



REHABILITATION PROGRAM APPLICATION CHECKLIST

- COMPLETED APPLICATION
- INCOME VERIFICATION
- TRIBAL ID/ CERTIFICATION
- PROOF OF HOMEOWNERSHIP or CONTROL OF PROPERTY
- PROOF OF DISABILITY (if applicable)
- VERIFICATION OF PHYSICAL ADDRESS
- COST ESTIMATE/MATERIAL QUOTE (2 licensed and bonded contractors)

PLEASE BE ADVISED YOU CAN ONLY BE ELIGIBLE FOR SERVICES ONCE EVERY 7 YEARS

Eligible low-income tribal members may be eligible to receive assistance that is up to and does not exceed \$15,000.00.
This includes time and materials.

PLEASE RETURN TO:

PIT RIVER TRIBAL HOUSING ~ 20300 FIR STREET ~ BURNEY CA 96013

Phone: 530-335-4809

Fax: 530-335-4849

www.ptrhousing.com

REHABILITATION PROGRAM

ALLOWABLE PROJECTS/COST

Refrigerator repair/replacement
Range/oven repair/replacement
Hot Water Heater repair/replacement
Primary heat source repair/replacement
Air Conditioner repair/replacement
Roof repair/ replacement
Pest eradication
Door replacement (interior/exterior)
Window replacement (energy efficient)
Insulation repair/replacement
Flooring
Access (i.e., steps, railings, small decks, ramps)
Bathroom safety features (i.e., railings, grab bars, ADA toilet, walk in showers)
Interior/Exterior Paint
Dry rot or siding repair/replacement
Concrete walkaway, driveway replacement
Tree Trimming ~ overgrown shrubbery abatement containment

Porch/ shade structure
Installation of light fixtures, ceiling fan(s)
Electrical
Plumbing
Septic repair/ replacement ~ the applicant must obtain and provide three (3) quotes/estimates for requested work to be completed. Any cost associated with obtaining these request are the burden of the applicant, it is suggested that the applicant seek those vendors who provide free estimates.
Well replacement/ repair replacement ~ the applicant must obtain and provide three (3) quotes/estimates for requested work to be completed. Any cost associated with obtaining these request are the burden of the applicant, it is suggested that the applicant seek those vendors who provide free estimates.
Other repairs pertinent to maintain a safe and decent home.

PIT RIVER TRIBAL HOUSING BOARD REHABILITATION APPLICATION

Have you received Rehabilitation Services before? _____ If yes what year did you receive services? _____

Head of Household: _____ Tribal Enrollment # _____

Date: _____ DOB: _____ Phone #: _____

Physical Address: _____ Mailing Address: _____

Persons Residing in Household: _____

| Name | DOB | SS# | Income |
|---------------------------|-------|-------|--------|
| Tribal Enrollment # _____ | _____ | _____ | _____ |
| Tribal Enrollment # _____ | _____ | _____ | _____ |
| Tribal Enrollment # _____ | _____ | _____ | _____ |
| Tribal Enrollment # _____ | _____ | _____ | _____ |
| Tribal Enrollment # _____ | _____ | _____ | _____ |

If more space is needed, use a blank sheet of paper

Is anyone residing in the home disabled? Yes No

Name _____

Name _____

Current Income for all persons in the household over the age of 18 years old:

(Attach W-2, payroll stubs, SSI, Disability, UI, AFDC statements, or any other documentation acceptable within federal guidelines)

Description of Work/Project: _____

Location: _____

Estimated Cost: _____

I am applying for rehabilitation housing assistance, and agree to abide with all provisions of the PRTHB Rehabilitation Policy, and Particapation Agreement for Housing Rehabilitation. I understand that providing false information will disqualify me from receiving housing assistance. I further understand that assistance will be based upon my eligibility, availability of funds, available resources and priorities as outlined with the PRTHB Rehabilitation Policy. I also understand that the approved assistance amount includes time and materials.

Signature of Applicant _____

Date _____

CONFLICT OF INTEREST

DEFINITION: Immediate family is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents, grandchildren, aunt, and uncle.

PUBLIC DISCLOSURE: The Pit River Tribal Housing (PRTHB) shall make public disclosure the nature of assistance to be provided. The disclosure shall be posted at the PRTHB office, and a copy of the disclosure shall be provided to HUD before assistance is provided.

Are you related to any PRTHB employees or Board of Commissioners? Yes No

If yes give the name(s) of relative(s) and relationship

Name: _____ Position: _____

Relationship: _____

Name: _____ Position: _____

Relationship: _____

Name: _____ Position: _____

Relationship: _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)



Pit River Tribal Housing
20300 Fir Street
Burney CA 96013

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(d)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

| | | | |
|------------------------------------------------------|-------|---------------------------------|-------|
| _____ | _____ | _____ | _____ |
| Head of Household | Date | | |
| _____ | _____ | _____ | _____ |
| Social Security Number (if any) of Head of Household | | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Spouse | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.