



GRAND RONDE HOUSING DEPARTMENT

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

RENTAL HOUSING APPLICATION
Low-Income - Market-Rate - Elder - Grand Family

Dear GRHD Housing Applicant:

Thank you for your interest in our Rental Housing. Please complete all pages of the attached application, including the Authorization(s) for Release of Information, initial the Drug Screening Acknowledgement (bottom of page 6), and fill out the ORCA screening(s) application entirely. Incomplete applications cannot be processed and could be returned to you for completion. Please provide the following verification for all household members:

- 1. INCOME – 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). Include proof of CURRENT, and previous month's wages minimum. Bank statements that show the source of direct deposit is acceptable, check stubs, CURRENT year Benefit letter(s) (for Social Security, Veteran's Pay, Disability, etc.), and per capita statements are some of the documentation accepted.
2. ASSETS – All real estate (income from rental payments and home ownership), 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 for the primary applicant (Tribal member(s)), Driver's License, Veteran ID, School ID.
5. BACKGROUND/TENANT SCREENING – A separate ORCA Screening Application is required for each adult household member (18+). You may make copies or request additional screening applications from GRHD. Make sure you fill out each section and sign and date each section that requires that you do so.

* NOTE: You can only be placed on ONE low-income housing waiting list based on what GRHD determines you to be eligible for at the time of your application.

MARKET RATE RENT/HOUSING INFORMATION

- 1 Bdrm. rent range = \$495 - \$545 (six total)
2 Bdrm. rent range = \$585 - \$645 (14 total)
3 Bdrm. rent range = \$835 - \$925 (11 total)
4 Bdrm. rent range = \$1,000 - \$1110 (4 total)
5 Bdrm. rent range = \$ 1160 (there is only one)

mailto:rentalhousing@grandronde.org

*To qualify for Market Rate Housing, you must be able to provide verification that your gross monthly income is at least 2 x the amount of the rent, and you must meet all other minimum screening criteria.

The HUD gross household income limits for determining eligibility for low-income housing can be located at: https://www.grandronde.org/services/housing/family-housing/ under the "Qualification" section.



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RENTAL HOUSING APPLICATION

Failure to submit all required verifications, documentation, and signatures could result in your application being rejected.

HOUSING TYPE YOU ARE APPLYING FOR

Low Income – Chxi Musam Illihi (Income-based housing) ___ 1 bdrm ___ 2 bdrm ___ 3 bdrm ___ 4 bdrm ___ 5 bdrm

Elder – Ilip Tilixam (Income-based for elders age 55+)
(All Elder units have 2 bedrooms)

Elder - Market Rate (Interest List only)
* (For Elder's who exceed the low-income guidelines)

Grand Family (for Elders with legal custody/guardianship of grandchild(ren))

Market Rate – Chxi Musam Illihi ___ 1 bdrm ___ 2 bdrm ___ 3 bdrm ___ 4 bdrm ___ 5 bdrm
** Market Rate units require gross income to be at least 2 x the rent amount

Market Rate Only: If applying for Market Rate Housing do you prefer ___ Premium Unit ___ Standard ___ No Preference
** Premium units have additional amenities. Contact GRHD for more information if you have a preference.

APPLICANT INFORMATION/DESIGNATED CONTACT:1 Enter primary applicant’s contact information. If there are multiple adult household members, enter contact information for the enrolled adult Tribal Member designated as Head of Household, or if you are the parent of an enrolled child(ren), list your name as the Primary Applicant.

Primary Applicant Information - ___ Enrolled CTGR Tribal Member ___ Parent of Enrolled Child(ren) ___ Other Tribe

Name (Last): ___ First: ___ Middle: ___

Street Address: ___ City ___ State ___ Zip ___

County: ___ Mailing Address: ___ Same as above OR: ___

Phone #: ___ this is a ___ Cell # ___ Home # ___ Work # ___ Message #

Alternate Phone #: ___ this is a ___ Cell# ___ Home # ___ Work # ___ Message #

Email: ___ Best way to contact me is ___ Call ___ Text ___ Email

Emergency Contact Information

Name: ___ Relationship: ___ Phone #: ___

Authorized Person - Person authorized to give and receive information related to this application

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. You may revoke this authorization in writing to GRHD.)

Please be sure to inform us if your phone number, mailing address, income, etc. changes so we can update your information. Failure to provide accurate contact information could result in removal from the applicant waiting list or your application may not be processed if we are not able to reach you with the information provided on the application.

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

HOUSEHOLD INFORMATION:² List all persons who will be living in the residence on a permanent basis. List the designated contact first (SELF), then list all other household members. Please list names as they appear on each person's Social Security card. Only children who reside in the unit more than 50% of the time will be considered members of the household. Applicants may be required to complete a Declaration of Dependency.

Legal Name	Relationship to Applicant	Date of Birth	Social Security Number ³	Full Time Student ⁴	Gender	Tribal Roll # ⁵
	SELF			Y N	M F	
				Y N	M F	
				Y N	M F	
				Y N	M F	
				Y N	M F	
				Y N	M F	
				Y N	M 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, 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.

ASSETS: Check assets here: Own a Home Retirement Account(s), Investment Account(s), Stocks/Bonds, CDs
 Recreational Vehicles Receive Income From Rent Own Property Other Assets Not Listed

Use this area to describe you or your household member's assets: _____

*Please include the full information for each member of your household and provide all of the requested items or your application will not be complete.

INCOME QUESTIONNAIRE

Do **YOU** or **ANYONE** in your household receive **OR expect to receive** income from:

(The dollar amounts will be listed in the appropriate section(s) below)

YES / NO

1. **Employment, wages or salaries?** *(Include Employer contact info & paystubs if you have them)*----- Amount \$ _____
2. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash)*----- Amount \$ _____
3. **Regular pay as a member of the Armed Forces/Military?** If yes ----- Amount \$ _____
4. **Unemployment benefits or workman's compensation?** If yes ----- Amount \$ _____
5. **Public Assistance, Tribal GA or Temporary Assistance for Needy Families (TANF)?** If yes ----- Amount \$ _____
6. **(a) Child Support or Alimony?** *(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather received directly from payer. Payments received in a lump sum will also be counted).* ----- Amount \$ _____ / mo.

(b) How is the support received? *(Check all that apply).*

Child Support Enforcement Agency ----- *Name of Agency:*
Case No.

Court of Law ----- *Name of Court:*
Case No.

Directly from Individual ----- *Name of Person paying support:*

Other ----- *Explain:*
7. **(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?**
Explanation:
8. **(d) Have you received repayment(s) of past due child support?** *(If so, obtain third party documentation of amounts, source, and dates.)*
9. **Non-Tribal Social Security, SSI /SSD or any other payments from the Social Security Administration?** ---- Amount \$ _____
REQUIRED: *Please provide a copy of current year SSI/SSD award benefit letter or bank statement showing direct deposit*
10. **Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?** ----- Amount \$ _____
11. **Regular payments from a severance package?** ----- Amount \$ _____
12. **Regular payments from any type of settlement?** *(For example, insurance settlements)* ----- Amount \$ _____
13. **Tribal payments (per capita, elder pension, SSI/SSD, Tribal Veterans benefits?)** ----- Amount \$ _____
Other household members receiving this income list who/amounts here _____
14. **Educational grants, scholarships, or other student benefits?** ----- Amount \$ _____
15. **Regular gifts or payments from anyone outside the household?** *(This includes anyone supplementing your income or paying any of your bills)* ----- Amount \$ _____
16. **Regular payments from lottery winnings or inheritances?** ----- Amount \$ _____
17. **Regular payments from rental property, trust, or other types of real estate transactions?** ----- Amount \$ _____
18. **Any other income sources or types not listed?** ----- Amount \$ _____
Who receives the income and what is it? _____
19. **Do you or any other household member expect any changes to your income in the next 12 months?**
Explanation:

EXPENSES:

Do you pay childcare expenses?

YES / NO

**If yes, please provide verification of this expense.*

Do you or any household member pay any out-of-pocket medical expenses?

**If yes, please provide verification of this expense.*

GENERAL INFORMATION:

Has any applicant ever received **any** type of local, state, or federal housing assistance or grant?

If yes, which applicant?

Please explain.

Has any applicant ever received any type of housing assistance or grant from **GRHD**?

If yes, which applicant?

Please explain.

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

If yes, which applicant?

Please explain.

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

If yes, which applicant?

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?

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: **Tribal Council**, members of **GRHD Grievance Committee or GRHD employee**?

If yes, please list name(s) of household member(s), name of related official(s)/employee(s), and relationship to them.

Household member(s)

Related official/employee

Relationship

BACKGROUND INFORMATION

YES / NO

1. **Do you expect any additions to the household within the next twelve months?**

Name & Relationship:

2. **Is there anyone living with you now who won't be living with you at this property?**

Name & Relationship:

3. **Do you have full, legal custody of your child(ren)?** (If no, obtain proof of amount of time child(ren) will be living in unit)

Explanation:

4. **Are there any absent household members who under normal conditions would live with you?** (For example, a spouse away in the military.)

5. **Does your household have or anticipate having any pets other than those used as service animals?**

Explanation:

6. **Have you or anyone else named on this application filed for bankruptcy?**

Explanation:

7. **Do you owe any money to a utility company?**

Explanation:

8. **Have you or anyone else named on this application been convicted of a felony?**

Explanation:

9. **Have you or anyone else named on this application been convicted for selling or manufacturing illegal drugs?**

Explanation:

10. **Have you or anyone else named on this application been convicted of property damage?**

Explanation:

11. **Have you or anyone else named on this application been evicted from a rental unit of any type, including a home, apartment, mobile home, etc?**

Explanation:

Use this area to explain any circumstances or give additional information regarding the Criminal History section of this application.

DRUG SCREENING POLICY

By initialing, I acknowledge that the Drug Screening Policy exists, that it may be updated periodically to reflect any change(s) that may occur to that Policy, I may request a copy of the Policy at any time from GRHD, and that by initialing, I have read and understand this section of the application. Additionally, I understand that **my acknowledgement is required as part of the initial application process and that failure to initial this section could delay the processing of my application.** Drug Screening Policy _____ (initials)

PETS:

Do you own any pets?
YES / NO

If yes please list: Type _____ Type _____

If yes, please refer to GRHD’s pet requirements for directions on obtaining consent for the pet.

***PLEASE NOTE: Aggressive breeds of dogs are not allowed in the Grand Ronde Housing Community. The definitions of Aggressive Dog Breeds include (but are not limited to): Rottweiler, Pit Bulls, Doberman Pincers, German Shepherds, wolf mixes, and any other canine that GRHD determines to be a threat to the community. These definitions may be referenced to in the Admissions and Occupancy Policy. A copy of these policies is available for review in the GRHD office.**

If your pet(s) does not comply with the pet requirements the pet will not be allowed to reside at any GRHD properties.

Service animals and companion animals are not considered pets and do not require a deposit and/or associated fees. However, you are responsible for any damage caused by your pet regardless of its service/companion status. Verification that the animal is a service or companion animal must be provided and an application for Reasonable Accommodation must be submitted and approved.

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. 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.**

_____	_____
Primary Applicant	Date
_____	_____
Applicant	Date
_____	_____
Applicant	Date

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

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

Email to: rentalhousing@grandronde.org

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



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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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



A Message To Our Applicants

- Use INK when filling out the application.
- Print boldly and clearly.
- One applicant per application and signature page.
- Fill out **all** of the questions on the application. **Do not leave any blanks.**
- Current & prior rental history AND Landlord contact information is required. If you have no previous rental history, list why.
- Sign and date the application** or we will be unable to process the report.
- Social Security Number(s), copy of social security cards & valid photo ID provided to GRHD.
- All Employment** Information has been listed (including contact information)

Incomplete and/or applications we cannot read could result in a delay or denial of tenancy. We appreciate the time you have taken to fill out our application as we have requested.



Killer Whale:

RESIDENTIAL RENTAL APPLICATION/A SEPARATE APPLICATION MUST BE FILLED OUT FOR EACH ADULT 18+

Self-Run POD Report

National Registry Check/Landlord-Tenant Data ONLY

Phone: (503) 879-2401 Fax: (503) 879-5973

Grand Ronde Housing Department

Orca Information, Inc. Phone: 360-588-1633 / 800-341-0022 Fax: 360-588-1189 / 800-522-6722

Applicant's Complete Name: _____ Date of Birth: _____

SSN# _____ DL#/State issued: _____

Tel# _____ Email Address: _____

Other Occupant's Name, Age & Relationship: _____

Complete Every Item on Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry) Street, City, State, Zip, Apt #, Name of Apts, How Long (Mo/Da/Yr) From, To, Pymts / Rent Pd To, Amt, Landlord/Mgmt Co., Address, Tel#, Rent/Own/Lease

PRIOR ADDRESS (Required Entry) Street, City, State, Zip, Apt #, Name of Apts, How Long (Mo/Da/Yr) From, To, Pymts / Rent Pd To, Amt, Landlord/Mgmt Co., Address, Tel#, Rent/Own/Lease

Current Employer Tel# Supervisor

Dept / Attached to Occupation Rank

Hire Date Monthly Salary Full Time Part Time

Address Suite City State/Zip

Prior Employer Tel#

Dept / Attached to Occupation Rank

Hire Date Monthly Salary Full Time Part Time

Address Suite City State/Zip

Additional Income (Interest, Child Support, Etc)

Bank Acct# Branch Tel#

Pets? Yes No If yes, number, size, and type(s)

Disability status and require special accommodations?

Are you a fulltime student? Yes No

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted or refused to pay rent? Yes No Ever been Charged or Convicted of a Crime? Yes No

If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)?

When?

Ever used any other name(s)? Yes No If yes, list name(s)

Are you or any other household member a Registered or Unregistered Sex Offender? Yes No

Ever had bedbugs or any other infestation? Yes No If yes, what type of infestation:

Do you or any other household member smoke? Yes No

Have you or any other household member filed bankruptcy? Yes No

Auto/Year/Make/Lic#: 1.) 2.)

Local Contact Address Tel#

Nearest Relative Address Tel#

Emergency Contact Address Tel#

THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER



