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

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| --- | --- |
| **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  |
| O Single O Married O 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) |  |  |  |  |  |  |

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| **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 MonthlyWages | AFDC | Child SupportMonthly | Social Security | Unemployment or Other**(List type received)** |
| 1) |  |  |  |  |  |  |
| 2) |  |  |  |  |  |  |
| 3) |  |  |  |  |  |  |
| 4) |  |  |  |  |  |  |

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| **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) | O Yes | O No | O Yes | O No |
| 2) | O Yes | O No | O Yes | O 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) | O Yes O No | $ |
| 2) | O Yes O No | $ |
| 3) | O Yes O No | $ |
| 4) | O Yes O No | $ |
| **GARBAGE PICK-UP INFORNMATION:** 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. |
| O Weekly O 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 inquiriesbeing made for the purpose of verifying the statements above. |
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| 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.

# Release of Information

# Shape  Description automatically generated with medium confidence

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** |

Signature Head of Household

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

Signature - Member of Household over 18 years of age

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

Signature - Member of Household over 18 years of age

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

Signature - Member of Household over 18 years of age

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

Signature - Member of Household over 18 years of age

**CONFLICT OF INTEREST DISCLOSURE STATEMENT**

Chehalis Tribal Housing Authority (CTHA) is committed to ensuring fairness and impartiality in our housing admissions process. To help maintain transparency and prevent conflicts of interest, we require all applicants to disclose any relationships that could potentially create a conflict of interest. Please read the following carefully and disclose any conflicts of interest that apply to you or anyone in your household.

A conflict of interest exists when a person has a personal or financial interest that may interfere with their ability to make fair and impartial decisions or actions. In the context of housing admissions, conflicts of interest can arise when:

An applicant or a household member is related to, or has a close personal relationship with, a CTHA employee or board member, an applicant or a household member has a financial interest in a property or service that is connected to CTHA or the housing admissions process; an applicant or a household member has a direct or indirect financial interest in the outcome of the housing admissions decision.

*\*Conflicts of interest dependent on the nature of the conflict may be posted in a common area for public comment.*

If any of the above situations apply to you or anyone in your household, please provide the following information:

|  |  |
| --- | --- |
| Name of the person with the conflict of interest: |  |
| Relationship to the person with the conflict of interest *(e.g. spouse, sibling, business partner*): |  |
| Description of the conflict of interest *(e.g. financial interest in a property*): |  |
| Explanation of how the conflict of interest could potentially affect the fairness or impartiality of the housing admissions process: |  |

By signing below, you confirm that all information provided is accurate and complete to the best of your knowledge. You understand that failure to disclose a conflict of interest may result in disqualification from the housing admissions process.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature |  | Date: |  |
| Member W/ Conflict of Interest |  | Date: |  |

*Revised:10/23/2023*