



Social Services

Rental Support Program

9615 Grand Ronde Road

Grand Ronde OR. 97347

503-879-2034

800-242-8196

Fax: 503-879-5127

Email: ssdinfo@grandronde.org

RENTAL SUPPORT PROGRAM

The Social Services Department is pleased to offer the Rental Support Program to all eligible Tribal Members. The purpose of this program is to assist Tribal member adults or households of Tribal Member youth with the high costs of housing by providing assistance to secure rental housing through financial support towards first, last and deposit fees. The funding for this program is limited and the program will remain open until all funding has been expended.

- This is a first come, first served program.
- Completed applications and supporting documents must be received to process applications.
- Assistance can only be provided once in a 5 year period.
- Tribal member will receive up to \$4,500 based on fees included in Rental Agreement.
- Payment will be made directly to the landlord or rental agency and require appropriate Tax Forms.
- Assistance provided to Tribal member household or Tribal member portion of the fees in roommate situations.
- These funds cannot be used in combination with Emergency Assistance or Student Rental Assistance.
- Quarterly Per capita will be counted in the month provided.

Eligibility:

- Tribal Member adult or Tribal Member child in home.
- Assistance is limited to Tribal households within the United States.
- Applicants cannot have received this assistance within the last 5 years.
- Must have sustainable income to cover rent on a monthly basis after assistance is provided.
- Household must meet income criteria of 60% of Median Income Guideline.

60% OF MEDIAN INCOME GUIDELINES

Size of Family Unit	Net Monthly Income
1	\$2,786
2	\$3,643
3	\$4,500
4	\$5,357
5	\$6,214
6	\$7,071
7	\$7,232
8	\$7,392

Documentation required:

- ☐ Completed Application
- ☐ Proposed Rental Agreement with all fees listed
- ☐ Signed Release of Information
- ☐ Income Verification for all adult household members
- ☐ W-9 (included) completed by Landlord or Rental Agency
- ☐ Landowner Verification Form completed by Landlord or Rental Agency.
- ☐ Verification that Tribal Member child lives in the home.

Please submit application and documentation by email to ssdinfo@grandronde.org or by mail to:

Confederated Tribes of Grand Ronde
Social Services Department
9615 Grand Ronde Road
Grand Ronde OR. 97347

If you have questions or need assistance in completing the application, please contact the Social Services department at your earliest convenience, we are here to help and look forward to working with you.

Tawnie Kimsey
Emergency Assistance Programs Coordinator
Confederated Tribes of Grand Ronde
Social Services Department
503-879-2077

FOR SOCIAL SERVICES USE ONLY

NAME (LAST/FIRST)

DATE COMPLETED

Rental Support



Application

(First, Last & Deposit)

(k^hanamakwst ntsayka munk-skukum ntsayka tilixam)

TOGETHER WE STRENGTHEN OUR PEOPLE

GENERAL INFORMATION

First Name

Last Name

Roll #

Birthdate

Street Address

City

State

Zip

Mailing address if different

City

State

Zip

Home Phone

Message/Cell

County

Email Address

Number of Household Members

Date of Request

Is this a single household? Yes or No (circle one)

Is this a household with roommate(s) Yes or No (circle one)

Estimated dollar amount requested \$_____

Estimated Monthly Income: \$_____

☐ Wages ☐ Unemployment ☐ Child Support ☐ TANF ☐ SSD/SSI ☐ Tribal Disability ☐ Other

List any other programs you are currently working with:

Office/Department: _____

Office/Department: _____

Office/Department: _____

Office/Department: _____

We respect your personal information and will honor your confidentiality

Check-off List of Required Documents

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Signature

Date

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60% OF MEDIAN INCOME GUIDELINES

We respect your personal information and will honor your confidentiality

**AUTHORIZATION FOR RELEASE OF INFORMATION**

***To Our Clients:* We can better serve you if we are able to work with other entities that know you and your family. By signing this form, you are giving permission for these organizations to share information about your situation.**

Date of Birth: _____

Social Security #: _____

Name: _____

Tribal ID#:

Children:

I authorize the Social Services Department of the Confederated Tribes of Grand Ronde to obtain any applicable information from other entities, including records regarding:

Tribal Member Benefits	Community Human Services	Pacific Power & Light
Employment/Unemployment	Vocational Rehabilitation	Northwest Natural Gas Co.
Educational & Behavior Reports	Landlord/Owner	SSD / SSI
Alcohol & Drug Treatment	Probation/Parole Officer	Other as listed:
Mental Health Services	Family History	CTGR Housing Department
Medical & Psychiatric Treatment	Portland General Electric	Other: _____

The Social Services Department of the Confederated Tribes of Grand Ronde is **not** authorized to contact the following entities:

Please list specific agencies, organizations and/or individuals you do not authorize CTGR Social Services to contact.

1.

5.

2.

6.

3.

7.

4.

8.

I agree that any entity contacted by Social Services Department personnel may share & exchange information and coordinate services for me and my family: ☐ Yes ☐ No

This permission is good for one year or until revoked in writing.

I can cancel this authorization at any time, but understand that cancellation will not affect any information released prior to cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

If I am a Grand Ronde Tribal employee, I understand that the General Manager, or official designee will review my case.

☐ Client ☐ Guardian

☐ Parent ☐ Legal Custody

Signature

Date

Social Services Personnel Name

Social Services Personnel Signature

Date

To those receiving information under this authorization: State and federal law protect this information disclosed to you. You are not authorized to release information to any entity or person listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.

I



understand the purpose of this release as explained to me by the above-signed Case Worker. (Client Initials):

Social Services Department

Landlord/Owner Verification

(TO BE COMPLETED BY LANDLORD/OWNER ONLY) Landlord (Property Manager) and/or Owner's Name:

Address: _____

Telephone (Day): _____ (Evening): _____

Country and office where ownership may be verified: _____

Date of Rental Agreement: _____

Address of Rental: _____

Tenants listed on agreement (all names): _____

Landlord Signature: _____

Date: _____

(OFFICE USE ONLY)

County Assessor Phone #: _____

Owner Verified: Yes ☐ No ☐

Notes: _____

Case Worker Signature: _____

Date: _____

Form

W-9

(Rev. March 2024)

Department of the Treasury

Request for Taxpayer**Identification Number and Certification**

Internal Revenue Service

Go to www.irs.gov/FormW9 for instructions and the latest information.**Give form to the
requester. Do not
send to the IRS.****Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 6 City, state, and ZIP code 7 List account number(s) here (optional)	Requester's name and address (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a*

or*TIN*, later.**Social security number**

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Employer identification number

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Here	Signature of U.S. person	Date
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Sign

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they