



Quinault Housing Authority

P.O. BOX 160 | Taholah, WA 98587
(360) 276-4320 | FAX (360) 276-4778 | 1-888-891-0017

CHECKLIST FOR COLLEGE VOUCHER PROGRAM

- Current Certificate of Indian Blood (CIB) from Enrollment Office.
- Submit a letter from QIN Education Department stating that the student is in good standing, is taking at least 12 credits per term, and has met all the FAFSA requirements, and/or is enrolled in an eligible post-secondary educational or vocational institution.
- a) Applicant household must be low-income as defined in the QHA Rental and Admissions and Occupancy Policy and applicable NAHASDA regulations.

b) Students living in apartments must submit the Family Composition form showing who is living in the apartment. The QHA will only pay the portion of the security deposit, first and last month's rent for the individual who is submitting the request, if there is more than one person living in the apartment.
- Letter from Land Lord stating there is no lead based paint used in the residence.
- Sign Release of Information.
- Provide a copy of the Rental/Lease Agreement from the land lord.
- Execute an agreement with QHA to return the security deposit in full within 45 days of vacating a rental unit (failure to return security deposit will result in the denial of any future assistance requests until paid in full).
- Signed Land Lord agreement with QHA that any security deposits paid by the QHA that are refundable must be refunded to the QHA directly by the landlord upon the participant vacating the rental unit, and should there be no refund of the security deposit, the land lord must provide a statement/letter of explanation as to the reason for retention of the security deposit.



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PERSONAL DECLARATION FORM

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on their Social Security card(s). All adult members of the household must sign below certifying the information pertaining to him or her.

HOUSEHOLD COMPOSITION: *List all of the people who will be living in your home.*

Adults (legal Name)	Date of Birth	Relationship to Head of Household	Social Security Number	Single, Married, Widowed, Divorced, Separated
1. Head of Household				
2.				
3.				
4.				

Children (Legal Name)	Date of Birth	Relationship to Head of Household	Social Security Number	Absent Parent's Name	Absent Parent's Address
1.					
2.					
3.					
4.					
5.					

If separated or divorced, list the name of ex-spouse:

Name: _____

Address: _____

City, State, Zip: _____



Total Household Income. List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, Disability Payments(SSI), Workman's Compensation, retirement benefits, AFDC, Veteran's benefits, rental property income, stock dividends.

Household Members	Employer	Total Weekly Wages	AFDC	Child Support Monthly	Social Security Monthly	Unemployment Benefits	All Other Income
1. Head of Household							
2.							
3.							
4.							

Assets: **1)** Do you or any household members have any interest in any real estate, boat, and or mobile home? __Yes __No **2)** Have you sold any real estate in the last two years? __Yes __No **3)** Do you own any stock or bonds? __Yes __No **4)** Do you own a car? __Yes __No
 Year, Make and model _____ License Plate # _____
5) Do you have a savings account? __Yes __No, if yes provide number and amount below.
 Savings Acct: _____ Amount: _____

- A.** Does anyone outside of your household pay any of your bills or give you money?
 __Yes __No, if yes please explain: _____
- B.** Have you or any other adult members ever used any name(s), Social Security number(s) other than the current one you are using? __Yes __No, if yes please explain: _____
- C.** Have you or any member lived in any assisted housing? __Yes __No, if yes please list where and when _____
- D.** Have you or anyone in your household ever been convicted of any crime other than traffic violations? __Yes __No, if yes please explain: _____
- E.** Have you ever committed any fraud in a federally assisted housing program for knowingly misrepresenting information? __Yes __No, if yes please explain: _____

I do hereby swear and attest that all of the information above is true and correct. I also understand that all changes in the income of any members of the household, as well as any changes in the Household Composition must be reported to the Housing Authority in WRITING IMMEDIATELY.

 Signature of Head of Household Date Signature of Spouse Date

 Signature of other adult Date Signature of other adult Date



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EMPLOYMENT INCOME VERIFICATION

To: _____

Date: _____

Re: _____

SS# _____

Dear Sir/Madam

We are required to verify the income of all household members over 18 who have applied for housing or housing services provided with federal funds. Please supply the information requested below and return this letter to us as soon as possible. We will keep the information in strict confidence and use it only to determine your employee's eligibility for our programs. Enclosed for your records, please find an authorization for release of information signed by the above referenced individual.

Sincerely, QHA Management

.....
Occupation: _____ Hire Date: _____

Termination Date (if applicable): _____

Salary Base Rate: per hour \$ _____ or per week \$ _____ or per month: \$ _____

Employee Status: Full Time: ____, Seasonal ____, Temporary ____, Part time ____

(If marked seasonal/temporary/part time, include report showing gross income from 01/01/____ to 12/31/____)

Average hours per week at Base Rate: _____

Over Time pay per hour: \$ _____

Estimated overtime hours for the next 12 months: _____

Any other compensation not included above (specify such as commissions, bonus, etc.)

For: _____, Amount \$ _____, Per _____

Gross wages paid YTD: \$ _____

Employer Name: _____ Date: _____

Signature and title: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct all Federal, State and local agency, organization, or individual, to release and verify information provided on my application for participation, and/or to maintain my continued assistance under Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs funded with Federal or state funds. I understand and agree that this authorization, or the information obtained with its use, be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent to allow HUD or QHA to release information from my file about my rental history to HUD credit bureaus, collections agencies or future landlords. This includes records such as my payment history, and any violation of my lease or QHA policies. Such authorization does not include medical records obtained in the course of applying for, or being a part of, such programs without the appropriate due process required under law.

INFORMATION COVERED

I understand that, depending on program guidelines and requirements, previous or current information regarding my, or members of my household, may be needed. Verification and inquiries that may be requested include by are not limited to:

Identity and Marital Status
Medical or Child Care Allowances
Residences and Rental Activity

Employment, Income, and Assets
Credit
Criminal Activity

GROUP OF INDIVIDUAL THAT MAY BE ASKED

The group of individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords
(Including Public Housing Agencies)
Courts
Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical and Child Care Providers
Retirement Systems

Credit providers and Credit Bureaus
Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Agencies
Support and Alimony Providers
Banks and other financial Institutions
Utility Companies

Continued on next page

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or QHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found, and a chance to disprove incorrect information. HUD or the QHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies including but not limited to State Employment Agencies, Department of Defense, Office of Personnel Management; the US Postal Service, the Social Security Agency, and State Welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the QHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

FISHERMAN'S INCOME

The QIN Business Committee has received copies of several memos relating to the release of income information to the Quinault Housing Authority by the Enterprise. No formal Business Committee policy presently exists on this subject. However, in order to protect both the Tribe and the privacy of individual fisherman, until such time as the Business Committee adopts a formal policy, income information should only be released to the fisherman whose income is sought.

By signing below I, Authorize the Quinault Land & Timber Enterprises to release to the Quinault Housing Authority any and all information, which is necessary to verify my income for the period of one (1) year or a three (3) year average.

_____	_____	_____
Head of Household Signature	Printed Name	Date

_____	_____	_____
Spouse Signature	Printed Name	Date

_____	_____	_____
Other Adult Signature	Printed Name	Date

_____	_____	_____
Other Adult Signature	Printed Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506-T, REQUEST OF TRANSCRIPT OF TAX RETURN MUST BE PREPARED AND SIGNED SEPERATELY.



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FEDERAL PRIVACY ACT STATEMENT

AUTHORITY: The Department of Housing and Urban Development (HUD) is authorized to collect information by the U.S. Housing Act of 1937, as amended, 42 U.S.C., 1437 et. Seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 State, 348, 408. HUD is authorized to collect the SSN by Section 165(a) of the Housing and Community Development Act of 1987, P.L. 100-242, and by section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, P.L. 100-628.

PURPOSE: This is to advise you the Federal Government will be collecting information regarding your program eligibility. You will be made aware of how the information will be used, including the penalties and disclosure during the application process.

USE: HUD uses the information for budget development, program evaluation, and planning activities, and in reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on program eligibility and rent determination and to verify the accuracy and completeness of the income information. HUD AND THE PUBLIC HOUSING AUTHORITY OR INDJAN HOUSING AUTHORITY (OHA/IHA) MAY USE THE INFORMATION TO CONDUCT COMPUTER MATCHING PROGRAMS TO CHECK FOR UNDERREPORTED OR UNREPORTED INCOME. The SSN(s) is (are) used as a unique identifier in computer matching to check tenant eligibility and rent determination made by the PHA/IHA.

PENALTY: You must provide all of the information requested, including all SSN(s) for yourself, and all other household members age six years and older, which have been assigned. Failure to provide SSN(s) and required documentation or certification will affect your eligibility in the assistance program. Applicants will be denied assistance and participants will have assistance or tenancy terminated (or both) if they fail to comply. Failure to provide other requested information may also result in denial of eligibility, eviction or the withdrawal of housing assistance (depending on the housing program).

DISCLOSURE: Summaries of tenant information, without individual identifiers, may be made available to the public. The Privacy Act of 1974, as amended, restricts HUD's disclosure of information about individuals. Such information may be released without the individual's consent as permitted or required by law. This includes disclosure to appropriate Federal, State, or local agencies to verify information relevant to eligibility and rent determination, and when applicable, for other civil, criminal, or regulatory matters. HUD will not otherwise release or disclose the information without the individual's written consent. There may be additional State or Local laws or regulations which govern disclosure by the PHA/IHA.

SIGNATURE: I have read this Federal Privacy Act Statement on: ____ / ____ / ____

Head of Household

Spouse

Other Adult Member of Household

Other Adult Member of Household

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Hotline toll free at 1-800-424-8590 (Within Washington, D.C. metropolitan area, call 426-3500).



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COLLEGE VOUCHER SECURITY DEPOSIT AGREEMENT

I, _____, have been approved for College Voucher Assistance
Applicant's Name
through the Quinault Housing Authority, in the amount of \$ _____. The funds
that I am approved for will be used for Rent in the amount of \$ _____ and
Security Deposit in the amount of \$ _____.

I, _____, fully understand that the Security Deposit
Applicant's Name
must be returned to the Quinault Housing Authority in full, or I will not be eligible
for assistance in the future.

Applicant Name

Date

Office Staff Signature

Date



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Land Lord's Security Deposit Agreement

RE: Security Deposit Return

Land Lord Name: _____

Land Lord Address: _____

Tenant Name: _____

Security Deposit Amount: \$ _____

I agree that any security deposits paid by the QHA that are refundable must be refunded to the QHA directly by the landlord upon the tenant vacating the rental unit.

Should the security deposit not be refunded, I agree to provide a letter/statement of explanation for the reason of not refunding the deposit.

Land Lord Signature

Date

Tenant/Applicant Signature

Date

QUINAULT HOUSING AUTHORITY

COLLEGE VOUCHER ASSISTANCE POLICY



Approved by the Quinault Housing Authority Board of Commissioners this 21st day of October, 2014 during its duly convened Regular Meeting, during which a quorum of its members was present, by a vote of 4 for, 0 against, 1 not voting, and 2 absent.

**QUINULT HOUSING AUTHORITY
COLLEGE VOUCHER ASSISTANCE POLICY**

I. Purpose of the Policy

The Quinault Housing Authority (QHA) has adopted a policy to govern the eligibility of participants for voucher assistance for the purpose of providing financial housing support to aid participants in completing a higher education or vocational training. Such assistance is for the purpose of increasing the affordability of housing for eligible participants, in accordance with the requirements of the Native American Housing Assistance and Self-Determination Act of 1996, as amended, 25 U.S.C. 4101 et. seq. (NAHASDA) and NAHASDA regulations (24 C.F.R. Part 1000 et seq.).

II. Eligibility Criteria

Applicants must meet the following eligibility criteria:

1. Applicant must submit a Certificate of Enrollment in the Quinault Indian Nation (CIB);
2. Applicant must submit a letter from the QIN Education Department verifying the applicant is in good standing, is taking at least twelve (12) credits per term, has met all of the FAFSA requirements, and is enrolled in an eligible post-secondary educational or vocational institution.
3. Applicant household must be low-income as defined in the QHA Rental Admissions and Occupancy Policy and applicable NAHASDA regulations.
4. The housing unit the applicant will occupy must meet NAHASDA lead-based paint restrictions.
5. Applicant must sign a Release of Information form.
6. Applicant must provide a copy of the Rental Lease Agreement entered into with the landlord.
7. Applicant must execute an agreement with the QHA that any security deposits paid by the QHA that are not refunded to the QHA by the landlord will be the responsibility of the participant to repay to the QHA within 45 days of vacating a rental unit. Participants who do not refund a security deposit will not be eligible for further assistance until all amounts owed are repaid. Participants may request a waiver of this requirement based upon extenuating circumstances beyond the participant's control by filing a waiver request with the Executive Director. Only the Board of Commissioners may waive the repayment based upon extenuating circumstances beyond the participant's control.
8. The landlord must execute an agreement with the QHA that any security deposits paid by the QHA that are refundable must be refunded to the QHA directly by the landlord upon the participant vacating the rental unit.

III. Assistance Provided

A. Type of Assistance.

The QHA will provide assistance to approved applicants on a first come first serve basis as long as program funds are available for the College Voucher Assistance Program. Applicants may only apply for and receive assistance once during each QHA fiscal year. Assistance provided by the QHA to eligible applicants may include:

1. The Security Deposit required by the Landlord. This does not include any Pet Deposit.
2. First and last Month's Rent.

B. Restrictions on Assistance.

Once approved, an applicant is considered to be a participant in the program. Prior to receiving assistance, participants must submit a Household Composition form showing who is living in the apartment.

1. **More than One Occupant.** QHA will only pay the portion of the security deposit and first and last month's rent for the participant if there is more than one person listed on the Household Composition living in the apartment or housing unit.
2. **Dormitories.** The amount of assistance for those who live in a dormitory will be determined by totaling the cost of one year's charge to live in the dormitory and the amount of the security deposit, then dividing that amount by the number of school quarters the participant is taking, in order to determine the amount of the security deposit and the first and last month's rent.

IV. Ineligible Uses and Applicants.

A. Ineligible Programs. The following are not eligible post-secondary educational or vocational programs under this Program:

1. Quinault Indian Reservation based programs;
2. Online classes;

B. Ineligible Persons. Any applicant who has been a previous participant in this program who has not repaid a security deposit and has not received a waiver of the repayment requirement is ineligible until the funds are repaid to QHA. In addition, any person who has withheld relevant information, or provided false information to the QHA in order to obtain assistance shall be deemed ineligible for further assistance and may be required to repay to the QHA any funds received under this program as determined by the Executive Director.