

# **Summit Lake Paiute Tribe Recertification/Update Form**

This form is used only to update a change in household size, income, childcare, etc. Only complete this form if you have been approved for assistance for either Down Payment/Closing Cost Assistance, Rental Assistance or Rehabilitation Assistance.

### **Applicant Information:**

Applicant Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Family Composition:** List ALL individual who will be residing in the household.

Household Members Name (Last, First, M.I.)	Relationship	Marital Status	Date of Birth	Social Security Number	Tribal Roll #
	Head of Household				

\*Please list any additional family members on a separate sheet of paper\*

### **Income:**

Household Member	Name of Employer	Address of Employer	Phone & Fax of Employer	Rate of Pay	Frequency of Pay	Total Annual Income

\*Please include all earned income, unearned income, general assistance, unemployment, family support, child support, TANF, SSI, SSA, etc. and provide proof of income received (ex. Paychecks, award letters, court orders, etc.). If you have no income, please complete the Self-Certification/Statement of No Income included\*

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## **General Information:**

1. Are you a Veteran?  Yes  No
2. Are you or is anyone in your family Disabled/Handicapped?  Yes  No  
If yes, please indicate type of disability (must provide proof): \_\_\_\_\_
3. Has anyone in your household been convicted of a felony within five (5) years?  Yes  No  
If yes, who and what agency is the conviction: \_\_\_\_\_
4. Is anyone in your household a convicted Sexual Offender?  Yes  No
5. Do you need additional training in Budgeting or Credit Management?  Yes  No


## **Deductions:** Please list any childcare deductions, allowable deductions and excessive mileage.

1. Do you pay for childcare that enables family members to work or go to school?  Yes  No  
**Child Care Provider Information**  
Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax No: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code Weekly cost: \_\_\_\_\_
2. Is childcare subsidized?  Yes  No  
If yes, by which agency? \_\_\_\_\_
3. A \$480 deduction is given for each minor under the age of 18; or full-time students over age 18. Do you wish to claim this deduction?  Yes  No
4. A \$400 deduction is given for an elderly/disabled family. Do you wish to claim this deduction? Elderly is defined as over the age of 55.  Yes  No
5. A deduction is given for excessive mileage/travel to work or school. Do you travel more than 60 miles round trip daily?  Yes  No  
If yes, please explain for work or school (include address): \_\_\_\_\_  
\_\_\_\_\_

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**Self-Certification/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:



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Certification:**

I CERTIFY that the information given to the Summit Lake Paiute Tribe Housing Department including family composition, income and deductions 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 may result in my being disqualified for housing assistance. Further, I understand that if assistance is provided, I may be required to repay all program monies expended on my behalf if such misrepresentations are discovered at a later date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Authorization for Release of Information

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

Summit Lake Paiute Tribe  
1001 Rock Blvd.  
Reno, NV 89431  
Phone: (775) 827-9670 Fax: (775) 827-9678

**You are required to sign a consent form authorizing:** (1) The Summit Lake Paiute Tribe (SLPT) to request verification of salary and wages from current or previous employers; (2) SLPT to request wage and unemployment compensation claim information from the state agency responsible for those benefits including online sources; (3) Any other agency or other entity which SLPT may request information regarding your application/unit or, i.e. BIA, IHS, Tribal Entities, and any other Public Entities as required and if necessary (4) SLPT to request a copy of your income tax return from the US Internal Revenue Service. The law also requires independent verification of income information. Therefore, SLPT may request information from financial institutions to verify your eligibility and level of benefits. (5) As required by Section 208 of the Native American Housing Assistance and Self-Determination Act (NAHASDA) (codified at 25 U.S.C. § 4138), Indian tribes or TDHEs are permitted to obtain criminal history records of current and prospective tenants of housing assisted with grant amounts provided to such tribes or TDHEs under this Act for purposes of applicant screening, lease enforcement, and eviction.

**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 member 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 SLPT's grievance procedures or informal hearing 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), (c) criminal history records thru police departments, other law enforcement agencies and tribal court.

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 and any other agency or entity regarding my unit.

**Consent:** I consent to allow Summit Lake Paiute Tribe to request and obtain criminal history and income information from the sources listed on this form for the purpose of verifying my eligibility or continued participation in the SLPT's programs. I understand that SLPT receives 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, \_\_\_\_\_ Date

Required Signature(s):

Date

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Social Security Number (Head of Household)

\_\_\_\_\_  
Other Adult Family Member Signature

\_\_\_\_\_  
Social Security Number (Other Family Member)

\_\_\_\_\_  
Other Adult Family Member Signature

\_\_\_\_\_  
Social Security Number (Other Family Member)

\_\_\_\_\_  
Other Adult Family Member Signature

\_\_\_\_\_  
Social Security Number (Other Family Member)