

## APPLICATION INSTRUCTIONS KASHIA RENTAL ASSISTANCE PROGRAM

Dear Rental Assistance Applicants:

In order for Stewarts Point Rancheria to provide Rental Assistance services with the use of federal funds, the U.S. Department of Housing and Urban Development (HUD) requires us to comply with Kashia's Rental Assistance Policy, and HUD regulations. We recommend you review the Kashia's **Rental Assistance Program Policy**.

Receipt of the following documents will assure compliance with regulations and allow us to provide applicants with services in a timely manner. You must submit ALL of the following to be considered for assistance:

**Applicants seeking to rent a dwelling unit:**

1. Completed Rental Assistance Application including signature(s) and dates.
2. Income verifications for all household members 18 years of age and older.
  - Check stubs, bank statements, award letters, etc.
  - Deductions from income are allowed in certain circumstances
3. Consent Release of Information Form
  - All household members 18 years and older must sign and date the form.
4. Legible photocopy of Identification
  - Tribal ID, Driver's License or ID for each household member 18 years of age and older.
5. Legible photocopy of Social Security Card for each household member.

**Applicants already renting a dwelling unit: all of the above items plus**

1. A signed Rental/Lease Agreement
  - a. Applicant's name must be on the Rental/Lease Agreement
  - b. See "Important Instructions For Rental/Lease Agreement Update Letter"

**Security Deposit Assistance:** the Rental Assistance Application may be turned in before a rental unit is secured; when a rental unit is found, a completed, signed copy of the Rental/Lease Agreement must be sent to the Housing Department, for a **One Time Only Security Deposit**.

Housing will review all completed applications and determine the maximum sized dwelling and maximum rent that complies with program requirements for each eligible applicant. Applicants will be notified of the determination.

Based on applicant's verified income, Housing will determine what portion of tenant's rent will be provided by the Tribe, and what portion must be provided by the applicant (program participants cannot pay more than 30% of their adjusted income towards rent). For applicants seeking a dwelling unit, Housing will confirm with applicant's prospective Landlord the tenant's rent and the amount of rental assistance upon request. Assistance is provided directly to the Landlord once a lease is signed and a copy submitted to Housing for review.

Eligible applicants with completed files will be provided with assistance as funds are available. If funds are not available, eligible applicants with completed files will be placed on a waiting list until funds become available. Incomplete applications will not be added to the waiting list. Completed applications will be processed once a month.

If you have any questions Rental Assistance, please call the SPR Rental Assistance office at (707) 591-0580 ext.114.

# Housing Services Application

Please check requested service(s):

Rental Assistance

Security Deposit Assistance

Home Rehabilitation Assistance

Homebuyer Assistance

## A. Applicant Information

All questions must be answered. The requested information is self-explanatory. This application is subject to the Privacy Act of 1974, Pub.L. 93-579

1. Applicant Name	Last		First		MI
2. Home Address	Number	Street Name	Unit #	City & County	Zip
3. Mailing Address (If Different)	Number	Street Name	Unit #	City & County	Zip
4. Phone Number	( )	Area Code	5. Date of Birth	mm/dd/yy	6. Age
8. Social Security #			9. Tribal Member	Yes No	7. Household Total #
11. Marital Status	Married	Single	Widowed	Other	12. # Adults 18 or Over
14. Disabled/Handicap #	Head of House	Spouse	Other	15. Live-in Aid Help	Yes No % of Disability
16. Work Hours (FT/PT)			17. Average Hours Per Week	18. Student Y/N, incl. FT or PT	

## B. Spouse Information

1. Spouse Name	Last	First	MI
2. Social Security #	3. Tribal Member		Yes No
4. Date of Birth	mm/dd/yy	5. Age	
16. Work Hours (FT/PT)	17. Average Hours Per Week		18. Student Y/N, incl. FT or PT

## C. All Other Persons

(List All Other Persons and/or Children Living In The Home.)

1. Name	Last	First	MI
2. Social Security #	3. Tribal Member		Yes No
4. Date of Birth	mm/dd/yy	5. Relationship To Applicant	
6. Work Hours (FT/PT)	8. Average Hours Per Week		9. Student Y/N, incl. FT or PT

I hereby certify that all of the above information is true and accurate to the best of my knowledge: \_\_\_\_\_ Date: \_\_\_\_\_

**C.All Other Persons cont.**

(List All Other Persons and/or Children Living In The Home.)

1. Name						
	Last	First			MI	
2. Social Security #			3. Tribal Member			
			Yes	No		
4. Date of Birth			5. Relationship To Applicant			
	mm/dd/yy			6. Age		
7. Work Hours (FT/PT)			8. Average Hours Per Week			
				9. Student		
				Y/N, incl. FT or PT		

1. Name						
	Last	First			MI	
2. Social Security #			3. Tribal Member			
			Yes	No		
4. Date of Birth			5. Relationship To Applicant			
	mm/dd/yy			6. Age		
7. Work Hours (FT/PT)			8. Average Hours Per Week			
				9. Student		
				Y/N, incl. FT or PT		

1. Name						
	Last	First			MI	
2. Social Security #			3. Tribal Member			
			Yes	No		
4. Date of Birth			5. Relationship To Applicant			
	mm/dd/yy			6. Age		
7. Work Hours (FT/PT)			8. Average Hours Per Week			
				9. Student		
				Y/N, incl. FT or PT		

1. Name						
	Last	First			MI	
2. Social Security #			3. Tribal Member			
			Yes	No		
4. Date of Birth			5. Relationship To Applicant			
	mm/dd/yy			6. Age		
7. Work Hours (FT/PT)			8. Average Hours Per Week			
				9. Student		
				Y/N, incl. FT or PT		

1. Name						
	Last	First			MI	
2. Social Security #			3. Tribal Member			
			Yes	No		
4. Date of Birth			5. Relationship To Applicant			
	mm/dd/yy			6. Age		
7. Work Hours (FT/PT)			8. Average Hours Per Week			
				9. Student		
				Y/N, incl. FT or PT		

hereby certify that all of the above information is true and accurate to the best of my knowledge: \_\_\_\_\_ Date: \_\_\_\_\_

**D. Housing Information** (applicable to Rental Assistance Applicants only)

Yes No

1. Do you pay rent and have a monthly or yearly lease for the dwelling you live in presently?

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2. Are you without a dwelling and are living with a relative or friend as your primary residence?

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3. Will you soon be evicted from your dwelling?

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4. Is your current dwelling unsafe, unsanitary or overcrowded?

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If yes please explain: \_\_\_\_\_

5. Are you without a dwelling because of an emergency such as a fire, flood or other acts of nature?

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If yes please explain: \_\_\_\_\_

6. Size of current dwelling:

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7. Current monthly rental amount

\$	
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8. Landlords Name

Last	First	Phone Number

9. Mailing Address

Street # and Name	City	Zip

(Please make sure a copy of your current lease is attached for rental assistance services)

**E. Income Information:** The information provided in Section E1 and E2 is needed in order to determine eligibility for the Rental Assistance Program. Additional household income verification may be requested by the Housing Services Department upon selection for services.

**1. HOUSEHOLD EARNED INCOME:** List all individuals 18 years and older living in this home, and their gross wages from the 30 days prior to the date of this application. Include all employed and non-employed household members. Provide check stubs from the past 30 days from the date signed on this application. If no stub is available, an employer signed statement, on letterhead, showing gross wages paid in the past 30 days will be accepted as verification of the monthly income stated below:

	\$	
Name	Monthly Earned Income	Source of Income (or indicate non-employed) and Frequency Paid
	\$	
Name	Monthly Earned Income	Source of Income (or indicate non-employed) and Frequency Paid
	\$	
Name	Monthly Earned Income	Source of Income (or indicate non-employed) and Frequency Paid
	\$	
Name	Monthly Earned Income	Source of Income (or indicate non-employed) and Frequency Paid
Total Monthly Earned Income	\$	

**2. HOUSEHOLD UNEARNED INCOME:** List all unearned income for the past 30 days for each person living in this home. Unearned income includes, but is not limited to, Social Security Retirement/SSI, UIB Temporary Disability, TANIF, Veterans benefits, child support, alimony, RSTF/Per-Capita, interest income, cash, etc. Benefit award letters, allotment stubs, bank statements for automatic deposits or other official documents indicating monthly payments may be used, and must be dated within the past 30 days from the date signed on this application.

	\$	
Name	Monthly Unearned Income	Source of Income and Frequency Paid
	\$	
Name	Monthly Unearned Income	Source of Income and Frequency Paid
	\$	
Name	Monthly Unearned Income	Source of Income and Frequency Paid
	\$	
Name	Monthly Unearned Income	Source of Income and Frequency Paid
Total Monthly Unearned Income	\$	

hereby certify that all of the above information is true and accurate to the best of my knowledge: \_\_\_\_\_ Date: \_\_\_\_\_

## **F. Certification and Signature**

I hereby certify that all of the information contained in this application is true and accurate to the best of my knowledge, and I authorize the Housing Department to verify all information. I understand that source verifications are required to determine if I/we are eligible to receive assistance. I further understand that the Housing Department will be monitoring my household income to continue benefits in the housing unit, and that it is my responsibility to report any changes in my situation that may affect my status for Rental Assistance, within 30 days of the change. Falsification of any information may be grounds for discontinuance of benefits from the Rental Assistance Program and may result in recovery of any monies paid on my behalf while participating in the program and a possible lifetime denial of Rental Assistance. I also understand that refusal to sign this application will stop the rental assistance process.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

Authorization for the Release of Information/  
Privacy Act Notice  
to the US 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

STEWARTS POINT RANCHERIA  
1420 Guerneville Road, Suite 1  
Santa Rosa, CA 95403

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 H.A.s 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 H.A.'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 H.A.s 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 have access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

Signatures:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number 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 year and older, have and use. Giving the Social Security Numbers of all household members six year 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 tot he purposes cites 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.

Original is retained by the requesting organization.

Ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886

FORM: SPR RA-002

## Stewarts Point Rancheria Housing Department Rental Assistance Program Agreement

- Participation in Financial Education Workshop, including Budget and Savings, Credit Review, and Tenant Rights and Responsibilities, is a program requirement.
- Attendance at each Progress Review is a program requirement (Financial Education).
- All assigned homework and/or exercises are to be completed within the time allowed.
- Any changes to the household composition must be reported within 30 days; if anyone moves in or out, or if income changes.
- If I am unable to attend a Review, or additional appointment, I must call to cancel and reschedule the Review, or additional appointment. Failure to do so will result in an unexcused absence.
- If I, or any other household member over the age of 18, have more than 2 unexcused absences, the household may be suspended from the program, including benefits, until such time as we can more fully commit to the requirements.
- After a suspension due to unexcused absences, the household will only be allowed to restart the program **once**. After a second suspension due to unexcused absences, the household will no longer be eligible for services.
- Following a suspension, a household may be required to restart the Financial Education Program.
- I am expected to be an active member of each workshop, including be on time, participate in the exercises, be respectful of the presenter and other participants, refrain from course language and not cause disruptions. Failure to do so may result in ejection from the workshop, as well as any other appropriate consequences including suspension or termination of participation and benefits.
- Participation in illegal drug use or any violent crimes is not allowed by **any** household member.
- If moving and give a 30 day notice to the landlord, we must provide a copy of the notice to the Housing Dept.
- I agree to submit recertification forms in order to continue assistance beyond the initial service term of six (6) months.
- Failure to comply with any of the above requirements may result in either suspension of the program and/or termination of services, including benefits.

I have read and understand the above statements, and shown by my initials beside them, and agree to comply with them as a requirement for my household's participation in the Rental Assistance Program, Financial Education Program, and the receipt of assistance benefits. It is my responsibility to report any changes in my situation that may affect my status for Stewarts Point Rancheria Rental Assistance within 30 days of the change. Falsification of **any** information will be grounds for discontinuance of benefits from the SPR Rental Assistance Program and may result in recovery of any monies paid on my behalf while on the program and possible lifetime denial of Rental Assistance.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Representative Signature

\_\_\_\_\_  
Date



## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

Exemptions (see instructions):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting  
code (if any) \_\_\_\_\_

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Employer identification number

		-									
--	--	---	--	--	--	--	--	--	--	--	--

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [IRS.gov/w9](http://IRS.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.