

**WASHOE HOUSING AUTHORITY**  
1588 Watasheamu Drive  
Gardnerville, NV 89410  
1 (775) 265-2410

**APPLICATION FOR ADMISSION**  
**CARES ACT Programs**

**THE FOLLOWING IS REQUIRED IN ORDER TO DETERMINE YOUR ELIGIBILITY FOR THE CARES ACT PROGRAMS:**

1. At least one-quarter (1/4) degree enrolled Washoe Tribal member, Article 2, Sect. 1.
2. Are twenty-one (21) years of age or older.
3. A Native American family whose head of household is an enrolled member of a federally recognized tribe.
4. Social Security Cards (copies of all participants on application)
5. State Birth Certificates (copies for all participants on application)
6. Income verification (signed "Request for and Consent to Release Information" from employees' records), Request for Information for Social Security Administration, Unemployment Benefits, Child Support, etc.
7. Letter of Reference from landlord(s) or Lease/ Rental Agreement (If Applicable).
8. Signed "Release of Information" for background check for everyone on household composition 18 years of age or older.
9. Letter explaining why the need for assistance referencing COVID-19 .

**Admission restrictions include the denial of participation for the CARES ACT Programs:**

1. Applicant has failed to repay debts owed to ANY other Housing Authority.
2. Committing fraud in connection with any HUD Program or failing to disclose previously committed fraud in connection with an HUD Program.
3. Providing false information on the application.
4. Unsuitability taken into consideration of past performance such as previous eviction for non-payment of rent, breach of lease or use of government-assisted unit for illegal purposes.
5. Documented history of a convicted felon or other acts, which would adversely affect the health, safety and welfare of others participants.
6. Refusing or failing to complete the required forms and supply requested information.
7. Applicants who appear on Washoe Housing Authority's list of eviction and limited denials of participation.
8. Applicants must complete required forms and supply requested information within ten (10) business days of date of application.
9. Refusal to sign release forms.
10. Refusal to supply income verification.
11. Misrepresentation of family composition.
12. Applicant must display civilized, acceptable and responsible behavior.
13. Applicants are responsible for supplying complete and accurate information.

**\*DISCLAIMER: The WHA will not be liable for any personal or property damage incurred as a result of installation of Appliances or materials completed from the Homeowner Conveyed Health & Safety Application. Requesters will be required to sign a Hold Harmless agreement prior to approval.**

**IF YOU SHOULD HAVE ANY QUESTIONS, YOU MAY CONTACT THE WASHOE HOUSING AUTHORITY AT (775) 265-2410 OR 1(800) 249-4942**



November 2004

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$ 10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

**Asking Questions** When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

**Completing The Application** When you answer application questions, you must include the following information:

- Income**
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
  - Any money you receive on behalf of your children (child support, social security for children, etc.);
  - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
  - Earnings from second job or part time job;
  - Any anticipated income (such as a bonus or pay raise you expect to receive)

- Assets**
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



# WASHOE HOUSING AUTHORITY

1588 Watasheamu Drive  
Gardnerville, Nevada 89460  
775-265-2410 800-249-4942

## CARES ACT Program Application

Intital each box

Tenant Based Assistance		Elder Accessibility		Elder Utility Subsidy		Rental Assistance	
Transitional Housing		Security Deposit		Foreclosure Prevention		Eviction Assistance	
Emergency Utility Subsidy		Down Payment Assistance		Conveyed Health & Safety			

**Applicant:**

	Last		First		Middle		Suffix
--	------	--	-------	--	--------	--	--------

**Mailing Address:**

	Street		City		State		Zip
--	--------	--	------	--	-------	--	-----

**Physical Address:**

	Street		City		State		Zip
--	--------	--	------	--	-------	--	-----

**Phone:**

	Home		Work		Cell	
--	------	--	------	--	------	--

**E-Mail:**

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**ELDER:** Yes  No  (Elder = 62yrs. & older OR 55yrs. and Disabled)

**I. Family Composition: Persons Who Will Reside in the Home**

#	Name	Relation	Occupation	DOB	Sex
1	Head of Household				
2					
3					
4					
5					
6					
7					
8					
9					
10					

Anticipated Changes in Family Composition: \_\_\_\_\_

**II. Income: List All Forms of Income Coming Into The Household**

Family Member No.	Source	Rate	Past 12 months	Next 12 months


Anticipated Changes in Family Income: \_\_\_\_\_

**III. Assets**

Type: \_\_\_\_\_

Value: \_\_\_\_\_

**IV.**

Have you ever been evicted or terminated from a Washoe Housing Authority or any other housing authority program? No \_\_\_\_\_ Yes \_\_\_\_\_

If "yes" please describe cause and date: \_\_\_\_\_

Do you have any outstanding debt to the Washoe Housing Authority? No \_\_\_\_\_ Yes \_\_\_\_\_

**CARES ACT Program Application Continued**

**V. Tenant History:** List Addresses & Contact Information for Past Seven (7) Years

Address	City	State	Zip
Landlord/Property Manager	Address	Phone	

Address	City	State	Zip
Landlord/Property Manager	Address	Phone	

Has anyone in the household ever been convicted of a crime? No \_\_\_\_\_ Yes \_\_\_\_\_

If "yes" please describe conviction and date: \_\_\_\_\_

**VI.**

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements herein.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Interviewer Date



## POLICY FOR SUBSTANCE ABUSE AND DRUG FREE HOUSING

Washoe Housing Authority (WHA) (which administers the Mutual Help Homeownership Opportunity Program, the Low Rental Program, the Home Improvement Program (HIP), and other housing programs) implements these provisions as approved by the Washoe Housing Authority Board of Commissioners at its regular monthly meeting held on 8<sup>th</sup> day of September 2005 and amended on the 10<sup>th</sup> day of April 2008.

### 1. SUBSTANCE ABUSE AND DRUG FREE HOUSING

In consideration of the execution of a Mutual Help and Occupancy Agreement for the Mutual Help Homeownership Program or the Lease for the Low Rental Program of a dwelling unit or the receipt of a HIP home or home improvement or the receipt of any other benefit administered by Washoe Housing Authority, the potential Homebuyer and/or Tenant and/or Recipient agrees as follows:

- A. The Homebuyer/Tenant/Recipient, any member of the household, or any guest or a person(s) under the Homebuyer's/Tenant's/Recipient's control shall not engage in criminal activity, including substance abuse or drug-related criminal activity, on or off premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use (including having any detectible quantity of a controlled substance within the person's system no matter when or where ingested), being under the influence, or possession with intent to manufacture, sell, distribute, or use, of controlled substance (as defined in the Controlled Substances Act (21 U.S.C. 801, *et. seq*).
- B. The Homebuyer/Tenant/Recipient, any member of the household or any guest or other person(s) under the Homebuyer's/Tenant's/Recipient's control shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or off premises.
- C. The Homebuyer/Tenant/Recipient, any member of the household, or any guest or any person under the Homebuyer's/Tenant's/Recipient's control will not permit the dwelling unit or its surrounds to be used for, or to facilitate criminal activity, including drug related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest or any person under the Homebuyer's/Tenant's/Recipient's control.
- D. The Homebuyer/Tenant/Recipient, any member of the household or any guest or any person under the Homebuyer's/Tenant's/Recipient's control will not engage in any drug related criminal activity at any location, whether on or off premises.

- E. The Homebuyer/Tenant/Recipient, any member of the household, or any guest or other person(s) under the Homebuyer's/Tenant's/Recipient's control shall not engage in acts of violence or threats of violence on or off premises, including, but not limited to, the unlawful discharge of firearms on or near any Washoe Tribal Reservation or Colony or property.
- F. VIOLATIONS OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE MUTUAL HELP AND OCCUPANCY AGREEMENT, THE LOW RENTAL LEASE, AND/OR ANY OTHER AGREEMENT (WRITTEN OR UNWRITTEN) FOR PARTICIPATION IN A WASHOE HOUSING AUTHORITY PROGRAM WHICH SHALL BE GOOD CAUSE FOR TERMINATION OF THE LEASE AND/OR THE PARTICIPATION AGREEMENT.
1. A single violation of any of the above provisions of this Policy shall be deemed a serious violation and a material non-compliance with Mutual Help and Occupancy Agreement and/or Low Rent Lease and/or participation agreement. It is understood and agreed that a single violation shall be a good cause for termination of the Mutual Help and Occupancy Agreement and/or Low Rent Lease and/or participation agreement and will result in automatic termination and eviction. Unless, otherwise provided by law, proof of violation shall not require criminal conviction but shall be a preponderance of the evidence.
  2. In the case of a termination of violation of this Policy for Substance Abuse and Drug Free Housing, the normal grievance procedures afforded under the Washoe Housing Code or other related policies are not available. The matter will proceed expeditiously to a court proceeding to afford the tenant an opportunity for hearing after notice of the allegations.
  3. The Washoe Housing Authority will not object to Washoe Tribal Court ordered drug testing under two conditions: First, the Homebuyer/Tenant/Recipient must pay for the drug testing. Second, the drug testing must be random and over a six month period. Any Homebuyer/Tenant/Recipient may only go through drug testing one time during his/her occupancy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Homebuyer/Tenant/Recipient)

WHA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# 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)

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

Washoe Housing Authority  
1588 Watasheamu Drive  
Gardnerville, NV 89460

**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(I)(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.



## RELEASE OF INFORMATION

In connection with my application for housing with Washoe Housing Authority, I understand that investigative background inquiries are to be made by Washoe Housing Authority, on myself including employment, criminal, civil records, residence/landlord history and other reports. These reports will include information as to my character, spending habits, and employment along with reasons for termination from previous landlords, if any. I understand that you will be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences. Further, I authorize Washoe Housing Authority, to check my criminal record and other records, as needed, on a continuing basis as it relates to my tenancy.

I authorize without reservation any party or agency contacted by Washoe Housing Authority, to furnish the above mentioned information.

I have a right to make a written request, within a reasonable length of time, to receive information about the nature and scope of this investigation. I hereby consent to Washoe Housing Authority, obtaining the above information from any party or agency.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

List any other names used in the last 7 years: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Previous Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I hereby authorize all my landlords to release all information concerning payment history and reasons for termination.

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



## RELEASE OF INFORMATION

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Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

List any other names used in the last 7 years: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_\_\_

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Previous Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

I hereby authorize all my landlords to release all information concerning payment history and reasons for termination.

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



**WASHOE HOUSING AUTHORITY**  
1588 Watasheamu Drive  
Gardnerville, NV 89460  
(775) 265-2410

**APPLICANT / TENANT CERTIFICATION**

**APPLICANT(S) / TENANT CERTIFICATION**

I/We certify that the information\* given to the WASHOE HOUSING AUTHORITY on household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief.

I/We understand that false statements or information are punishable under Federal Law.

I/We also understand false statements or information are grounds for termination of housing assistance and termination of tenancy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse  
(Washoe Tribe Enrolled Member Only)

\_\_\_\_\_  
Date

EMPLOYMENT / INCOME VERIFICATION FORM

Washoe Housing Authority  
1588 Watasheamu Drive  
Gardnerville, NV 89410

APPLICANT / TENANT TO COMPLETE THE HIGHLIGHTED AREAS IN THIS SECTION ONLY:

Employer: \_\_\_\_\_ Date: \_\_\_\_\_  
Employer Phone #: \_\_\_\_\_ Name: \_\_\_\_\_  
Employer Fax #: \_\_\_\_\_ SS #: \_\_\_\_\_

To Whom It May Concern:

We are required to verify the income of all members of families applying for admission as tenants to the federally-aided housing units, which we operate, or for assistance that we provide and to re-determine periodically the incomes of tenant families. The laws under which these housing units are administered restrict occupancy to low-income and monthly payments are established on the amount of the family income.

To comply with this requirement, we ask your cooperation in completing the applicable items below for the person listed above. The information will be held in confidence for use only in determining the eligibility status and payments for the recipient's family.

Sincerely,

\_\_\_\_\_  
Washoe Housing Authority

I hereby authorize & request the following information to be released for determining admission & eligibility for a Washoe Housing Authority Program.

\_\_\_\_\_  
Date Signature of Employee/Participant

APPLICANT / TENANT - DO NOT WRITE BELOW THIS LINE

INFORMATION TO BE ENTERED BY EMPLOYER ONLY

- 1. Presently employed? \_\_\_\_\_ Effective Date: \_\_\_\_\_ Occupation: \_\_\_\_\_
- 2. If terminated, Date effective? \_\_\_\_\_
- 3. Salary Base Pay Rate: Per Hour: \_\_\_\_\_ Per Week: \_\_\_\_\_ Per Year: \_\_\_\_\_
- 4. Average hours of work per week at base rate: \_\_\_\_\_ hours
- 5. Total Base Pay Earnings in last 12 months: \_\_\_\_\_

Firm Name: \_\_\_\_\_ By: \_\_\_\_\_  
Address: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

INFORMATION TO BE ENTERED BY SOCIAL SERVICES AGENCY ONLY

- 1. Number in family: \_\_\_\_\_
- 2. Aid to Families with Dependent Families: \_\_\_\_\_
- 3. Other Assistance - Type: \_\_\_\_\_ Rate/Month: \_\_\_\_\_
- 4. Other Income - Source: \_\_\_\_\_ Rate/Month: \_\_\_\_\_
- 5. Is Allowance given for Rent and/or Utilities? \_\_\_\_\_ If so, Rate/Month: \_\_\_\_\_
- 6. Amount of public assistance given during the past 12 months: \_\_\_\_\_
- 7. When did the assistance begin? \_\_\_\_\_
- 8. Remarks: \_\_\_\_\_

Firm Name: \_\_\_\_\_ By: \_\_\_\_\_  
Address: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

EMPLOYMENT / INCOME VERIFICATION FORM

Washoe Housing Authority  
1588 Watasheamu Drive  
Gardnerville, NV 89410

APPLICANT / TENANT TO COMPLETE THE HIGHLIGHTED AREAS IN THIS SECTION ONLY:

Employer: \_\_\_\_\_ Date: \_\_\_\_\_  
Employer Phone #: \_\_\_\_\_ Name: \_\_\_\_\_  
Employer Fax #: \_\_\_\_\_ SS #: \_\_\_\_\_

To Whom It May Concern:

We are required to verify the income of all members of families applying for admission as tenants to the federally-aided housing units, which we operate, or for assistance that we provide and to re-determine periodically the incomes of tenant families. The laws under which these housing units are administered restrict occupancy to low-income and monthly payments are established on the amount of the family income.

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Washoe Housing Authority

I hereby authorize & request the following information to be released for determining admission & eligibility for a Washoe Housing Authority Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee/Participant

APPLICANT / TENANT - DO NOT WRITE BELOW THIS LINE

INFORMATION TO BE ENTERED BY EMPLOYER ONLY

1. Presently employed? \_\_\_\_\_ Effective Date: \_\_\_\_\_ Occupation: \_\_\_\_\_
2. If terminated, Date effective? \_\_\_\_\_
3. Salary Base Pay Rate: Per Hour: \_\_\_\_\_ Per Week: \_\_\_\_\_ Per Year: \_\_\_\_\_
4. Average hours of work per week at base rate: \_\_\_\_\_ hours
5. Total Base Pay Earnings in last 12 months: \_\_\_\_\_

Firm Name: \_\_\_\_\_ By: \_\_\_\_\_  
Address: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

INFORMATION TO BE ENTERED BY SOCIAL SERVICES AGENCY ONLY

1. Number in family: \_\_\_\_\_
2. Aid to Families with Dependent Families: \_\_\_\_\_
3. Other Assistance - Type: \_\_\_\_\_ Rate/Month: \_\_\_\_\_
4. Other Income - Source: \_\_\_\_\_ Rate/Month: \_\_\_\_\_
5. Is Allowance given for Rent and/or Utilities? \_\_\_\_\_ If so, Rate/Month: \_\_\_\_\_
6. Amount of public assistance given during the past 12 months: \_\_\_\_\_
7. When did the assistance begin? \_\_\_\_\_
8. Remarks: \_\_\_\_\_

Firm Name: \_\_\_\_\_ By: \_\_\_\_\_  
Address: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# Washoe Housing Authority

- LOCATION -  
DRESSLERVILLE COMMUNITY  
TOLL-FREE: (800) 249-4942  
(775) 265-2410 • Fax: (775) 265-5293

- MAILING -  
1588 WATASHEAMU DRIVE  
GARDNERVILLE, NEVADA 89460  
E-Mail: raymond@whauthority.com

## CERTIFICATION OF ZERO INCOME

As a participant/tenant household member of the Washoe Housing Authority, I understand that all income must be reported and verified to determine the monthly house or rental payment.

**HEAD OF HOUSEHOLD:** This is to certify that I do not receive income from any source and below is how I maintain a household with zero income.

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

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

**HOUSEHOLD MEMBER:** This is to notify that I do not receive income from any source and at this time do not contribute to the household expenses.

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

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

Please be advised that the Washoe Housing Authority will verify zero income claimed from each adult member of your household through the following agencies: Department of Social Services, Social Security Administration, Employment Security Department, and the Washoe Native TANF Program. This verification process will be conducted every three (3) months.

**WARNING: I/we understand that false statements or information are punishable under Federal Law. I/we understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.**

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GARDNERVILLE, NEVADA 89460

Autumn Burt, Secretary-Treasurer/Enrollment Officer  
Washoe Tribe of Nevada and California  
919 US Highway 395 South  
Gardnerville, Nevada 89410

SUBJECT: Verification of Enrollment and Certification of Indian Blood

Dear Autumn:

On behalf of the Washoe Housing Authority, it is necessary for our office to obtain Verification of Enrollment and Certification of Indian blood for applicants applying for Washoe Housing Authority (WHA) Services.

Please provide for our office Verification of Enrollment and Certification of Indian blood for \_\_\_\_\_ who:

Head of Household

is applying for WHA services,

The applicant, by signing this form authorizes your office to release the Verification of Enrollment and Certification of Indian blood to the Washoe Housing Authority.

Sincerely,

\_\_\_\_\_  
Washoe Housing Authority

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

\_\_\_\_\_  
Applicant Requesting Release of Information

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

\_\_\_\_\_  
Applicant's Birth Date



**To be completed if applying for Homeowners Conveyed Health and Safety Assistance Only!**



**HOLD HARMLESS AGREEMENT**

This Agreement is made and entered into by and between Washoe Housing Authority and \_\_\_\_\_ (“Resident”).

RECITALS:

WHEREAS, Resident has requested that Washoe Housing Authority assist with certain repair work on Resident’s home located at \_\_\_\_\_; and

WHEREAS, the Washoe Housing Authority has agreed to perform the requested repair work, but requires a full and complete release from the Resident as consideration for performing the requested repair work.

NOW, THEREFORE, in consideration of the mutual covenants and promises herein contained and other good and valuable consideration, receipt of which is hereby acknowledged, it is hereby agreed by and between the parties as follows:

FIRST: The Resident requests that Washoe Housing Authority perform the following repair work on Resident’s home:

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SECOND: The Resident represents that he/she has authority to allow Washoe Housing Authority to perform the above repair work and agrees to grant Washoe Housing Authority and/or its employees, contractors, and subcontractors complete access to the Resident’s home and surrounding area to conduct the above repair work.

**THIRD:** The Washoe Housing Authority does not waive its sovereign immunity through this Agreement.

**FOURTH:** The Resident hereby forever generally and completely releases and discharges Washoe Housing Authority and its servants, agents, members, directors, officers, commissioners, alternate commissioners, and employees, and all others, including the Washoe Tribe of Nevada and California, of and from all claims and demands of every kind and nature for damages, actual and consequential, past and present and future, or for equitable relief of any kind in any way related to the repair work, any damage alleged to be caused or exacerbated by the repair work, and/or any damage Washoe Housing Authority or its employees, contractors, and subcontracts may be alleged to have caused in entering the Residence and/or performing the repair work.

**FIFTH:** This Agreement sets forth the entire agreement between the signatories hereto and fully supersedes any and all prior agreements or understandings, written or oral, between the signatories hereto pertaining to the subject matter hereof.

**SIXTH:** This Agreement shall be interpreted in accordance with the plain meaning of its terms and not strictly for or against any of the parties hereto.

Dated: \_\_\_\_\_

\_\_\_\_\_  
WASHOE HOUSING AUTHORITY

Dated: \_\_\_\_\_

\_\_\_\_\_  
RESIDENT