



GRAND RONDE HOUSING DEPARTMENT

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

INSTRUCTIONS FOR COMPLETING THE STUDENT RENTAL ASSISTANCE APPLICATION PROCESS

New applications must be received no less than 30 days prior to the first day of class, or they will be processed for the next term.

INITIAL ELIGIBILITY:

1. Complete the Student Rental Assistance application form (can be found at www.grtha.org).
2. Attach your FAFSA Student Aid Report – your income eligibility will be determined based on the HUD Income Guidelines for where you will be attending school. If you are defined as “Dependent” by FAFSA, we will have to include your parents’ income in your income eligibility.
 - a. Instructions for accessing your FAFSA are on the website.
 - b. Instructions for accessing your income guidelines can be found on the website.
3. Attach income verification documentation (i.e. pay stubs from employment, per capita letter, Social Security award letters, etc.) for any family you will be living with at the time you are attending school (i.e. spouse, brother, sister, etc.)
4. Attach your Tribal Enrollment verification (copy of ID card or CIB from Member Benefits)
5. Send to GRHD, either via snail mail, email, or fax
 - a. Snail mail: 28450 Tye Road, Grand Ronde, OR 97347
 - b. Email: SRA@grandronde.org
 - c. Fax: 503-879-5973

6. If all of the above information is not included in the initial application, the application will be returned to you at the address you listed on the application. This could impact your ability to receive funding for the impending term, so please make sure you include all the information requested.

UNIT ELIGIBILITY (for unit you will live in while attending school – if you haven’t moved yet, you won’t be able to submit this set of the documentation until then):

1. Send the following to GRHD once you have a place to live:
 - a. Copy of Rental Agreement: remember, you can’t rent from a family member, please see note on Application regarding rules for rentals.
 - b. Sign and send *Livability Standards* (on the www.grtha.org website) form
 - c. Take pictures as directed on Livability Standards
2. If you are living on campus, please send:
 - a. Copy of contract you sign with campus housing**
 - b. Copy of bill you paid for housing

Note: All items can be sent the same as directed in item #5 above.

SCHOOL ENROLLMENT VERIFICATION, Student Schedule:

1. Documentation of your enrollment verification which MUST include:
 - a. Your name
 - b. Name of the school
 - c. Number of credits receiving
 - d. Start & stop dates of term

NOTE: THIS INFORMATION MUST BE PRINTED FROM SCHOOL WEBSITE or on school letterhead:

- i. Please email or phone at the above contact if you are having trouble accessing this information from the school’s website.



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STUDENT RENTAL ASSISTANCE PROGRAM APPLICATION

This program supports low-income Tribal members attending post-secondary educational institutions by providing a rental stipend to assist them with their rental housing costs.

STUDENT/APPLICANT: ¹Provide current contact information.

Name: _____
Last First Middle

Tribal Roll Number: _____ SSN: _____ - _____ - _____ DOB: _____ / _____ / _____

Address: _____
City State Zip County: _____

Best Contact Phone: () _____ Message/Alternate #: () _____

Email: _____ Will you be residing with your spouse and/or children?
YES NO

RESIDENTS OF RENTAL UNIT: List ALL persons who are or will be living in the rental unit with you (the student) while student is attending school (residents).

Legal Name	Relationship to Student	Date of Birth
	SELF	

Note: Students may not rent a unit from any immediate family member²

INCOME: Provide income from all sources for household members [student and, if applicable, significant other (i.e. spouse, boyfriend, girlfriend) and child(ren)]. Sources of income include (but are not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments, annuities, retirement benefits and pensions, disability or death benefits, unemployment or disability compensation, welfare assistance (not including food stamps), veteran's assistance, grants, alimony, and child support. **Verification must be provided for each source of income in the form of a 1040 (long) form, or if not available, separate verification for each source of income.**

¹ GRHD requires that all applicants and related adult household members sign an Authorization for Release of Information so that information contained herein can be verified by third party sources. While household members are not applicants, information for all household members must be included for the application to be considered complete. Incomplete applications will not be processed.

² For the purpose of this policy, family member means: (i) first and second degree relations (Mother, Father, Daughter, Son, Full Sister, Full Brother, Half Sister, Half Brother, Grandmother, Grandfather, Granddaughter, Grandson, Aunt, Uncle, Niece, Nephew) or (ii) equivalent who are related by marriage, domestic partnership or adoption; or (iii) people who are either married to each other or involved in a quasi-spousal relationship including unmarried parents of a child.

*If a household member has no source of income, provide his/her name and enter "None" for Source and "\$0" for Amount. If no verification can be provided proving there is no income, he/she will be required to complete a separate certification.

Applicant	Income Source (i.e., employment etc.)	Amount	Frequency	Verification Attached ³
		\$		
		\$		
		\$		
		\$		

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 household member, 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 a household member 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 any household member.

Applicant	Type of Asset	Location of Asset (bank, etc.)	Current Value of Asset ⁴	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, which applicant? _____ 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, who? _____ Please explain. _____

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

NO YES If yes, who? _____ Please explain. _____

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

NO YES If yes, who? _____ Please explain. _____

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

NO YES If yes, who? _____ Please explain. _____

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

NO YES If yes, who? _____ 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. _____

³ 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.

⁴ 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.

Are any household members related by blood or marriage to any of the following Tribal officials or employees? Members of Tribal Council, members of GRHD Committee or any GRHD employee? NO YES

If yes, who? _____ Name of related official/GRHD employee. _____
How are you related? _____

Have you ever received Student Rental Assistance from GRHD?
 NO YES If yes, when (year(s))? _____

Are you, or will you be, receiving rental assistance from any other HUD funded program (including HUD subsidized housing in the GRHD community, or any other county/state)?
 NO YES Comment: _____

UNIT:

Will you be moving between now and your attendance in school? NO YES
If known/applicable, please list your (prospective) contact information for while you are attending school.

Address: _____
Street City State Zip

EDUCATION INFORMATION:

Name of College/University: _____ Education/Degree Goal: _____

City/State of College/University: _____
City State

BACKUP CONTACT INFORMATION: Provide a backup contact (someone that will always be able to contact you or someone you regularly check in with). This person will only be contacted in the event you forget to notify GRHD of a change in address/contact information (such as during summer break).

Name: _____
Last First

Address: _____
Street City State Zip

Primary Phone # () Alternate # ()

Does any household member have a disability? NO YES (this does not affect eligibility.)

NOTICE OF RIGHT TO REASONABLE ACCOMODATION 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 on filing for a Reasonable Accommodation or Reasonable Modification, please review GRHD’s Reasonable Accommodation and Reasonable Modification Policy available at www.grtha.org, GRHD’s office, or by contacting GRHD at (503) 879.2401, (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 note additional information may be required prior to authorization for accommodation/modification.*

APPLICANT DECLARATION:

I certify all information listed on this form and all supporting documentation supplied with this application 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. I understand that I must report any changes to the information contained herein to GRHD in accordance with applicable policy. 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.

Student/Applicant	Date
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Return completed applications with all supporting/verification documentation and Authorization for Release of Information to:

Grand Ronde Housing Department
28450 Tyee Road
Grand Ronde, OR 97347

OR

Email: SRA@grandronde.org
Fax: (503) 879-1516 / (503) 879-5973

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

NOTICE: The receipt of grant funds may be considered taxable income in the year received depending on your financial circumstances.



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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



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Livability Standards

On Campus Housing

On Campus Housing will be presumed to be appropriate housing because it is GRHD's understanding post secondary institutions monitor the livability of their units, GRHD will not require photos of those units.

Off Campus Housing

Students must confirm unit meets the listed livability standards below as well as **provide the photographs** requested so GRHD can confirm the livability of the unit.

Over-all Unit

- All doors and windows allowing access to the unit can be locked.
- There is a safe fire escape route.
- There is reliable heating which is in proper operating condition and which provides adequate heat. Unvented room heaters which burn gas, oil or kerosene are not acceptable.
- Unit must be free of vermin, rodent, or insect infestation.
- Unit must not present any health hazards such as mold.
- No fewer than two electrical outlets should be present and working in the living area, kitchen and bedrooms.
- Ceilings, walls and floors will not have any serious defects, i.e., severe bulging, large holes, missing parts or other serious damage.
- Condition and equipment of interior and exterior stairways, halls, porches, walkways, etc. will not present danger of tripping or falling.
- Smoke Detectors in working condition.

Photographs:

- _____ Entry door with focus on door hardware (door knob, locks)
- _____ Windows with focus on locking hardware
- _____ Smoke detector - location: _____
- _____ Smoke detector - location: _____
- _____ Smoke detector - location: _____
- _____ Heating system (baseboard, in wall, forced air)
- _____ Outside of building: Overall building/Unit
- _____ Outside of building: Picture of address
- _____ Water heater (if it is accessible)

Bathroom

- Flush toilet in a separate room
- Sink with hot and cold running water
- Shower or tub with hot and cold running water
- Plumbing in good operating condition (no apparent leaks, water present and drains/toilet operational)
- Water supply for drinking and bathing.
- Ceiling or wall light fixture will be present and working.

Photographs:

- _____ Bathroom sink
- _____ Under bathroom sink
- _____ Toilet
- _____ Tub enclosure
- _____ Picture of whatever method is used to ventilate bathroom (window or fan)

Kitchen

- Water supply for drinking and washing dishes
- Ceiling or wall light fixture will be present and working.

Photographs:

- _____ The kitchen sink
- _____ Plumbing under the kitchen sink
- _____ Inside the refrigerator
- _____ Inside of the oven

Bedroom/Sleeping Room

- One sleeping room or living/sleeping room for each two persons.
- Sleeping rooms will have at least one window which opens and closes.

Photographs:

- _____ Window with focus on locking hardware
- _____ Bedroom door
- _____ Other: _____

Student/Applicant Certification:

I, _____, certify that _____ is:
(Print Name) (Unit address)

Initial One:

- ___ On-Campus Housing
- ___ Off Campus Housing that fully meets the Livability Standards
- ___ Off Campus Housing with an area of concern which may meet Livability Standards upon further review (see note and photograph).

Student: _____
(Signature)

Date: _____