



Chehalis Tribal HOUSING AUTHORITY

Family Composition, Re-certification, Income (FCRI) Form

Head of Household: First Name, Middle Initial, Last Name	Today's Date:
Mailing Address: (MANDATORY)	Contact: (Circle 2 preferred method of contact)
	Home: ()
	Cell: ()
Physical Address: (MANDATORY)	2nd Cell: ()
	Email:
	Marital Status
	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Other

FAMILY COMPOSITION:

Name	Relation to H of H	DOB	SS#	Gender	Tribe (enrollment #)	Disability
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This included money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, per capita payment (from any tribe), etc.

Household Member	Employer/ Student	Total Monthly Wages	AFDC	Child Support Monthly	Social Security	Unemployment or Other (List type received)
1)						
2)						
3)						
4)						

VEHICLE INFORMATION: Please list the information for vehicles that will be parked regularly at your home. Per CTHA policy you are limited to 2 vehicles. Please include the type of car and verify that the vehicle is operational. According to the policy of CTHA, operational vehicles can be driven (operational) and are licensed.

Make/Model	Operational		Licensed	
1)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
2)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

PET INFORMATION: Please list information for any pets at your home. Please remember that you may only have one dog and/or one cat, per the approved Pet Policy of CTHA. Each pet will require a non-refundable pet deposit of \$100. All pets must be neutered or spayed.

Type of Pet (Cat/Dog)	Neutered/Spayed		Additional Cost per Month
1)	<input type="radio"/> Yes	<input type="radio"/> No	\$
2)	<input type="radio"/> Yes	<input type="radio"/> No	\$
3)	<input type="radio"/> Yes	<input type="radio"/> No	\$
4)	<input type="radio"/> Yes	<input type="radio"/> No	\$

GARBAGE PICK-UP INFORMATION: Please let us know how often you would like your garbage picked up at your home. If you have a large household, we encourage you to use the weekly service.

<input type="radio"/> Weekly	<input type="radio"/> Every other week	Additional Cost per Month	\$
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The above information is full, true and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements above.

Head of Household Signature

Date

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 Department or Agencies of the United States.



Chehalis Tribal HOUSING AUTHORITY

Release of Information

I, _____, hereby give the Chehalis Tribal Housing Authority 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; Supplemental Security Income (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.

First Name, Middle Initial, Last Name	Date of Birth	Social Security Number
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Signature Head of Household

First Name, Middle Initial, Last Name	Date of Birth	Social Security Number
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Signature - Member of Household over 18 years of age

First Name, Middle Initial, Last Name	Date of Birth	Social Security Number
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Signature - Member of Household over 18 years of age

First Name, Middle Initial, Last Name	Date of Birth	Social Security Number
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