



**COLVILLE INDIAN HOUSING AUTHORITY**  
 P.O. BOX 528, NESPELEM WA 99155  
 Phone (509) 634-2160 \* Fax (509) 634-2335 \* TTY 1-800-833-6388

### Interim Recertification (Blue Ink Only)

Head of Household:	Home Phone:
Mailing Address: City/State/Zip:	Cell Phone:
Physical Address: City/State/Zip:	Message Phone:
E-Mail Address:	Work Phone:

**Adding / Removing Household Members:** Social Security Cards & Enrollment Verification/CIB are required to be submitted for additional household members

Add or Delete	Name	Date of Birth	Relationship to Head of Household	Tribal Affiliation & Enrollment Number	Social Security #	Place of Birth

**Adding or Deleting Income \*Verification is required for Earned or Unearned Income**

Add or Delete	Household Member	Occupation / Job Title	Employer	Pay Schedule (weekly, bi-weekly or monthly)	Hours Per Week	Hourly Rate	Tips or Commission
	Household Member	Income Type	Amount	<b>Unearned Or Other Income Information</b> 			

---

**Statement of No Income**

I \_\_\_\_\_ do not have any income. This includes earning from employment, payments from any public assistance program (DSHS/GA) unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to CIHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

---

I \_\_\_\_\_ do not have any income. This includes earning from employment, payments from any public assistance program (DSHS/GA) unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to CIHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

---

**All adults 18 yrs of age and older must read carefully & sign:**

I do hereby swear and attest that all of the information given about me and my household is true and correct. I also understand that ***ALL CHANGES in the income of any household member as well as ANY CHANGES in the household members must be*** reported to the Housing Authority in writing immediately.

I also agree that ***I know that I am required to cooperate*** in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. ***I understand failure or refusal to do so may result in delay, termination of assistance, eviction and or disapproval of my application, termination of my Low Rent Lease or Termination of my MHOA.***

I also understand that knowingly providing false, incomplete or inaccurate information is punishable under Federal, State, or Tribal criminal law. ***I understand that knowingly giving false, incomplete, or inaccurate information is grounds for immediate termination.***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

- **All household members 18 years of age or older are required to sign the Authorization for the Release of Information**
- **Criminal Background checks will be done for additional adult household members before approval for change in your household composition**
- **Employment Verification is required for additional household income**
- **Termination of employment or Non-wage income verification is required for deleting household income**

# Authorization for the Release of Information

Applicant(s)/Tenant(s) <hr/> <hr/> <hr/>	Entity Obtaining or Releasing Information:  Housing Services Colville Indian Housing Authority P.O. Box 528 Nespelem, WA 99155
---	---

**1. Purposes**

In signing this consent and authorization form, you are authorizing Colville Indian Housing Authority (CIHA) to request, obtain, and verify income and other necessary information which may affect eligibility or the level of assistance under the CIHA programs, including but not limited to Mutual Help, Rental, and Down Payment Assistance programs. CIHA needs appropriate information to verify household income, tribal enrollment, and similar data to determine if you are eligible for any benefits and they are at the correct amount.

Further, CIHA will need similar information during the time period you are receiving any benefits under CIHA programs to ensure such benefits continue to be set at the correct amount during the reaffirmation information process.

Finally, release of certain information about you will be necessary not only to obtain or verify the data outlined above, but also to respond to other entities and programs who have a need for such information during the period you are applying for or are receiving housing benefits from CIHA. CIHA may release certain information the source and entities or programs identified in Paragraph 2 below.

**2. SOURCES TO WHOM INFORMATION MAY BE RELEASED, OBTAINED AND VERIFIED:**

- A. Public Utility districts, including Okanogan PUD, Nespelem Valley Electric, Ferry county PUD, and Avista.
- B. Any and all Colville Tribal Programs or Colville Tribal Enterprise Programs; including but not limited to the Tribal Credit, Energy Assistance Program, TANF Program, Social Services, Employment and Training, Adult Education, CCT Payroll, any branch of CETC Payroll, Colville Business Council, food Distribution Program, Early childhood Program, Alcohol Program, and Mental Health.

- C. Colville Tribal Law Enforcement Entities, including but not limited to the Tribal Prosecutor, Tribal Police, Adult and Juvenile Probation Officers, and the Tribal Court.
- D. Washington State Agencies, including the Employment Security Dept., Dept. of Social and Health Services, and similar state entities or branches dealing with welfare or food stamp assistance, unemployment compensation, wages, benefits, or income.
- E. Federal Agencies, including the Social Security Administration (for wage and self-employment data or retirement income); Bureau of Indian Affairs (monetary accounts, personal and real property data including probate proceedings); and federal law enforcement entities (Federal Bureau of Indian, Immigration and Naturalization Service, etc.)

**3. WHO MUST SIGN CONSENT FORMS:**

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 member joining the household or whenever members of the household become 18 years of age.

**4. FAILURE TO SIGN CONSENT FORM:**

Your failure to sign the consent form may result in the denial of eligibility or termination of benefits under CIHA programs. Any such denial or termination will be promptly communicated in writing to you by CIHA.

Signature, Printed Name of Head of Household & Date  	Signature, Printed Name of Other Adult Member of the Household & Date:  
Signature, Printed Name of Other Adult Household Member & Date:  	Signature, Printed Name of Other Adult Member of the Household & Date:  