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 date: \_\_\_\_\_  
Lender: \_\_\_\_\_ Have you prequalified for a loan: \_\_\_\_\_
5. Which costs are you requesting from Mortgage Finance Assistance:
- |                                       |   |  |   |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Down Payment | <input type="checkbox"/> Inspection costs | <input type="checkbox"/> Appraisal costs | <input type="checkbox"/> Attorney costs |
|---------------------------------------|---|--|---|
6. Which costs are you saving for:
- |                 |                      |  |                      |
|-----------------|----------------------|--|----------------------|
| Down Payment    | goal amount\$: _____ | Inspection costs                         | goal amount\$: _____ |
| Appraisal costs | goal amount\$: _____ | Application fees                         | goal amount\$: _____ |
| Closing fees    | goal amount\$: _____ | Improvement costs<br>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 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 providing 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 number 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 any 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 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

Signatures:

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	Housing Counselor Signature	Date

### For Office Use Only

Pre-qualification summary			
Total Household Income: Monthly: \$	annual\$	Make/Model/Year\$	
Income Classification: <input type="checkbox"/> Very-Low Income	<input type="checkbox"/> Low Income	<input type="checkbox"/> Moderate Income	<input type="checkbox"/> Above Income
Percentage of AMI:		Bedroom Size Eligible	
Program Eligible: <input type="checkbox"/> LR	<input type="checkbox"/> LIHTC	<input type="checkbox"/> SH	<input type="checkbox"/> OPP <input type="checkbox"/> Lot <input type="checkbox"/> IDA <input type="checkbox"/> 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  
OMB Control Number 2577-0295  
Expiration Date 1/31/2025

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(l)(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  
Phone: 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: \_\_\_\_\_

### Applicant/Tenant Release Statement

Applicant/Tenant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
I hereby authorize the release of the following information 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 ☐ No Employment Start Date: \_\_\_\_\_ Last Date of Employment (if applicable): \_\_\_\_\_

Current Wage/Salary: \$ \_\_\_\_\_ (check one):  
☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly ☐ Yearly ☐ Other

Average # of Regular Hours Per Week: \_\_\_\_\_

Year-to-Date Earnings: \$ \_\_\_\_\_ from (mm/dd/yy) \_\_\_\_\_ through (mm/dd/yy) \_\_\_\_\_

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

Shift Differential: \$ \_\_\_\_\_ 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 Printed Name: \_\_\_\_\_ Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



**Nez Perce Tribal Housing Authority**  
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Employers Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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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: \_\_\_\_\_

### Applicant/Tenant Release Statement

Applicant/Tenant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
I hereby authorize the release of the following information 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 ☐ No Employment Start Date: \_\_\_\_\_ Last Date of Employment (if applicable): \_\_\_\_\_

Current Wage/Salary: \$ \_\_\_\_\_ (check one):  
☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly ☐ Yearly ☐ Other

Average # of Regular Hours Per Week: \_\_\_\_\_

Year-to-Date Earnings: \$ \_\_\_\_\_ from (mm/dd/yy) \_\_\_\_\_ through (mm/dd/yy) \_\_\_\_\_

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

Shift Differential: \$ \_\_\_\_\_ 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 Printed Name: \_\_\_\_\_ Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# General Income Verification

<b>Source's Mailing Address:</b>			<b>Phone #:</b>	(       )
			<b>Fax #:</b>	(       )
<b>Requestor:</b>			<b>Date:</b>	

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:

<b>Applicant/Tenant Name:</b>	<b>Date:</b>
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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.

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

	<u>Income Type</u>	<u>Amount</u>		<u>Frequency</u>		<u>Date First Started</u>
<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:**

<b>Date Completed Form:</b>		<b>Phone #:</b>	

**NPTCP Use Only:**

**Comments:**

# General Income Verification

<b>Source's Mailing Address:</b>			<b>Phone #:</b>	(       )
			<b>Fax #:</b>	(       )
<b>Requestor:</b>			<b>Date:</b>	

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:

<b>Applicant/Tenant Name:</b>	<b>Date:</b>
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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.

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

	<u>Income Type</u>	<u>Amount</u>		<u>Frequency</u>		<u>Date First Started</u>
<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:**

<b>Date Completed Form:</b>		<b>Phone #:</b>	

**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. Does this person maintain good housekeeping practices?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the resident violate the lease agreement in any way?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the resident violate any of your house rules in any way?	<input type="checkbox"/>	<input type="checkbox"/>
6. Was/is there any drug or other illegal activity connected with this resident?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the resident give the proper notice for vacating the unit?	<input type="checkbox"/>	<input type="checkbox"/>
8. Was this person evicted?	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you rent to this individual again?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you currently have any legal proceeding/litigation pending with this resident?	<input type="checkbox"/>	<input type="checkbox"/>
11. 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:

Received: \_\_\_\_\_ Comments: \_\_\_\_\_