UPDATE FORM: *For existing tenant changes or to update applicant/waitlist information*

☐ **I AM A CURRENT TENANT** ☐ **I AM AN APPLICANT**

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 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.

Name of person filling out this form _____ I am the Head of Houshold ☐

(Must be **adult household member currently on the Rental Agreement**

Purpose of update: ☐ Change in address/phone # ☐ Change in Income ☐ Add/Remove Household Member(s) ☐ Other

* Use this section to update address and/or phone # and email_____

_____

INCOME CHANGES - ***You must report changes in income within ten (10) days.*** ☐ Job Related Change ☐ Other

Household Member whose income changed_____ ☐ Increase ☐ Decrease

Job Related Changes

☐ New Job / Raise $_____ per hour / month (include verification)
☐ End of Job / Lower Pay $_____ (include verification)

Employer: _____

Supervisor Name: _____

Employer Phone # _____

Other Type of Income Changes

☐ TANF (Welfare) ☐ Unemployment
☐ Child Support ☐ SSI / SSD ☐ Elder Pension
☐ Other _____
☐ Start ☐ Stop $ _____ / month

Use this section to report additional income-related information_____
_____. Provide verification(s).

HOUSEHOLD COMPOSITION CHANGES (adding or removing members of household members) ☐ Add ☐ Remove

**** Guests and non-residents must obtain parking permits from GRHD staff during regular business hours.***

☐ **ADD** Name: _____ D.O.B. _____/_____/_____ Social Security # _____-_____-_____
Relationship to current Tenant(s) _____ Tribal Member? ☐ Yes _____Enrollment # ☐ No
Employed ☐ Yes (provide proof of income) ☐ No ☐ Other Income Source _____ $ _____
If person you are adding is 18+, 1) they must initial here that they agree to have all correspondence related to the request sent to the Head of Household that is making the request _____2) complete a background screening application, provide photo I.D. and Social Security card, and proof of income.

Name: _____ D.O.B. _____/_____/_____ Social Security # _____-_____-_____
Relationship to current Tenant(s) _____ Tribal Member? ☐ Yes _____Enrollment # ☐ No
Employed ☐ Yes (provide proof of income) ☐ No ☐ Other Income Source _____ $ _____
If person you are adding is 18+, 1) they must initial here that they agree to have all correspondence related to the request sent to the Head of Household that is making the request _____2) complete a background screening application, provide photo I.D. and Social Security card, and proof of income.

☐ **REMOVE** NAME _____ RELATIONSHIP _____ BIRTHDATE _____/_____/
☐ Proof of new address (rental agreement or other acceptable proof approved by GRHD of address is required to verify person is no longer residing in your unit) Date moved out _____/_____/_____

Other information not listed above: _____
_____
_____

All adults 18+ must sign the Authorization for Release of Information (page 2), including the Head of Household and Adults who are requested to be added to the household. This update will not be processed without the appropriate signatures and verifications.

GRAND RONDE HOUSING DEPARTMENT
28450 Tyee Road – Grand Ronde, Oregon 97347 – (503)879-2401 – Fax 503)879-5973

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