



GRAND RONDE HOUSING DEPARTMENT

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

Homeownership Residential Leasing Application

List all adult (18+) household members intended to be listed on the Lease. Those listed under applicant section are applicants and information for each must be included below for application to be considered complete.

APPLICANT INFORMATION (FOR ADULTS 18+):

Last Name: _____ First _____ Middle _____

Address: _____

City: _____ State _____ Zip _____ County _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Best Way to Contact You: _____ Time: _____

Last Name: _____ First _____ Middle _____

Address: _____

City: _____ State _____ Zip _____ County _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Best Way to Contact You: _____ Time: _____

Last Name: _____ First _____ Middle _____

Address: _____

City: _____ State _____ Zip _____ County _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Best Way to Contact You: _____ Time: _____

HOUSEHOLD INFORMATION (ALL HOUSEHOLD MEMBERS):

List all persons who will be residing in the residence on a permanent basis. List the Adult Tribal Member Head of Household first and continue listing all family members. Please list names as they appear on each person's Social Security card.

| (Legal Name) | Relationship to Head of Household | Date of Birth | Social Security Number ¹ | Gender M / F | Tribal Roll # ² |
|--------------|---|---------------|-------------------------------------|--------------|----------------------------|
| | Self (Must be Tribal Member Adult) | | | M F | |
| | | | | M F | |
| | | | | M F | |
| | | | | M F | |
| | | | | M F | |
| | | | | M F | |
| | | | | M F | |
| | | | | M F | |
| | | | | M F | |

1 - Social Security Number verification must be provided for all household members over age of two (ie copy of Social Security Card).

2 - Tribal Enrollment verification must be provided for all Tribal members.

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

☐ Yes ☐ No If yes, who? Please explain. _____

PROPERTY & LENDER SECTION: WHICH COMMUNITY IS THE APPLICATION FOR? (CHOOSE ONE):

☐ Grand Meadows

☐ Tipsu-ili'i

What lot/address is the subject of the application? _____

Does this application involve the purchase of personal property (residence)?

☐ Yes ☐ No

If yes, please provide Seller's contact information and copy of the purchase/sales agreement and/or transfer of title information. _____

Does this transaction involve any type of financing for the purchase of the property?

☐ Yes ☐ No

If yes, please provide finance company contact information and, if available, the pre-approval letter. _____

Lender Phone: _____

Lender Email: _____



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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 my eligibility.

Applicant

Date

Applicant

Date

Applicant

Date

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

Grand Ronde Housing Department
28450 Tyee Road
Grand Ronde, Oregon 97347
Fax: (503) 879-5973
Email: michele.plummer@grandronde.org



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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 of Adult Household Member | _____ (Printed Name) | _____ Date |