

## GRAND RONDE HOUSING DEPARTMENT

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

### PROPERTY IMPROVEMENT MATCHING GRANT

This program is a non-income based program established to assist Tribal members with dollar for dollar matching funds (up to \$5,000) to perform permanent improvements to that Tribal member's home which increases value of the home or the real property on which it is located.

*If more than one qualifying Tribal member wishes to apply for Matching Grant funds to use in conjunction with these funds, they must fill out a separate application.*

**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

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)

<sup>1</sup>Primary Applicant is the enrolled, adult Tribal member. GRHD requires that all adult (18+) household members providing information for use in the application process sign an Authorization for Release of Information in order for verification to be obtained.

**HOUSEHOLD INFORMATION:**<sup>2</sup> List all CTGR enrolled Tribal members 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	Full Time Student	Gender	Tribal Roll # <sup>3</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	

**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.

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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 (this information may be used to track the number of Tribal members benefitting from the use of the grant funds)

**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. \_\_\_\_\_

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. \_\_\_\_\_

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

☐ 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 and justification for these changes/improvements. 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> You must own the property which you are requesting matching grant funds for.

Are you current on all mortgage payments associated with the residence? ☐ YES ☐ NO

If not, please explain. \_\_\_\_\_

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

**PAYBACK PERIOD:** There is a *restriction on sale* period of three (3) years for each recipient of Property Improvement Matching Grant funds. As stated in Section 3 of the GRHD Property Improvement Matching Grant Policy: "A lien will be placed on the property requiring full payback of the grant funds should the property be sold within 3 years of grant receipt."

**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, 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.*

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



## 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](http://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

# Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. 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) ▶ _____	4 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) _____ (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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.

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.

Social security number									
				-					
or									
Employer identification number									
				-					

## 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.

Sign Here	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.

DOCUMENTATION SHEET

Copies Social Security Cards


Copies of Photo I.D.
