



Confederated Tribes and Bands
of the Yakama Nation

Established by the
Treaty of June 9, 1855

Higher Education Programs

Post Office Box 151, Fort Road, • Toppenish, WA 98948 • (509) 865-5121

2019-2020 College Student Rental Assistance Application Checklist

Due July 1, 2019

Student:

Office Use Only
(date rec'd)

- College Student Rental Assistance Application
- HUD Form 9886 Release of Information
- Unofficial Transcript
- * Class Schedule showing Full-Time Status *
- Copy of FAFSA

Personal Information

Office Use Only
(date rec'd)

- Copy of Tribal ID
- Copy of Social Security Card
- Birth Certificate of applicant
- Driver's License (if applicable)
- Custodial Parent Verification-Court Order (if applicable)

Verification of Landlord (scholarship forfeit if documents not received by Aug 1*)

Office Use Only
(date rec'd)

- * Verification of Landlord Statement *
- * W-9 Statement from Landlord *

Verification of Income

Office Use Only
(date rec'd)

- Income Tax Return 2018
- Social Security Award Letter (if applicable)
- TANF Award Letter (if applicable)
- Pay Stubs (if applicable)
- Taxable Tribal Dividend (Exp: Gaming Per Capita)
- Bank Statements (if applicable)
- Pension Benefit Statements (if applicable)
- Section 8 Voucher Letter (Student may not receive Section 8)

* Due August 1 (scholarship forfeit if documents not received by Aug 1*)



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2019-2020 College Student Rental Assistance Application

Student			
Name:		Date:	
<input type="checkbox"/> Returning Applicant	Graduation Date:	<input type="checkbox"/> Undergraduate	
<input type="checkbox"/> New Applicant		<input type="checkbox"/> Graduate	
Name of College/University Attending:		Number of Credits	
Personal Information			
Yakama Tribal Enrollment #:	Age of Applicant:	D.O.B.:	
Permanent Address:			
City:		State:	Zip:
Cell:		Email:	
Landlord Information			
Name of Residence/Landlord			
Landlord Phone		Landlord Email	
Rental Address While in School:			
City:		State:	Zip:
Student will be living (check one):			
<input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus <input type="checkbox"/> With Parent <input type="checkbox"/> Other Family <input type="checkbox"/> Legal Guardian, other than parent			
<input type="checkbox"/> Other people in my Household are not applying for College Rental Assistance.			
Income Information for 2017 Tax Year			
Applicants 24 years & younger submit copy of parents'/guardians' taxes if claimed as dependent			
Applicant is: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household			
Applicant: <input type="checkbox"/> Was Claimed as a Dependent <input type="checkbox"/> Claimed Dependents, # of Dependents:			
Number of Household Members in 2017 Tax Year:			
Total Exemptions Claimed in Tax Year 2017:			
Adjusted Gross Income:			

For Office Use Only							
FY 2019 80% LIL							
1P	2P	3P	4P	5P	6P	7P	8P
48350	55250	62150	69050	74550	80100	85600	91150
Date Complete			INTAKE:	PM	C	BK	AA

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

XX
XX

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

Yakama Nation Housing Authority for
Yakama Nation Higher Education Program
Student Rental Assistance Program

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.

2019-2020 STUDENT RENTAL HOUSING ASSISTANCE PROGRAM
VERIFICATION OF LANDLORD

TO: _____
Name of Landlord

Street Address

Mailing Address (if different)

City/State/Zip

("Applicant"), is applying for Student Rental Program Assistance from the Yakama Nation Housing Authority ("YNHA"), as administered by the Yakama Nation Higher Education Program, for the 2018-2019 academic year. Please provide and/or verify the following information:

1. Landlord has the following property available for lease to the Applicant:
Address _____
Number of Bedrooms _____
Monthly Rent _____
Date Available _____
2. Landlord is not an immediate family member of the Applicant, nor does Landlord reside in the Applicant's household.
3. Landlord is not selling the property to the Applicant.
4. Applicant has inspected the residence.
5. If the residence was built before January 1, 1978, and one or more children under age 6 will occupy the residence, then Landlord has complied with all federal lead-based paint regulations that may apply to the use of federal funds to provide tenant assistance payments, including, without limitation, notification, inspection, stabilization, and ongoing lead-based paint maintenance activities.

6. Rent payments are due _____ and may be paid directly to the Landlord (or property manager) as follows:

7. Additional Information:

8. Landlord understands that any payments made directly to Landlord are made on behalf of the Applicant and that the Landlord is not a beneficiary of the YNHA Student Rental Housing Assistance Program, that the program is dependent upon available funds, and that any funding under the program may be discontinued at any time at the discretion and sole option of YNHA.

By signing below, I hereby represent that I am either the Landlord, or I am authorized to sign this form on behalf of the Landlord, and that the information provided above is true and correct. I understand that these are federal funds made available through grants from the U.S. Department of Housing and Urban Development and that providing false or misleading information to obtain federal funds is a federal offense.

Authorized Signature

Date

Print Name

Title

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification (required):	
<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
<input type="checkbox"/> Other (see instructions) ▶	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number																						
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.