

Chehalis Tribal Housing Authority

Application Type

- CTHA Unit
- Rental Home
- Rental Assistance

The following documents are required before application can be reviewed for eligibility.

Rental application. (required)

- Release of Information (all individuals 18 yrs and older)
- Drivers License (all individuals 18 yrs and older)
- Social Security Cards
- Proof of Tribal Enrollment

Rental assistance

- Lease/Rental agreement (rental assistance only)
- Tenant contract agreement (rental assistance only)
- Landlord Contract agreement (rental assistance only)

Proof of Income

- Pay Stubs
- Tax Return

Incomplete applications will not be accepted. Applicants will not be put on the waiting list unless all the required documentation is received. Applicants will receive notification letters when the application has been processed and added to the waitlist.

UPON ACCEPTANCE FOR A HOUSE

1. Applicant will be notified
2. Applicants and all members over 18 will be required to submit to a Drug test.
3. Applicants and all members over 18 will have a background check.
4. Reference checks.
5. First month rent and Security deposit will have to be paid prior to move in.
6. Electricity will have to be turned on in Tenants name and receipt turned in to Chehalis Tribal Housing Authority.
8. Tenants must sign a Rental Agreement.
9. Chehalis Tribal Housing Authority and the applicant will jointly inspect the house.
10. Keys will be issued.

APPLICATION FOR CHEHALIS TRIBAL HOUSING PROGRAMS

This application and the contents thereof are considered part of my rental agreement.

Applicant's Name _____

SS #: _____ Birth Date: _____

Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

FAMILY COMPOSITION: (all people listed over 18 shall sign a release of information form)

1.	Name	Relation to Applicant	Date of Birth	Sex	Social Security #
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

TOTAL HOUSEHOLD INCOME: List all money earned or received by applicant. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, etc.

Household Member	Employer	Total Monthly Wages	AFDC	Child Support Monthly	SS	Other
1.						
2.						
3.						
4.						

Are you a Chehalis Indian? _____ Enrollment # _____ Are other occupants Chehalis Indian? _____

If so, who? _____ Enrollment # _____

If so, who? _____ Enrollment # _____

Are you a Veteran? _____ Branch of Service _____ Date Discharged: _____

Are you or other occupants disabled? _____ Who & Nature of disability? _____

Are you or other occupants handicapped? _____ Will you need an ADA compliant house? _____

If ADA housing is needed what are specific needs? _____

Maximum vehicles that will be at the house?: _____

Nearest Relative to be notified in an Emergency

Name: _____ Relationship: _____

Address: _____ Telephone #: _____

Contact Information for last two Landlords:

Landlord name: _____ From: _____ To: _____

Address: _____ Telephone #: _____

Landlord name: _____ From: _____ To: _____

Address: _____ Telephone #: _____

Personal Reference:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Automobile information:

Make: _____ Model: _____ Year: _____ License Plate #: _____

Make: _____ Model: _____ Year: _____ License Plate #: _____

Credit Reference:

Bank: _____ Branch: _____

Checking: _____ Savings: _____ Other: _____

Credit Card: _____ Account #: _____

Credit Card: _____ Account #: _____

Other Credit References: (provide sufficient contact information and attach documentation)

PLEASE READ CAREFULLY BEFORE SIGNING:

In considering this application from you, the Chehalis Tribe will rely heavily on the information, which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize the Chehalis Tribe to verify references that you have listed. All persons responsible for payment must sign below.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Received by: _____ Date: _____

Chehalis Tribal Housing Authority

WARNING! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Departments of Agencies of the United States.

RELEASE OF INFORMATION

I, _____,
hereby give the Chehalis Tribe permission to obtain any information necessary to verify and complete my housing application or recertify my occupancy.

Verifications and/or reports include but are not limited to records of:

Employment; State Public Assistance; Unemployment Compensation; Workers Compensation; Internal Revenue Service; Social Security; SSI; Other Housing Authorities, or Federally Assisted Home Loan Programs; Credit Reporting Agencies; Current and Past Landlords; Energy Providers; Law Enforcement Agencies; any Tribal Department or Agency.

Name:

First

Middle

Last

DOB: _____ SS#: _____ - _____ - _____
Month/Day/Year

Signature:

**** Every member of the household over the age of 18 years old must complete and sign a Release of Information Form. Make as many copies of this page as needed.**