HUALAPAI HOUSING

Hwal'bay Ba:j Wayo:wo'jo

Higher Education Rental Assistance Program

600 Highview Street ◊ P.O. Box 130 ◊ Peach Springs, Arizona 86434

Phone (928) 769-2274 Fax (928) 769-2703

Email: Mariesa Sullivan ◊ MSullivan@Hualapai-nsn.gov

Application Checklist

The following documentation is required in order to be considered for Higher Education Rental Assistance. **Before turning in your application, please review the checklist to insure that you have submitted all required documents and that your application is complete.** The student is responsible for completing the application and obtaining the required documentation. Please maintain copies of all submitted documentation for your records.

Met Application Deadline Applying for: ☐ Spring: Dec 1st
☐ Summer: May 1st
☐ Fall: Aug 1st

☐ Completed and Signed Higher Education Rental Assistance Application

☐ Signed Release of information Form 9886

☐ Signed Hualapai Housing Department Release of Information Form

☐ Copy of Tribal ID or Certificate of Indian Blood

☐ Copy of Letter of Acceptance from Educational Institute

☐ Household Verification (letter from landlord stating who all lives in your household)

☐ Financial Aid Needs Analysis - Must have applied for Federal Financial Aid

☐ Personal letter of goals/objectives and future plans

☐ Copy of Lease Agreement

☐ Copy of Class schedule or registration (**Must be a full-time student**)

☐ Official Transcripts

☐ Income Verification (tax return, recent check stub, assistance verification document)

Incomplete applications or failure to submit all required documentation by the deadline is immediate cause to determine the student ineligible for that semester. **Due to limited funding absolutely no applications will be accepted after the deadline date.**

If you have any questions regarding the application process or any of the required documents, please feel free call or email. The number to call and were to email is listed above.

HUALAPAI HOUSING

Hwal'bay Ba:j Wayo:wo'jo

Higher Education Rental Assistance Program

600 Highview Street ◊ P.O. Box 130 ◊ Peach Springs, Arizona 86434

Phone (928) 769-2274 Fax (928) 769-2703

Email: Mariesa Sullivan ◊ MSullivan@Hualapai-nsn.gov

Rental Assistance Application

Date of Application:_____

Personal and Family Information

Full Legal Name:_____ Hualapai Tribal ID #:_____

Date of Birth:_____ Social Security Number:_____ Gender: ☐Male ☐Female

Home Phone:_____ Cell Phone:_____ Message Phone:_____

Current Mailing Address:_____

_____

Permanent Mailing Address:_____

_____

Email address:_____

List all other household members and their relationship to you:

Name of Spouse (if applicable):_____

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____
6. _____ _____
7. _____ _____
8. _____ _____

Total Number of people in the household:_____

INCOME

Please list what type of income that you are receiving. If you have no income please write how you are getting by to pay for your bills.

Source of income:_____

_____

_____

_____

Educational Data

Name of High School Attended:_____

Address:_____

Graduation Date:_____

College Level: ☐Freshman ☐Sophomore ☐Junior ☐Senior ☐Graduate Student

Name of the Educational Institute you will be attending:_____

Address:_____

Name of Financial Officer or Contact Person:_____

Financial Aid Office Phone No.:_____ Fax No.:_____

Have you applied for Federal Financial Aid? ☐Yes ☐No

Have you applied for the Hualapai Higher Education Assistance Grant/Scholarship? ☐Yes ☐No

Please Read, Check, and Initial the following:

☐_____(Initials) I have read and understand the Hualapai Housing Higher Education Rental Assistance Policy.

☐_____(Initials) I understand that any awarded assistance will be terminated in the event I should withdraw, fail to maintain a 2.0 GPA, drop – out, or drop below twelve (12) credit hours.

☐_____(Initials) I also agree to adhere to all other provisions stated in the Higher Education Rental Assistance Policy.

Please remember that there is a 15 day approval period to process all completed applications.

Applicant Signigture:_____ Date:_____

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)
	HWAL'BAY BA;J WAYO'JO HUALAPAI HOUSING P.O. BOX 130, 600 HIGHVIEW STREET PEACH SPRINGS, AZ 86434-0130

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(l)(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.

HUALAPAI HOUSING

Hwal'bay Ba:j Wayo:wo'jo

Higher Education Rental Assistance Program

600 Highview Street ◊ P.O. Box 130 ◊ Peach Springs, Arizona 86434

Phone (928) 769-2274 Fax (928) 769-2703

Email: Mariesa Sullivan ◊ MSullivan@Hualapai-nsn.gov

Authorization for Release of Information

I,_____ authorize the Hualapai Education Department, Department of Economic Security, the educational institute listed on this application and other local agencies (i.e. Hualapai Enrollment office, Indian Health Services) to release only pertinent information or documents that are directly related to achieving and maintaining eligibility as stated in the policies and on the attached checklist. Information shall only be released to:

HUALAPAI HOUSING

Higher Education Rental Assistance Program

P.O. Box 130

Peach Springs, AZ 86434

Fax: (928) 769-2703

I understand that all obtained information will be kept confidential and used only for the purpose of this application and rental assistance.

Student Signature:_____ Date:_____