

**WASHOE HOUSING AUTHORITY**  
**1588 Watasheamu Drive**  
**Gardnerville, NV 89460**  
**Phone: (775) 265-2410 Fax: (775) 265- 5293**

**Application for Conveyed Homeowner Health and Safety Assistance Request**

**Applicant:** \_\_\_\_\_  
 Last First Middle Suffix

**Mailing Address:** \_\_\_\_\_  
 Street City State Zip

**Physical Address:** \_\_\_\_\_  
 Street City State Zip

**Phone:** \_\_\_\_\_  
 Home Work Cell

**Email:** \_\_\_\_\_

**Elder:** YES  NO  (62 yrs. & older OR 55-61 yrs. & disabled)

**1. FAMILY COMPOSITION: Persons who reside in the home:**

Name	Relation	Occupation	D.O.B.	M/F

**Anticipated Change in Family Composition:** \_\_\_\_\_

**2. FAMILY INCOME:**

Family Member	Source	Rate	Past 12 Months	Next 12 Months

**Anticipated Change in Family Income:** \_\_\_\_\_

**Application for Conveyed Homeowner Health and Safety Assistance Continued**

1. Please provide 2 forms of Identification (Driver License, State I.D., Tribal I.D., Social Security card, ETC.)
2. Please attach a copy of award letter or doctor's certificate verifying permanent disability if applying between the ages of 55-62 and disabled.
3. Please provide proof of home ownership (Deed, Allotment Assignment, Title, Insurance Invoice, ETC.)
4. Homeowner must provide 2 estimates for all costs associated with the replacement and installation.
5. It is the homeowner's responsibility to pay any expense that exceeds the **\$1,500.00** for the product and services rendered. If the homeowner's portion is not paid in full and falls into delinquency, the applicant may not be eligible for the program until delinquency is paid in full with the vendor.
6. If a WHA personnel completes the installation the homeowner will need to sign a WHA Hold Harmless Form.
7. If the product to be purchased includes a warranty it must be installed by the licensed retailer or recommended contractor from which the item was purchased.
8. Letter explaining why the need for assistance.

I understand that this is not a contract and does not bind either party. The above information is true and correct to the best of my knowledge. I have no objection to inquires made for the purpose of verifying the statement herein.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

**Usage Requested** \_\_\_\_\_  
**Amount Requested for** \_\_\_\_\_  
**Total Remaining** \_\_\_\_\_

\_\_\_\_\_  
Washoe Housing Authority Staff Signature

\_\_\_\_\_  
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 Watashearnu Drive**  
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**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.



## 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: \_\_\_\_\_

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.

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.

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Washoe Housing Authority

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

APPLICANT / TENANT - DO NOT WRITE BELOW THIS LINE

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- 2. If terminated, Date effective? \_\_\_\_\_
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- 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

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- 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.**



# 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

Secretary- Treasurer/ Enrollment Officer  
Washoe Tribe of Nevada and California  
919 US Hwy 395 North  
Gardnerville, Nevada 89410

SUBJECT: Verification of Enrollment and Certification of Indian Blood

Dear Secretary/Treasurer,

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, a 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,

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

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

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

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

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



**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:

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

**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