

YUROK INDIAN HOUSING AUTHORITY



YUROK INDIAN HOUSING AUTHORITY MISSION

The Primary Mission of YIHA is to provide affordable, decent and safe housing to lower-income tribal members. All programs are operated within the service area of Humboldt and Del Norte Counties.

RENTAL PROGRAMS

Low-Income Rental Program: Assists families with rental housing owned by YIHA. Required monthly rental payments are based on a maximum of 25% of the household's adjusted gross annual income. Utility allowances will be calculated based on income and unit size, and deducted after payment is calculated. Applicants are screened by criminal background investigation. **NO PETS ALLOWED**

Student Rental Assistance: Assists full-time students with the opportunity of attending school while residing in safe and affordable housing. Rent cannot exceed 25% of income and G.P.A. must be 2.0 or higher. YIHA cannot assist if you are currently on HUD Section 8 or in subsidized housing. Student housing is available at the Union Green Complex in Eureka only, or by monthly student stipends. **NO PETS ALLOWED**

HOMEOWNERSHIP PROGRAM

Down Payment Assistance: Assists Tribal Members with a down payment to purchase a home. The amount of assistance is determined by the loan requirement up to \$50,000.

DEVELOPMENT PROGRAMS

(Proof of property ownership required)

New Home Construction/Replacement A grant of up to \$200,000 to build or replace a primary residence for Elders age 60+.

Rehabilitation Program: A grant of up to \$150,000 to rehabilitate a primary residence for Elders ages 60+. If it is determined by assessment that the repairs are greater than \$150,000, the client will be placed into the Replacement program.

Self-Help A grant to assist Native Americans who want to perform renovation, rehabilitation, and/or new construction of their primary residence; YIHA shall maintain a note of deed for 5 years on the property.

Elder Emergency Assistance Assists Tribal Elder Homeowners (60+) with heating, or air purification units, and/or with handicap improvements, as necessary. Total amount cannot exceed \$4,999.99.

Weatherization & Foreclosure Prevention Assistance Programs Also Available. Ask for details.

For more information about our programs, please contact the office.

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15540 Hwy 101 N. Klamath, CA 95548 * Phone: (707) 482-1506 * Fax: (707) 482-3117 * www.yurokhousing.com

REQUIRED DOCUMENTATION

Thank you for applying for our housing programs! We look forward to assisting you with your family's housing needs. In addition to submitting this application, we require copies of the following documentation in order to determine your eligibility. Your application is not complete until the following documentation is submitted:

DOCUMENTATION NEEDED FOR ALL PROGRAMS

- _____ Application signed by Applicant and Spouse/Domestic Partner.
- _____ Release of Information form signed by each household member age 18 or over.
- _____ Verification of Income/No-Income for each household member age 18 or over.
- _____ Tribal Verification for head of household
- _____ Copies of Social Security Cards for every member of the household
- _____ Proof of Custody (if applicable)

ADDITIONAL DOCUMENTATION NEEDED FOR STUDENT RENTAL PROGRAMS

- _____ Verification of full-time (12+ units) enrollment in an accredited learning institution
- _____ Copy of most current transcript
- _____ Copy of FAFSA award letter
- _____ Copy of Rental Agreement (for VOUCHER PROGRAM ONLY)

ADDITIONAL DOCUMENTATION NEEDED FOR HOMEOWNERSHIP PROGRAMS

- _____ Home Buyer Education Certificate (Free course is available to read or print on our website)
- _____ Loan Pre-Qualification Letter

ADDITIONAL DOCUMENTATION NEEDED FOR DEVELOPMENT PROGRAMS

- _____ Verification of property ownership

Please keep pages 1-4 for your information!

Submit pages 5-10 to one of the following:

Email: receptionist@yurokhousing.com

Mail: Yurok Indian Housing Authority

15540 US Hwy 101 North

Klamath, CA 95548

Fax: (707) 482-3117

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APPLICATION PROCESS

1. A criminal background screening is conducted for Rental Applicants. Background screening must be free of conviction in the past 5 years for a drug/alcohol-related offense and/or an offense involving violence (Refer to Background Policy).
2. Income verification is examined to determine whether the applicant is within the HUD-specified income eligibility guidelines. HUD Income Limits as follows:

United States Median Income Limits for fiscal year 2021

2021	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
80%	\$44,744	\$51,136	\$57,528	\$63,920	\$69,034	\$74,147	\$79,261	\$84,374
100%	\$55,930	\$63,920	\$71,910	\$79,900	\$86,292	\$92,684	\$99,076	\$105,468

3. Applicant will be notified in writing: If determined to be ineligible notification will state the reasons for ineligibility. If determined to be eligible notification will state, the programs for which they are eligible. Eligible applicants are then routed for the appropriate waiting list.
4. Waiting Lists: The waiting lists are managed on a computer database. There is a separate waiting list for each program available. The waiting lists for the Rental programs are further separated by bedroom size. An applicant’s position on the waiting list is determined using a point system. If there is a tied score, the computer database will automatically place the applicant with the lower income higher. Points are accumulated as follows:

GENERAL PROGRAMS:		
<u>Qualifying Preference Points:</u> (Limit One)	POINTS	DOCUMENTATION
Certified Yurok Tribal Member Head of Household	185	Tribal Enrollment/Tribal ID
Yurok Children in the Household	85	Tribal Enrollment/Tribal ID
Other Federally Recognized	5	Tribal Enrollment/Tribal ID

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<u>Additional Preference Points:</u>	POINTS	DOCUMENTATION
Yurok Head of Household & Yurok Spouse	20	Tribal Court or County Court Certificate
Yurok Veterans	85	Proof of Service/Honorable Discharge
Service Connected 100% Disabled Veteran	150	DD214/Veterans Administration Medical Records
Homeless	20	Requested Verification
Disabled	50	Verification of Medical Need
Elder/Senior (At Age 60)	60-69 -- 25 pts 70-79 -- 35 pts 80-89 -- 45 pts 90+ -- 55 pts	Proof of Date of Birth
CRIMINAL RECORD (NEGATIVE POINTS)		
Sex Offender	Not eligible	Background Screening
Any Felony Conviction (within the last 5 years)	Not eligible	Background Screening

5. The estimated timeframe to receive assistance varies as follows:

- Low Income Rental: 1-5 years
- Student Rental: 1-3 years
- Down Payment: 1-5 years
- Development Programs: 1-10 years

6. Applications, Release of Information, & Income must be updated annually; if you fail to update you will be removed from the waiting list.

7. Family selection is made from the top of the waiting lists of eligible applicants.

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~HOUSING SERVICES APPLICATION~

<u>RENTAL:</u>	<input type="checkbox"/> Rental <input type="checkbox"/> Student Rental <input type="checkbox"/> Student Voucher
<u>HOMEOWNERSHIP:</u>	<input type="checkbox"/> Down Payment <input type="checkbox"/> Foreclosure
<u>DISTRICT PREFERENCE:</u>	<input type="checkbox"/> North <input type="checkbox"/> Requa <input type="checkbox"/> Orick <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> Weitchpec <input type="checkbox"/> Pecwan <small>(Development Specific Districts)</small>
<u>REHABILITATION:</u> (Home-Owner)	<input type="checkbox"/> Development If you are requesting Rehabilitation, Weatherization, or Self Help, please mark this box. After an assessment of your property, and needs, you will be placed on the appropriate program waiting list.
	<input type="checkbox"/> Elder Emergency If you are requesting <u>Elder Emergency Assistance</u> , please provide a detailed explanation of the emergency and what you are requesting below:
	_____ _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you related to any YIHA employee, Board of Commissioners or Council member?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a YIHA employee or employee for the Yurok Tribe? If yes, please explain: _____

A. APPLICANT INFORMATION

Name: _____
Last
First
Middle
Maiden Name (If any)

Mailing Address: _____
Street or P.O. Box
City
State
Zip Code

Residence Address: _____
Street
City
State
Zip Code

Telephone Number: (____) _____ (____) _____ (____) _____
HOME
WORK
CELL

District (Currently live in): _____ Email Address: _____

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B. FAMILY INFORMATION

List each person who will be living in the household on a permanent basis.

Name	Date of Birth	Social Security Number	Relationship to Applicant	Tribe/ Roll Number
			Self	

If there are more household members mark the box and continue listing members on a separate paper.

Nearest relative (not living in home): _____ Telephone Number: _____
(NAME & RELATIONSHIP)

Briefly describe your request for housing.

C. INCOME INFORMATION

Start with applicant then list all permanent family members age 18 or over.

<u>Name</u>	<u>Annual Gross Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Annual Gross Income = \$ _____

** If any household member has no income, or receives aid (i.e., Food Stamps, Cash Aid, TANF, etc.), documentation is required in addition to current household income verification documents (i.e., pay stubs, SSI or Social Security statements, Unemployment or Disability benefits, etc.) **

D. GENERAL INFORMATION

1. Has any household member received Housing and Urban Development (HUD) or Bureau of Indian Affairs Housing Improvement Program (HIP) assistance before? Yes No

If yes, what year and explain: _____

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2. Does anyone in your household own any house not occupied by your family? Yes No
If yes, explain: _____
3. Has any household member ever been evicted from a residence? Yes No
If yes, explain: _____
4. Are you currently receiving HUD Section 8 or living in subsidized housing? Yes No
5. Does anyone in your household owe money to any federal housing program? Yes No
6. Has any household member been convicted of a Felony, or three (3) or more misdemeanors, within the last five (5) years? Yes No
7. Is any household member a convicted Sexual Offender? Yes No
8. Has any member of the household served in the military and/or is any member of the household currently serving in the military? Yes No
If yes, who? _____ **(Verification Required)**
9. Do you or a member of your household fall within the following definition: Yes No
“Disability” meaning: A physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, perform manual tasks, walking, seeing, hearing, speaking, breathing, or learning.
If yes, who? _____ **(Verification Required)**
10. Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments? Yes No

E. CURRENT RESIDENCE INFORMATION

Number of people at current residence: _____ Number of bedrooms at current residence: _____

Check one: Own Rent Share Homeless **(Verification Required *Homeless ONLY*)**

If “Own”, how long have you owned your home? _____

If “Rent” or “Share”, what is your monthly rent? _____

1. Bathroom Facilities: Flush Toilet? Yes No Tub? Yes No
2. Is Electricity available? Yes No Name of Power Company: _____
3. Sewer System: City Sewer Septic System Chemical Toilet Outhouse
4. Water Source: City System Private Well Community Well Other: _____

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F. REPAIRS NEEDED TO HOME

Is the home dilapidated, in need of repair, or unsafe? Yes No

If "Yes", please check the following conditions that apply:

- Plumbing Defects Electrical Defects Structural Defects
- Heating System Defects Entrance/Exit Defects Unsafe Site Materials
- Inadequate Elderly/Handicap Access No Smoke Detectors/Fire prevention Equipment
- Inadequate Weatherization Overcrowding Other

If "Other", please explain: _____

G. LAND INFORMATION

Does any household member own any land? Yes No

If yes, what is the current status of the land? Trust Fee

H. APPLICANT CERTIFICATION

I do swear and attest that all the information provided is true and correct. I understand that any misstatements or omissions in this application 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.

Applicant/Head of House Signature _____

Date _____

Spouse/Domestic Partner Signature _____

Date _____

