

HOUSEHOLD INCOME INFORMATION: List all residents who claim the property as their primary residence and are not renters. (Please provide a copy of your household income)

FIRST NAME, LAST NAME	ANNUAL INCOMES
Head of Household (Applicant):	\$
Household Member #2:	\$
Household Member #3:	\$
Household Member #4:	\$
Household Member #5:	\$
TOTAL HOUSEHOLD INCOME Total income (1040)	\$ \grossincome1\

Please indicate Job Type: Full Time: _____ Part Time: _____

I, _____ am in need of assistance in the following areas (please mark all the areas that you need help with):

_____ Utility (up to \$600). Please provide a copy of your utility bill

_____ Propane payments to providers on my behalf (up to \$400). Please indicate propane company

_____ Freezer 7.0 cubit feet

_____ Washer

_____ Dryer

_____ Rental assistance up to \$1,200 per household

_____ Generator - **Only elders (62+)** living in the unit on the Reservation (conveyed or Sub-Division)

_____ **Only elders or disabled** – Assistance to improve accessibility for elders and disabled (up to \$1,200).

Example: handi-cap, lighting fixtures, accessible routes and ramps, site grading, and other accommodations necessary to meet ADA standards

Applications will be rated on need and first come first served, if applicable. Washers, dryers, freezers placed in rental units are Housing Dept. property and will remain with the unit after move-out.

DOCUMENTS/INFORMATION REQUIRED

1. Page 1 and 2 of 2020 or 2021 federal income tax return (Form 1040) for each household member or certification that they are not legally required to file federal tax returns. If no taxes are filed, proof of income.
2. A copy of your most recent electricity or propane bill if applying for assistance.

Note: Washers, Dryers, Freezers placed in rental units are Housing property and will remain with the unit after move-out.

I declare under penalty of perjury that the information in this form and the supporting documentation submitted herewith is true and correct to the best of my knowledge.

Signature (Applicant): _____ Date: _____

NOTICE:

The Chemehuevi Indian Tribe has been approved for \$ 596,858.00 in additional Indian Housing Block Grant funding from the HUD American Rescue Plan (ARP). The funding is intended for activities and projects designed to prevent, prepare for, and respond to COVID-19, and maintain operations impacted by COVID-19.

Household Income Published by HUD NAHASDA Guidance 2021

Percent	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$ 44,744	\$ 51,136	\$ 57,528	\$ 63,920	\$ 69,034	\$ 74,147	\$ 79,261	\$ 84,374
100%	\$ 63,000	\$ 72,000	\$ 81,000	\$ 90,000	\$ 97,200	\$ 104,400	\$ 111,600	\$ 118,800

Household Income Published by HUD NAHASDA Guidance 2020

Percent	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$ 43,960	\$ 50,240	\$ 56,520	\$ 62,800	\$ 67,824	\$ 72,848	\$ 77,872	\$ 82,896
100%	\$ 54,950	\$ 62,800	\$ 70,650	\$ 78,500	\$ 84,780	\$ 91,060	\$ 97,340	\$ 103,620

Release of Information

Consent: I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Chemehuevi Department of Housing, any information or materials needed to complete and verify my application for participation and/or maintain my continued assistance under its housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development in administering and enforcing program rules and policies.

Information covered: I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Identity and Marital Status
- Employment, Income, Assets
- Residences and Rental Activity
- Medical or Child Care Allowances

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Chemehuevi Indian Tribe assistance program.

Groups or Individuals That May Be Asked: The groups or 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)
- Past, or Present Employers
- Veterans Administration
- Courts and Post Offices
- Welfare Agencies
- Retirement Systems
- State Unemployment Agencies
- Banks and other Financial Institutions
- Schools and Colleges
- Social Security Administration
- Credit Providers and Credit Bureaus
- Law Enforcement Agencies
- Medical and Child Care Providers
- Utility Companies
- Support and Alimony Providers

Computer Matching Notice and Consent: I understand and agree that the CDH may conduct computer-matching programs to verify the information supplied for my applications 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 that information. The U.S. Department of Housing and Urban Development 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 security agencies; Department of Defense; Office of Personnel Management; the U.S. 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. This authorization will stay in affect for a year and one month from the date signed.

Signatures	Name	Date
Head of Household: _____	_____	_____
Spouse: _____	_____	_____
Adult Member: _____	_____	_____
Adult Member: _____	_____	_____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction