Social Services Department

Rental Support Program

9615 Grand Ronde Rd.
Grand Ronde, OR 97347
Phone: (503) 879-2077
Fax: (503) 879-5127
Email: ssdinfo@grandronde.org

The Social Services Department is pleased to offer the Rental Support Program to all eligible CTGR 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 up to **$4,500**. The funding for this program is limited and the program will remain open until all funding has been expended.

- General Qualifications:
  - Must be an enrolled CTGR Tribal Member or parent/guardian of enrolled tribal minor living in same household.
  - Assistance is limited to Tribal households within the United States
  - Assistance can only be provided once in a 5-year period.
  - Payment will be made directly to the landlord/rental agency. Reimbursement is **not** available for this program.
  - These funds cannot be used in combination with Emergency Assistance or Student Rental Assistance.
  - You must have **sustainable income** to cover rent on a monthly basis after support is provided.
  - General Welfare payments will only be counted as income if received within the last 30 days of applying.
  - Must not **exceed** the net monthly income based on size of family unit.

Size of Family Unit	Gross Monthly Income
1	**$3,199**
2	**$4,183**

3	**$5,167**
4	**$6,151**
5	**$7,135**
6	**$8,120**
7	**$9,104**
8	**$10,088**

For Each Additional Member Add $150.25

- Documentation Requirements:

  - ☐ Completed Rental Support Application
  - ☐ Copy of Tribal ID or Certificate of Tribal Enrollment (CTE)
  - ☐ Proposed Rental Agreement with all fees listed
  - ☐ Wage verification for the past 30 days (or state printout if unemployed)
  - ☐ Completed W9 from Landowner/Property Management (included in application)
  - ☐ Completed Landowner/Property Management Verification Form (included in application)
  - ☐ Completed Authorization for Release of Information (included in application)

Applications can be emailed, faxed, mailed or dropped off at the Community Center Building B.

I am happy to assist you with the application by phone, email or in person. Our normal hours of operation are 8am-5pm Monday-Friday. Please feel free to reach out.

Take care and be well,

Mysty Bailey
Emergency Assistance Program Coordinator
Confederated Tribes of Grand Ronde
503-879-2077
www.grandronde.org
ssdinfo@grandronde.org

Rental Support Application

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TOGETHER WE STRENGTHEN OUR PEOPLE

GENERAL INFORMATION

First Name	Last Name	Age	Birthdate	Roll#

Street Address	Tribe

City	County	State	Zip

Mailing address if different	City	State and Zip

Home Phone	Message/Cell	Email Address

Number of Household Members:_____

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Estimated Monthly Income:_____

[] Wage [] Unemployment [] Child Support [] TANF [] SSD/SSI [] Tribal SSD [] Other

List any other programs you are currently working with:

Office/Department:_____

Office/Department:_____.

OPTIONAL:

Additional information you think would be helpful for us to know:

Signature

Date

We respect your person 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.

Name:_____ Date of Birth:_____

Tribal ID#:_____ Social Security#:_____

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	Northwest Natural Gas
Employment/Unemployment	Vocational Rehabilitation	McMinnville Water & Light
Educational & Behavioral Reports	Landlord/owner	Salem Electric
Alcohol & Drug Treatment	Family History	Tillamook PUD
Mental Health Services	Portland General Electric	SSD/SSDI
Medical & Psychiatric Treatment	Pacific Power & Light	

Other as listed:_____

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._____ 2._____

3._____ 4._____

5._____ 6._____

I agree that any entity contacted by Social Services Department personnel may share & exchange information & 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 of this information. I understand what this agreement means. I am singing on my own and have not been pressured to do so.

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

[] Client [] Guardian

[] Parent []Legal Custody Signature_____Date_____

Social Services Personnel Name

_____ 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 of 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):_____

Waiver/Release Form

When applying for services through the Confederated Tribes of Grande Ronde, applicants are asked to provide information about themselves and their families, including Social Security numbers for all family members. Any information provided for the purpose of applying for services is kept strictly confidential in accordance with state and federal law. Except as explained below, information will not be shared with other agencies or individuals without your written consent.

Supplying the requested Social Security numbers is voluntary on your plan and, in general, - your refusal to supply this information cannot be a basis for denying services. However, Social Security numbers are necessary for identifying records related to employment and vocational rehabilitation information. In either case, if supplied, the Social Security number may be used to enforce agency regulations.

Communicating with other agencies or individuals is helpful to the Grand Ronde Social Services Department in verifying information on your application, in determining eligibility for assistance, and when advocating for additional services. It is our policy to require proof of qualifying information in each client's application. You will be requested' to sign a written Authorization for Release of Information permitting Social Services to communicate with specific agencies or individuals. Signing such an authorization is voluntary on your part but you should be aware that your refusal to do so might adversely affect your eligibility, determination or coordination of services. If you decide not to sign, we will attempt to refer you to alternative services or agencies, which may be able to help you without exchange of information.

The Grand Ronde Social Services Department respects the confidentiality of its clients. However, there are certain limits and exceptions to this confidentiality. Information will not be released to outside agencies or private individuals without your written consent except under the following circumstances:

- Where there is reason to suspect the occurrence of child abuse, spousal abuse, or elderly abuse. o Where there is clear, imminent danger to yourself and/or others. By direct order from court having jurisdiction in accordance with federal regulations.
- Where there is reason to suspect criminal conduct.

Grand Ronde staff are not licensed clinical social workers, professional counselors, doctors, or lawyers unless their documented credentials indicate otherwise. Grand Ronde staff are not qualified to provide mental health diagnosis, counseling, physical diagnosis, or legal advice unless-they have documented credentials qualifying them to do so. If you request these

services, you may be referred to qualified staff members or to other agencies with appropriate expertise.

Federal Law Governing Fraud: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or devises a material fact, or makes any false, fictitious, or fraudulent statements, or representatives or makes or uses any false writings or documents, knowing the same to contain any false, fictitious, or fraudulent statements or entry, shall be fined not more than $10,000, or. imprisoned more than five years, or both.

In the event fraud has been committed, applicant(s) may be banned from receiving assistance through the Grand Ronde Social Services Department for a period of up to one year.

I (we) have read, or heard read, or have had interpreted to me (us) the preceding provisions of law and understand them. I (we) agree to supply all necessary information about my (our) situation changes. I (we) also authorize the Confederated Tribes of the Grand Ronde Community of Oregon to obtain information necessary to establish my (our) eligibility for assistance. By my (our) signature, I (we) verify that all the above information on this application and any oral information given is true and correct to the best of my (our) knowledge.

Signature of Applicant: x_____ Date:_____

Signature of spouse/Partner of Applicant: x_____Date:_____

OR Parent of a minor applicant: x_____Date:_____

Confederated Tribes of Grand Ronde
Social Services Department
Landlord/ Owner Verification

(TO BE COMPLETED BY LANDLORD/OWNER ONLY)

Landlord (property manager) and/or
Owner's Name:

_____

Address:

_____

_____

Telephone:

_____

County 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: Cl YES NO

Notes:

_____

_____

Caseworker Signature: Date:

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.

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 of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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.) See instructions.

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 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 TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* 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 for Part II, later.

Sign Here Signature of U.S. person ► Date ►

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.*

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, *later.*