CTUIR Housing Department

APPLICATION FOR HOUSING



(541) 429-7920
housing@ctuir.org
ctuir.org

51 Umatilla Loop Pendleton, Oregon 97801

Program Income Limits for the year 2025 are as follows:

Index Housing – Huckleberry St.: Income must be between 50% to 80% Median Family Income									
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person		
\$36,470 to	\$41,680 to	\$46,890 to	\$51,200 to	\$56,268 to	\$60,436 to	\$64,604 to	\$68,772 to		
\$53,352	\$66,688	\$75,024	\$83,360	\$90,029	\$96,698	\$103,366	\$110,035		
Low Rent NA	Low Rent NAHASDA: Income must be below 80% Median Family Income								
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person		
\$53,352	\$66,688	\$75,024	\$83,360	\$90,029	\$96,698	\$103,366	\$110,035		
LIHTC (Tax C	redit): Income	e must be bel	ow 60% Med	ian Family Inc	ome				
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person		
\$40,800	\$46,620	\$52,440	\$58,260	\$62,940	\$67,620	\$72,300	\$76,920		
LIHTC (Tax C	LIHTC (Tax Credit)-HOME: Income must be below 50% Median Family Income								
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person		
\$28,500	\$32,600	\$36,650	\$40,700	\$44,000	\$47,250	\$50,500	\$53,750		

OCCUPANCY STANDARDS: The number of bedrooms assigned will be in accordance with occupancy standards. Factors to be considered include age and gender of children, potential changes in family composition, availability of unit sizes, etc.

Number of Bedrooms	Number of People
1	1 – 2
2	1 – 4
3	2 - 6
4	3 - 8





Eligibility for programs and admissions to units operated by the Housing Department (HD) shall be fair and impartial at all times. Federal law prohibits discrimination based on race, color, creed, religion, national origin, sex, age, and/or disability. Preference for selection may be given first to Native American applicants meeting the requirements of programs like NAHASDA.

This application process is in accordance with the CTUIR Housing Department Admissions & Occupancy Policies, as approved by BOT Resolution No. 23-096 (November 13, 2023). CTUIR HD Admissions & Occupancy Policies are available on the <u>https://ctuir.org</u> website or may be requested at the Housing Department office.

REASONABLE ACCOMMODATIONS: A Reasonable Accommodation means any modification or change to the HD's policies, practices, or services that are necessary for an individual with a disability to benefit from participating in the HD's programs. This includes structural modifications. The purpose of Reasonable Accommodation is to provide qualified individuals with disabilities an opportunity to participate in and/or benefit from the HD's housing programs.

CTUIR Housing Department

APPLICATION FEES: Per policy, there are no fees for applications.

THE APPLICATION: Each person aged 18 and over must complete a separate application, unless they are a legally married couple. Refer to the **Application Checklist** and ensure all documentation is included before submitting. Complete applications will be time/date stamped when received. HD staff are available to assist with the application process upon request.

COMMUNICATION WITH APPLICANTS: Communication from HD will be in writing and delivered to the mailing address on the application. Verbal communication will be documented and retained in the Applicant's file. Written communication from the Applicant will be replied to by mail within an appropriate timeframe.

BACKGROUND CHECKS: Criminal background checks will be done for all low-income Applicants that are 18 years of age or older when determining eligibility. Tenants will be required to submit a background check annually, once in program housing. Background checks for Applicants and tenant screening will include a criminal record search and conviction report from a state, federal, and/or tribal agencies.

Criteria. HD establishes the following criteria for determining what criminal background elements would be grounds for disqualifying an Applicant or tenant for HD low-income housing. The criteria are based on the severity of the offense and the time that has elapsed since the conviction. Also set out below are the factors that HD is to consider.

Specific Disqualifying Offenses – No Time Limit or Waiver. A member whoever was convicted, was found guilty or entered a plea of guilty or no contest, regardless of the adjudication, for any of the following offenses *at any point in time* shall be deemed ineligible, specifically:

- Any Sexual Offense
- Any crimes against children
- Any felony involving violence
- Abuse, exploitation, or neglect of a vulnerable adult (disabled or elderly)
- Any related offense of Manufacturing or Distribution of drugs.

No Felonies within 5 Years. A member whoever was convicted, was found guilty or entered a plea of guilty or no contest, regardless of the adjudication, for any felony offense within the last five (5) years from date of conviction shall be deemed ineligible.

Waiver of Disqualifying Factors. For certain limited circumstances, the Housing Director may in his/her discretion waive a disqualifying factor if the household can demonstrate to the Director that person is sufficiently rehabilitated as to no longer pose a threat to the community. This may include participation in and completion of related rehabilitation programing.

Notice of Denial. If a determination is made that the Applicant does not qualify, the Applicant shall be notified in writing. The Housing Director's decision is final and not subject to any further appeal.

Applicant(s) Initials

CTUIR Housing Department

WAITING LISTS: The waiting list is the tool used to establish the order in which units are offered to *Applicants*. Placement on a waiting list does not guarantee selection or an offer. Copies of the most current waiting lists will be posted in a publicly accessible area at the HD office. The HD will conceal names of Applicants who request it to be kept confidential.

Organization. The HD will maintain waiting lists based on program requirements. The Waiting List organizes Applicants by preference points and by date and time the application was received complete.

Preference: (* means non-cumulative)	Points:			
Enrolled CTUIR Member (HOH)*				
Non-CTUIR Member (HOH) with minor CTUIR-enrolled Children*	75			
CTUIR descendant (HOH) (only applies to LIHTC &	50			
CTUIR Rentals) *				
Other Tribal Member (HOH)*	25			
Elder	20			
Employment with CTUIR or an entity of CTUIR (HOH) (Wildhorse, Cayuse Holdings, Yellowhawk,	10			
Arrowhead/Mission Market, Nixyáawii School, etc.				
Waiting List Length (6 Months with No Refusals)	5			

Placement on Waiting List. If determined eligible, the Applicant will be placed on the appropriate waiting list(s) that the Applicant indicated on their application. Applicants will be notified in writing and mailed a letter of eligibility or ineligibility.

Updating the Waiting List. The Waiting Lists will be updated as Applicants are placed, removed, and when they notify the HD of significant changes to their application. To remain on the waiting lists Applicants must submit an updated application every six months. If an application is not updated the Applicant will be removed from the waiting lists.

Removal from the Waiting List. Applicants removed from the waiting list will be notified in writing and their application files will be retained in accordance with CTUIR retention policies. The HD may remove an Applicant from the waiting list for: **1)** Failing to notify HD of any important changes to income, household composition, contact information, or information that may impact eligibility. **2)** Failure to submit an updated application on a 6-month basis. **3)** Rejecting 2 offers made by HD. **4)** Failing a criminal background check and/or urinalysis for drug screening.

Selection from Waiting List. When an appropriate unit becomes available, HD will start with the first Applicant on the appropriate waiting list to make a unit offer. When determining final eligibility of the Applicant & household participants, HD will take the following factors into consideration:

- Specific program requirements, preferences, and priorities.
- Income targeting.
- Program set-asides.
- Applicant screening criteria and exclusions.
- Occupancy requirements.
- Residency preferences.
- Previously assisted.
- Credit.
- Outstanding debt with the HD.

ANIMALS: CTUIR Housing Department has a No Pets policy, which was enacted January 1, 2024.

By law, Applicants with a disability have the right to request to keep an assistance animal as a reasonable accommodation. Applicants should submit requests to include documentation from a physician, psychiatrist, other health professional, or social worker. Like other reasonable accommodations, the HD is inclined to approve the request unless it imposes any undue financial or administrative burden or fundamentally alter the nature of the program/service.

Assistance animals are not pets. There are two types of assistance animals.

- Service animals. These are dogs that are individually trained to do work or perform • tasks for the benefit of an individual with a disability. The work or tasks performed must be directly related to the individual's disability.
- Support animals. These are animals that do work, perform tasks, provide assistance, • and/or provide therapeutic emotional support for individuals with disabilities.

Applicant(s) Initials

APPLLICATION CHECKLIST.

ID/BC & SS Documents are required for All Applicants/Tenants.

Application is complete, legible, signed/dated by all 18 and older applicants
Applicants initialed all areas where indicated on the application.
Proof of income from the most recent 30 days provided.
(paystubs, social security benefit letter, child support payment schedule, unemployment benefit letter, military benefit letter/VA award letter, etc.)
Copies of ID/driver license (if applicable)
Copies of Social Security Cards
Copies of Birth certificates
Tribal ID or proof of enrollment (if applicable)
All applicants 18 and over have signed/dated Criminal Background authorization
All applicants 18 and over have signed/dated the Applicant Certification and Authorization

I, the Applicant, have read and understand the information provided in this application. I certify that the information I provide is true and accurate to the best of my knowledge.

Signature _____ Date _____

Spouse Signature _____ Date _____

CTUIR HOUSING DEPARTMENT APPLICATION

Store WNLLA WALLA - UMARINE Store DERATED TRIBES OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE S		Ê
	OPPORTUNITY	

Office Use Only	
Received Date:	Time:
Initials:	Title:

This application is to determine initial eligibility for CTUIR Housing Department's Waiting Lists and does not guarantee housing assistance or a unit offer. ALL 18 and over adults must complete a separate application, unless married by law.

APPLICANT Head o	f Household (HOH)		
Nama			
Name	L	Date	
Mailing			Zip
Address	0	City, State	code
Physical			Zip
Address	0	City, State	code
	Email	·	· · ·
Main Phone #	address		
	Other Contact Name	e & Phone #	
Work Phone #	Someone who can t	ake a message for you.	
SPOUSE			
Name	Da	ate	
Mailing			Zip
Address	Ci	ity, State	code
Physical			Zip
Address	Ci	ity, State	code
	Email		
Main Phone #	address		
	Other Contact Name	e & Phone #	
Work Phone #		ake a message for you.	

QUESTIONNAIRE											
Are you a person with	n a disability?									Yes No	
Does anyone on this a				le accoi	mmodation	due to a disa	bility	?		Yes No	
If Yes, please describ may require more info)epart	ment								
Do you currently rent/	/lease a home?	Yes	No	Landl & Pho	ord's Name one #						
Do you <i>own</i> a home?		Yes	No			e home locat	ed?				
Have you received as or public housing in tl		UIR H	ousing/	other tr	ribal housing) Yes No		Where? When?)		
Were there any outsta	anding debts?		Yes	No	If yes, were	e debts settle	ed?	Yes	No		
Was the rental left in			Yes	No		e describe:					
HOUSEHOLD COMP List all household me	•			of Hous	ehold)						
Name	Relationship	o to H	ОН	Soc.	Sec. #	DOB	Tr	ibe		Enrollment #	Gender
	HOH/ Self										

CTUIR HOUSING DEPARTMENT APPLICATION

Are any household members temporarily absent? Such as deployed military, college student, or incarcerated.	Yes	No	Name:
Please explain			
Will any household members live in the rental less than			
full time? Such as 50/50 child custody or seasonal workers.	Yes	No	Name:
	-		
Please explain			

HOUSEHOLD INCOME

List all income received per month, in dollar amount, for ALL household members that receive income.

Name of the person who receives the income	Employment, Self- Employment, Unemployment	Social Security/ SSI Payments	Child Support/ Alimony	Tribal Per Cap/ Dividend	Military/ VA Or Retirement Pension	Other Income Not Listed
	\$	\$	\$	\$	\$	\$

HOUSEHOLD ASSETS

List Assets for ALL household members

Asset Type	Name of Bank or institu		
	that you have the accou	unt. Amount	Applicant name
Bank Checking Account			
(this includes Direct Express cards)		\$	
Bank Checking Account			
(this includes Direct Express cards)		\$	
Bank Savings Account			
		\$\$	
Bank Savings Account			
		\$	
Stocks, Bonds, CD, Investments			
		\$	
Any Non-Necessary Personal Property (NNPI) s	such as RV, boat, ATV, tra	iller/camper utility trailer, et	C.:
PLEASE READ THE DESCRIPTIONS OF WHAT YOU ARE A			
*Income Based programs require Head of Hous	sehold to be an enrolled n	nember of a federally recogr	ized tribe. Rent based on income.
**Tax Credit programs do not require tribal enr	colled Uaad of Uaucabold	These are not zero income	Eivad Pant
		These are not zero income.	Fixed Kent.
***Not program housing, not income based/Lo	ow Rent		
Check each program you are applying for.		sts you wish to be added to	, if eligible.
	•	-	
Income Based Programs *	Та	ax Credit Programs **	
Scattered Sites; Timíne Way North Ap	DIS., LUCKY /		

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

APPLICANT CERTIFICATION. I/We certify that the answers/information given on this application in reference to 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 that false statements or information are grounds for termination of housing assistance and termination of tenancy. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant, or an officer, or an employee of the housing program or other Federal agency requiring it in the performance of their duties. This application will not be valid unless completely filled out. INCOMPLETE APPLICATIONS WILL BE RETURNED. I hereby authorize and instruct the CTUIR Housing Department to obtain and review my credit report. My signature below also authorizes the release of account information to and from other financial institutions I have supplied to CTUIR Housing Program in connection with such evaluation. I understand the processing of this application will require providing my information to the CTUIR Housing Department. I understand acceptance of assistance is contingent on all occupants meeting the selection criteria and the applicable program requirements and policies as they now exist or as they may hereafter be revised or added by the CTUIR Housing Department. I hereby authorize the CTUIR Housing Department to request any information needed from my Lender/Broker. I hereby authorize my Lender/Broker to provide any and all information requested by the CTUIR Housing Department, including but not limited to a copy of my credit report, copies of income verifications, employment verifications, credit references, (including landlord references), copies of W2 forms, tax returns, appraisals, and any other documentation used in processing my mortgage loan. The information obtained from the Lender/Broker is only to be used in the determination of eligibility for the CTUIR Housing Department programs. Consent: I consent to allow the CTUIR Housing Department 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 CTUIR Housing Department programs. I understand that income information obtained under this consent form cannot be used to deny, reduce or terminate assistance without the Tribal Housing Program 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.

All members of the household, age 18 and over, sign and date.

PRIVACY ACT NOTICE: THIS INFORMATION IS TO BE USED BY THE AGENCY COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PROSPECTIVE PARTICIPANT OR BORROWER UNDER THE AGENCY'S PROGRAM(S). IT WILL NOT BE DISCLOSED OUTSIDE THIS AGENCY EXCEPT AS REQUIRED & PERMITTED BY LAW.

Head of Household Signature	Date	
Household Member	Date	
(Other Adult)		
Household Member	Date	
(Other Adult)		
Household Member	Date	
(Other Adult)		

CTUIR Housing Department; 51 Umatilla Loop; Pendleton, Oregon 97801