

Housing Department



Dear Applicant:

Welcome to Reno-Sparks Indian Colony (RSIC) Housing. As we all know, the more complete an application is, the sooner it will be processed. It is the same with the RSIC Housing application.

Check each box after you have completed the item. A complete Housing application includes:

- Check one or both in the "Applying for:" boxes. Form 1
- Person who is an enrolled member of the Reno Sparks Indian Colony and over the age of 18 years should list themselves as Head of Household.
- Complete all required information for each member of the family listed on your family composition (name, relationship to you, birth date, and Social Security number).
- Have all persons **over the age of 18** listed on the family composition complete all attached forms.
- Verification of Employment (if unemployed, fill out the Statement of No Income form). Form 2
- Public Assistance/Benefit Verification (if applicable). Form 3
- Statement of No Income. Form 4
- Excessive Mileage Deduction (if applicable). Form 5
- Child Care Deduction form (if applicable). Form 6
- Verification of Student Status (for persons attending educational institutions, i.e., vocational school, community college, university, etc. The form must be signed by the institution.) Form 7
- Authorization for the Release of Information. Form 8

(Mandatory for all persons 18 and over who are listed on your family composition to sign their names, date, and Social Security numbers.)

- Verification of Resident Status. Form 9
- Copies of RSIC enrollment cards for all members listed on your family composition form.
- Copies of Social Security cards and Birth Certificates for all person's under 17 years of age and copies of all ID's or Driver's License for anyone 18 years and older.

Please be sure and **sign all forms where applicable and include all necessary documents** with your application. If you have any questions, call the Housing Department at 785-1300 and ask for either the Resident Services Officer or the Tenant Relations Officer.

Housing Department



APPLICATION FOR MUTUAL HELP/LOW RENT PROGRAM

Applying for (✓ box or boxes): Mutual Help Low Rent

Information is (✓ box): original application updated/recertification sublease

Applicant: _____ Date: _____
Address: _____ Phone: (H) _____

(W) (Cell) _____

FAMILY COMPOSITION: List ALL family members who will reside in unit.

Name	Relationship (Head of Household)	Date of Birth	Social Security #	Tribal Census #

Are you an enrolled member of the Reno-Sparks Indian Colony (RSIC)? Yes No

If yes, please provide proof of RSIC membership: _____

If no, please identify Tribe you are enrolled with: _____

Are you a Veteran? Yes No

Are you Disabled/Handicapped? Yes No If yes, indicate type of disability (must provide proof of disability): _____

Are you currently homeless or living in substandard or over crowded housing? Yes No

If yes, please explain: _____

CERTIFICATION

I CERTIFY that the information given to the Reno-Sparks Indian Colony Housing Department on family composition, income, and deduction is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law and that it is grounds for denial or termination of Housing assistance and termination of tenancy.

SIGNATURE: _____ DATE: _____

Housing Department



VERIFICATION OF EMPLOYMENT

The U.S. Department of Housing and Urban Development regulations require the Reno Sparks Indian Colony Housing Department to verify employment/income of household family members for the purpose of determining the family's eligibility for housing assistance.

Name: _____ Soc. Sec.# : _____

Address: _____
Street _____ City/State _____ Zip Code _____

Name of Employer: _____ Phone: _____

Address of Employer: _____
Street _____ City/State _____ Zip Code _____

I hereby authorize my employer to release the requested information to the Reno-Sparks Indian Colony Housing Department regarding my employment/income status. I understand that the information will be kept confidential and will be used only for the program purpose.

Signature: _____ Date: _____
Applicant/Participant/Other Adult

***** EMPLOYER TO COMPLETE *****

Position Title: _____

Date of Employment: _____ Current hourly rate: _____ Hours per week: _____

Hourly () Weekly () Bi-Weekly () Monthly () Annual ()

Full time () Part-time () Temporary () On-call ()

If no longer employed, last date of employment? _____

CERTIFICATION

This form should be completed and signed by a bona fide representative of the employer. Federal statutes provide severe penalties for any fraud or intentional misrepresentative.

Signature of Authorized Representative: _____

Title: _____ Date: _____

Revised 2/07

Housing Department



VERIFICATION OF EMPLOYMENT

The U.S. Department of Housing and Urban Development regulations require the Reno Sparks Indian Colony Housing Department to verify employment/income of household family members for the purpose of determining the family's eligibility for housing assistance.

Name: _____ Soc. Sec.#: _____

Address: _____
Street _____ City/State _____ Zip Code _____

Name of Employer: _____ Phone: _____

Address of Employer: _____
Street _____ City/State _____ Zip Code _____

I hereby authorize my employer to release the requested information to the Reno-Sparks Indian Colony Housing Department regarding my employment/income status. I understand that the information will be kept confidential and will be used only for the program purpose.

Signature: _____ Date: _____
Applicant/Participant/Other Adult

***** EMPLOYER TO COMPLETE *****

Position Title: _____

Date of Employment: _____ Current hourly rate: _____ Hours per week: _____

Hourly () Weekly () Bi-Weekly () Monthly () Annual ()

Full time () Part-time () Temporary () On-call ()

If no longer employed, last date of employment? _____

CERTIFICATION

This form should be completed and signed by a bona fide representative of the employer. Federal statutes provide severe penalties for any fraud or intentional misrepresentative.

Signature of Authorized Representative: _____

Title: _____ Date: _____

Revised 2/07

Housing Department



PUBLIC ASSISTANCE/BENEFITS VERIFICATION

The U.S. Department of Housing and Urban Development regulations require the Reno Sparks Indian Colony Housing Department to verify employment/income of household family members for the purpose of determining the family's eligibility for housing assistance.

Name: _____ Soc. Sec. #: _____

Address: _____
Street _____ City/State _____ Zip Code _____

Name of Agency: _____ Phone: _____

Address of Agency: _____
Street _____ City/State _____ Zip Code _____

Type of Benefit: TANF () IGA () VA () Pension () Retirement () Other () _____
(Check appropriate boxes)

I hereby authorize to release the requested information to the Reno-Sparks Indian Colony Housing Department. I understand that the information will be kept confidential and will be used only for the program purpose.

Signature: _____ Date: _____
Applicant/Participant/Other Adult

***** AGENCY TO COMPLETE *****

Amount received monthly: _____ Start Date: _____
Closing Date: _____

Do you expect any change in payment(s) in the near future? () Yes () No
If yes, please explain:

CERTIFICATION

This form should be completed and signed by a bona fide representative of the agency. Federal statutes provide severe penalties for any fraud or intentional misrepresentative.

Signature of Authorized Representative: _____

Title: _____ Date: _____

Revised 2/07

Housing Department



STATEMENT OF NO INCOME

I, _____, certify that I have no income and therefore, I submit the following statement of how I am presently living with no income:

Signed: _____ Date: _____

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EXCESSIVE MILEAGE DEDUCTION

Name: _____ Date: _____

Address: _____
Street _____ City/State _____ Zip Code _____

Yes, I am eligible for the excessive mileage deduction and for the following purposes:

EMPLOYMENT

Employer: _____

Address: _____

Estimated of miles to job: _____/day.

EDUCATION

School: _____

Address: _____

Estimated of miles to job: _____/day.

I understand that this deduction only applies to one member of each household; and the deduction amount will be \$25.00 per week, not to exceed \$1,300.00 annually.

Signature: _____ Date: _____
Applicant/Participant/Other Adult

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CHILD CARE DEDUCTION



Name: _____ Soc. Sec. #: _____

Address: _____
Street _____ City/State _____ Zip Code _____

Name of Agency/Provider: _____ Phone: _____

Address of Agency/Provider: _____
Street _____ City/State _____ Zip Code _____

I hereby authorize the childcare agency/provider to release information to the Reno-Sparks Indian Colony Housing Department regarding the information requested below. I understand that the information will be kept confidential and will be used only for the program purpose.

Signature: _____ Date: _____
Applicant/Participant/Other Adult

***** TO BE COMPLETED BY CHILD CARE PROVIDER *****

This is to certify that I provide childcare for the family identified above.

1. Name of child/children: _____

2. I am paid \$ _____ per _____.

Name of Agency/Provider: _____ Phone: _____

Address of Agency/Provider: _____
Street _____ City/State _____ Zip Code _____

CERTIFICATION

This form should be completed and signed by a bona fide representative of the agency or provider. Federal statutes provide severe penalties for any fraud or intentional misrepresentative.

Signature of Authorized Representative: _____

Title: _____ Date: _____

Revised 2/07

Housing Department



VERIFICATION OF STUDENT STATUS

(For students 18 years of age of older)

The U.S. Department of Housing and Urban Development regulations require the Reno Sparks Indian Colony Housing Department to verify employment/income of household family members for the purpose of determining the family's eligibility for housing assistance.

Name of Student: _____

Address: _____
Street _____ City/State _____ Zip Code _____

Name of Educational Institution: _____ Ph #: _____

Address: _____
Street _____ City/State _____ Zip Code _____

I hereby authorize my employer to release the requested information to the Reno Sparks Indian Colony Housing Department regarding my student status. I understand that the information will be kept confidential and will be used only for the program purpose.

Signature: _____ Date: _____
Student (18 years of age or older)

***** EMPLOYER TO COMPLETE *****

This is to certify that the above named student is enrolled at this Educational Institution:

Student status: Full-time () Part-time ()

Date of enrollment: _____ Date Dropped: _____

CERTIFICATION

This form should be completed and signed by a bona fide representative of the Educational Institution. Federal statutes provide severe penalties for any fraud or intentional misrepresentative.

Signature of Authorized Representative

Date

Title: _____ Ph. # () _____

Revised: 2/07

Authorization of Release of Information

Organization requesting Release of Information: (Full address of requestor and telephone)

Reno-Sparks Indian Colony Housing Department
9055 Eagle Canyon Drive
Sparks, NV 89441
(775) 785-1300

You are required to sign a Consent Form Authorizing: (1) The Housing Department (HD) to request verification of salary and wages from current or previous employers; (2) HD to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HD to request verification of SS and SSI benefits from the U.S. Social Security Administration including online sources; and if necessary (4) to request a copy of your income tax return from the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HD may request information from financial institutions to verify your eligibility and level of benefits to include Law Enforcement and Criminal Justice Agencies.

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.

Failure to sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination from the assisted housing program. Denial of eligibility or termination of benefits is subject to the HD's grievance procedures or informal hearings procedures.

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 five years when I have received assisted housing benefits.

Consent: I consent to allow Reno-Sparks Indian Colony Housing Department to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility or continued participation in the HD's program. I understand that the HD that receives income information under this 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 will expire 15 months after date of signature & date -

Required Signature(s):

Head of Household	Date	Social Security Number (Head of Household)
Other family member – 18 years of age or older	Date	Social Security Number (Other family member)
Other family member – 18 years of age or older	Date	Social Security Number (Other family member)
Other family member – 18 years of age or older	Date	Social Security Number (Other family member)

Housing Department



VERIFICATION OF RESIDENT STATUS

The U.S. Department of Housing and Urban Development regulations require the Reno Sparks Indian Colony Housing Department to verify residential status of household family members for the purpose of determining the family's eligibility for housing assistance.

Tenant Name: _____

Mailing Address: _____
Street _____ City/State _____ Zip Code _____

Name of Property Management: _____ Ph # _____

Address: _____
Street _____ City/State _____ Zip Code _____

I hereby authorize my Property Manager or Realtor to release the requested information to the Reno-Sparks Indian Colony Housing Department regarding my resident status. I understand that the information will be kept confidential and will be used only for its program purposes.

Signature: _____ Date: _____

******* PROPERTY MANAGEMENT TO COMPLETE *******

This is to certify that the above applicant is a current resident or has been a resident:

Number of years: One year or less: () 1 to 5 years: () 5 years or more: ()

Tenant conduct: Satisfactory () Unsatisfactory () Ever delinquent?: Yes () No ()

Date of occupancy: _____ Date Terminated Lease: _____
(month/year) (month/year)

CERTIFICATION

This form should be completed and signed by a bona fide representative of the Property Management Staff or representative thereof. Federal statutes provide severe penalties for any fraud or intentional misrepresentation.

Signature of Authorized Representative _____ Date _____

Title: _____ Ph # () _____

FOR HOUSING DEPARTMENT USE ONLY

Number of Adults: _____

Number of Children: _____

Unit Size required: _____

Is the family within applicable income limits? YES NO Total family income: \$ _____

Medium income limit: \$ _____

Income Verified by: _____ Maximum income limit: \$ _____

C E R T I F I C A T I O N

BASED ON THE REEXAMINATION SUBMITTED, THIS PARTICPANT IS FOUND TO BE:

ELIGIBLE for continued participation, based on annual reexamination.
 INELIGIBLE for continued participation, based on annual reexamination.

REASON: _____ Continued Occupancy per CFR 1000.146

FAMILY NOTIFIED OF DETERMINATION ON: _____
(Date)

Signed: _____

Date: _____

Title: _____

