



## GRAND RONDE HOUSING DEPARTMENT

28450 Tye Road – Grand Ronde, Oregon 97347 – (503)879-2401 – Fax (503)879-5973 [www.grtha.org](http://www.grtha.org)

### GRANT APPLICATION CHECKLIST Medical Adaptation

Dear GRHD Grant Applicant:

Thank you for your interest in our Grant Program(s). Please complete all pages of the attached application. This checklist is a reference of important items that are needed in order to process the application, including the Authorization(s) for Release of Information, W9's, signatures, etc. Please provide the following verification for household members as indicated:

- 1. **INCOME** – Please list and show proof of all sources of income earned or received (social security, disability payments, workman's compensation, wages, retirement benefits, self-employment, monthly child support, TANF (welfare) payments excluding food stamps, etc.). **A copy of your most recent tax returns (1040 long form is preferred) is a good verification source.** Other acceptable sources of verification include proof of CURRENT, and previous month's wages (minimum), bank statements that show the source of direct deposit are acceptable, check stubs, Benefit letter(s), and per capita statements are some of the documentation accepted.
- 2. **ASSETS** – List all checking accounts, savings accounts, real estate, investments, retirement accounts, mobile homes, recreation vehicles, money market accounts, savings bonds, CDs etc. must be listed in the "Assets" section of the application.
- 3. **SOCIAL SECURITY CARDS** – a copy is required for **every household member** who is two (2) years of age and older.
- 4. **PHOTO I.D.** – Photo identification is required for every household member age eighteen (18) and older. Tribal ID is an acceptable, preferred identification source for the primary applicant (Tribal member), Driver's License, Veteran ID, School ID.
- 5. **W-9** – A W-9 for every adult (18+) household member is **required**. Two (2) are included with the application; please make the necessary number of copies.

**All adults age 18+ are required to sign and date the Authorization for Release of Information.**

***Failure to complete the application or provide the required information will delay the application process. When completing the application please type or print legibly.***

2015 HUD Income Limits			
# in Family	Estimated HUD Median Income	HUD Low Income Limit (80% of Median)	Home Repair Income Limits
1	\$51,730	\$ 41,200	\$52,076
2	\$59,120	\$47,050	\$70,944
3	\$66,510	\$52,900	\$79,812
4	\$73,900	\$53,800	\$88,680
5	\$79,812	\$63,550	\$95,774
6	\$85,724	\$68,250	\$102,869
7	\$91,636	\$72,950	\$109,963



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### MEDICAL ADAPTATION GRANT APPLICATION

This program provides grants for access ramps, grab bars, toilet supports, shower/tub conversions, hand-held showerheads, adaptive sinks, toilets, faucet hardware, enlargement of doorways, air-filtering systems, and other minor accommodations. Verification of disability will be required prior to consideration for approval. Although a physician referral form is required, requests for reasonable accommodation may be made without verification from a physician if verification is provided by another medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability or if the applicant can directly provide verification.

GRHD utilizes HUD funds to assist members in the very low and low income levels in HUD-approved programs. While this program has no income restriction for participation, your income information must be provided to determine if HUD funds may be used in funding. For more information, please review Section D of the General Provisions within the Tribal Housing Grant Programs Policies & Procedures.

**APPLICANT/DESIGNATED CONTACT:**<sup>1</sup> Enter the primary applicant's information here. There is a section below to give the name of an authorized person to give/receive information pertaining to this application.

Name:

\_\_\_\_\_

Last	First	Middle
------	-------	--------

Address:

\_\_\_\_\_

Street

\_\_\_\_\_

City	State	Zip	County
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Phone: (    ) \_\_\_\_\_  Home  Cell Alternate #: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Work #: (    ) \_\_\_\_\_

\*Best way to contact you: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

**Person authorized to give/receive information regarding this application if other than applicant (spouse, girlfriend, boyfriend etc.):**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**Applicant's Initials** \_\_\_\_\_ (by initialing I, the Applicant, understand and authorize the person mentioned above to give/receive information regarding my application)

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<sup>1</sup> GRHD requires that all applicants and household members sign an Authorization for Release of Information so that information contained herein can be verified by third party sources. While other adult (18+) household members are not applicants, information for all household members must be included for application to be considered complete. Incomplete applications will not be processed.

**HOUSEHOLD INFORMATION:**<sup>2</sup> List all persons who reside in the home on a permanent, full time basis. List the applicant first (SELF), then list all other household members. Please list names as they appear on each person’s Social Security card.

Legal Name	Relationship to Applicant	Date of Birth	Social Security Number <sup>3</sup>	Full Time Student <sup>4</sup>	Gender	Tribal Roll # <sup>5</sup>
	SELF			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> F	

Does any household member have a disability?  No  Yes *(Your answer to this question is provided strictly on a voluntary basis, is being collected to comply with civil rights record keeping requirements and does not affect your eligibility.)*

**NOTICE OF RIGHT TO REASONABLE ACCOMMODATION AND REASONABLE MODIFICATION:** GRHD understands and recognizes the need to facilitate reasonable accommodations and reasonable modifications to eligible and qualified individuals with disabilities, such as a change in GRHD’s policies, practices, or services, which are necessary for an individual with a disability to benefit from or participate in GRHD’s rental assistance or housing services programs. For more information including instructions of filing for a Reasonable Accommodation or Reasonable Modification, please review GRHD’s Reasonable Accommodation and Reasonable Modification Policy available at [www.grtha.org](http://www.grtha.org), GRHD’s office, or by contacting GRHD at (503) 879-2401 or (800) 422-0232 (ext. 2401).

If any household member requires a reasonable accommodation or reasonable modification in conjunction with this application, please describe requested accommodation/modification here. **Please indicate if an accessible unit or auxiliary aids would be beneficial to accommodate a household member’s disability.** Additional information may be required prior to authorization for accommodation/modification.

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<sup>2</sup> Include each household members name, the relationship to the applicant/designated contact, date of birth, Social Security number, and Tribal roll number if Grand Ronde Tribal member.

<sup>3</sup> Social Security number verification must be provided for all household members over the age of two (i.e. copy of Social Security card).

<sup>4</sup> Verification of school enrollment must be provided for all students over the age of 18.

<sup>5</sup> Tribal enrollment verification must be provided for all Tribal members.

**INCOME:** Please list income from all sources for each member of the household, including (but not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments (State and Tribal), retirement benefits and pensions, disability or death benefits, unemployment or disability compensation, TANF/welfare assistance (not including food stamps/SNAP), veterans' assistance (State/Tribal), grants, alimony, and child support. All applicants **MUST** provide verification of each source of income in the form of a 1040 (long) form, or if not available, separate verification for each source of income.

If an applicant/household member has no source of income, please list that applicant and enter "None" for Source and "\$0" for Amount. If no verification can be provided that Applicant/household member has no income, he/she will be required to complete a separate certification.

Applicant	Income Source (i.e., Employment, SSI, TANF)	Amount	Frequency (i.e., monthly/weekly)	Verification Attached <sup>6</sup> (i.e., Check Stub/W-2 etc.)
		\$		
		\$		
		\$		
		\$		

Does anyone outside of your household provide regular financial support or pay any of the household bills?

NO  YES If yes, please explain. \_\_\_\_\_

**ASSETS:** List all assets belonging to each applicant, including (but not limited to) savings accounts, checking accounts, safe deposit boxes, homes, revocable trusts available to an applicant, rental property or other capital investments, stocks, bonds, treasury bills, certificates of deposit, money market accounts, individual retirement and Keogh accounts, retirement and pension funds, life insurance policies available to an applicant before death, personal property held as an investment (such as gems, jewelry, coin collections, antique cars, etc.), lump sum or one-time receipts (such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments), mortgages or deeds of trust held by an applicant.

Household Member	Type of Asset	Location of Asset (bank, etc.)	Current Value of Asset <sup>7</sup>	Income/Interest Rate of Asset
			\$	
			\$	
			\$	

Has any household member sold or disposed of any asset(s) in the last two years?  NO  YES If yes, who? Please explain. \_\_\_\_\_

**GENERAL INFORMATION:** Has any household member ever received any type of local, state, or federal housing assistance or grant?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_

Has any household member ever received any type of housing assistance or grant from GRHD?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_

<sup>6</sup> Examples of Income Verification: W-2's, tax returns, employee check stubs (**must include employer name, address, and contact information**), SSI Statement, Tribal per capita distribution statement, orders for child support and/or alimony, bank statements, unemployment insurance benefit statements.

<sup>7</sup> If any applicant owns an asset (such as real property) which has an unpaid balance on a loan secured by that asset, verification of the unpaid balance must be provided.

Is any household member on the waitlist, or have a pending application for any other GRHD program?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_

Has, or will, any household member apply for a grant in conjunction with this application?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_

Does any household member currently owe money to either the Confederated Tribes of Grand Ronde or GRHD?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_

Does any household member currently owe money to any federally assisted housing program?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_

Has any household member ever been denied assistance or been required to repay money for knowingly misrepresenting information to a federally assisted housing program?

NO  YES If yes, which household member? Please explain. \_\_\_\_\_

Has any household member ever used any name(s) or Social Security number(s) other than the one listed on your Social Security card?

NO  YES If yes, who? Please explain. \_\_\_\_\_

Are any members of the household related by blood or marriage to any of the following Tribal officials or employees: members of Tribal Council, members of GRHD Committee or GRHD employee?

NO  YES If yes, please list household member(s), name of related official/employee, and relationship to them.

Household member(s) \_\_\_\_\_

Related official/employee \_\_\_\_\_ Relationship \_\_\_\_\_

**APPLICANT'S INTENDED USE OF GRANT FUNDS:** Please write a brief description of your intended use of grant funds, who will benefit from these changes/improvements and justification for them. The use of grant funds may be changed from what is listed below; however, use of funds must comply with policy standards and be approved by GRHD.

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

**RESIDENCE INFORMATION:**

Is the residence which would benefit from the grant funds your primary residence?  NO  YES

Is the residence zoned residential?  NO  YES

Do you own, rent or lease the residence?<sup>8</sup>  OWN  RENT  LEASE

\_\_\_\_\_

<sup>8</sup> If you are not the owner of the residence, a copy of the lease and written consent from the owner must be provided.

Are you current on all mortgage/rental payments associated with the residence?

YES  NO If not, please explain. \_\_\_\_\_

Type of Home:  Wood-frame  Manufactured  Mobile  Other: \_\_\_\_\_

**PAYBACK PERIOD/USEFUL LIFE:** The NAHASDA statute requires GRHD to establish an “affordability period” for each housing unit that receives HUD funds. This period is known as a useful life. If you receive HUD funds, you may be required to repay a portion of the funds if you sell your home within a certain timeframe after receiving the HUD funds. For more information, please review Section D of the General Provision within the Tribal Housing Grant Programs Policies & Procedures.

**APPLICANT DECLARATION:** I certify all information provided on this form and supplied as supporting documentation is accurate and complete to the best of my knowledge. I understand that the information I am providing will be used for the purpose of verifying eligibility. Further, I understand that if I provide false, incomplete or inaccurate information I may be subject to penalty under federal, state or Tribal law; may be denied assistance; and may be required to repay any assistance received.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

***Return completed applications with all supporting/verifying documentation, the Medical Adaptation Licensed Medical Professional information form, and signed Authorization for Release of Information to:***

**Grand Ronde Housing Department  
28450 Tyee Road  
Grand Ronde, Oregon 97347**

**OR**

**Fax: (503) 879-5973**

***Assistance is subject to current eligibility requirements, and availability of funding.***



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28450 Tyee Road – Grand Ronde, Oregon 97347 – (503)879-2401 – Fax (503)879-5973 [www.grtha.org](http://www.grtha.org)

**LICENSED MEDICAL PROFESSIONAL INFORMATION – APPLICANT**

Please provide the name, address and phone number of the Licensed Medical Professional supporting your Medical Adaptation Grant Application.

Applicant Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Licensed Medical Professional Information:**

Physician’s Name:

\_\_\_\_\_ Last \_\_\_\_\_ First

Physician’s Address: \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician’s Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

**Medical Adaptation requested:**

(APPLICANT) Please provide a brief description of the adaptation sought (this should be a summary of your “Intended Use of Grant Funds”). \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Person filling out application if not Applicant \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Return to:**  
**GRHD**  
**28450 Tyee Road**  
**Grand Ronde, OR 97347 OR Fax: (503) 879-5973**

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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 line 1 to avoid backup withholding. For individuals, this is generally 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.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

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. See *What is FATCA reporting?* on page 2 for further information.



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<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
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<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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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. See *What is FATCA reporting?* on page 2 for further information.



## GRAND RONDE HOUSING DEPARTMENT

28450 Tyee Road • Grand Ronde, Oregon 97347 • (503) 879-2401 • Fax (503) 879-5973 • TDD (503) 879-1647 • www.grtha.org

### Authorization for Release of Information

I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses or individuals to furnish information concerning myself and/or my household to the Grand Ronde Housing Department (GRHD), its duly authorized representative and/or its contracted agent for purposes of verifying my eligibility to receive benefits from GRHD.

Those that may be asked to release the information include, but are not limited to: the Confederated Tribes of Grand Ronde, background screening agencies, the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the United States Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, courts and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to: identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal activity and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits, Tribal benefits and local benefits.

I understand I have a right to review any information received in accordance with my release, and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 15 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it may constitute grounds for denial or termination of assistance or tenancy, or both.

Applicant (Printed Name) Date

Co-Applicant or Adult Household Member (Printed Name) Date

Co-Applicant or Adult Household Member (Printed Name) Date

Co-Applicant or Adult Household Member (Printed Name) Date

**DOCUMENTATION SHEET**

**Copies Social Security Cards**


**Copies of Photo I.D.**
