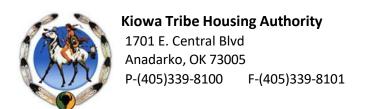
HOUSING ASSISTANCE APPLICATION -Rental Housing Assistance (RHA)



Thank you for your interest in applying for rental housing assistance with the Kiowa Tribe Housing Authority. Please complete the application in its entirety. Do not leave any empty boxes; if any questions do not apply to you simply write in "N/A".

In addition to the KTHA Application, we will need copies of the following documentation:

- Driver's License, State I.D., or Birth Certificate for household members age 18 and over
- Birth Certificates for minor children age 17 and under listed on the application.
- Social Security Cards for everyone listed on the application
- Tribal I.D. or proof of Tribal enrollment for Head of Household or Spouse
- Marriage License, Proof of Common Law Marriage, or Marriage Certification Statement
- Proof of Guardianship (If applicable)
- Copy of Rental or Lease Agreement (must have applicant's name listed)
- Completed W-9 form from Landlord
- Current proof of income (earned and/or unearned)
 - o Payroll check stubs for the past 90 days or Current Income Tax Statement
 - Social Security (current award letter)
 - Unemployment benefits (determination letter)
 - TANF (award letter)
 - Child support paid and/or received (copy of court order)
 - Education Scholarship/Stipends (award letter)
 - VA benefits (check stubs for 1 month)
 - o IIM Transaction Report for past 12 months, or BIA letter stating not a land owner

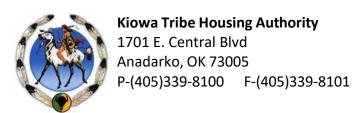
All household members age 18 and over must have income verification OR notarized statement of zero income.

The completion and returning of the application packet does not guarantee you rental housing assistance. KTHA will not accept incomplete applications, all documentation must be submitted with application. Please allow 30 days to determine eligibility.

Once the application has been approved for rental housing assistance, the check will be mailed directly to the Landlord. Due to limited funding, the assistance will be made on a first come first serve basis.

Again, thank you for your interest. Please do not hesitate to contact our office with any questions and/or concerns.

**This program is funded by the HUD NAHASDA and the eligible service area is: Caddo, Comanche, Cotton, Kiowa, and Tillman Counties. **



Date

OFFICE USE ONLY:
DATE & TIME RECEIVED

RENTAL HOUSING ASSISTANCE (RHA) APPLICATION

1) Applicant Inforn	nation (He	ead of Ho	useholo	I)							
Applicant's Name							Middle	Name			
Last Name							Maider	Name			
Date of Birth			Tribe				Tribal F	oll No.			
Mailing Address									•		
Physical Address											
City				State			Zip Cod	le		Coun	ty
Phone #					Α	lt. Phone #		<u>'</u>			
Occupation				Employ	/er				Pho	ne#	
Marital Status	OMarr	ried	○ Si	ngle	'	Widowe	ed	O 01	ther:		
Are you or anyon	e in the ho	usehold a	veteranî	? (0	res 01	No				
2) Household Info Please list all member		ousehold.	Provide	name, re	elati	onship, date	of birth, s	SSN, and	l Tribal	affiliatio	on.
Household Member		Relationship to Head				Date of Birth	h SSN			Tribal Affiliation	
	Неас		Head								

For every person you listed above, please submit a copy of his/her Tribal enrollment verification or CDIB, Birth Certificate and Social Security Card.

Yes O	· · · · · · · · · · · · · · · · · · ·		ed for rental housing	assistance	from an	y other Tribe o	or Agency?
come							
Please list below Household member	Employment Hourly Amt + # of hrs/ wk	social Security SSI / VA	d members. Pensions Public -assistance or other	Lease Royalti IIM		Child Support	Total Annu Income
Please submit In	l come Verification	s with your applica	Totation; non-disclosure	-		inual Income	
Landlord Inf Please provide a		on. The Landlord v	will also need to subi	nit a IRS Fo	orm W-9.		
Address					City		
State/Zip Code		Phone Number					
	nt Amount:included in Mont Release of Infor		Yes O No				
			assistance, with m nformation necesso		-	•	
Applicant Signature					Date		
Spouse's Signatu	ıre					Date	

STATEMENT OF UNEMPLOYMENT/NO INCOME VERIFICATION

Print name)	(do hereby declare that I am unemployed
and/or I do not receive any in		
SSN:	DOB:	SEX:
Phone:		
Relationship to applicant:		
I understand that I must provi for eligibility determination for		ousing Authority with this signed statement ance.
Signature:		Date:
		ment must be notarized for Authenticity.
		day of, 2025
Notary Public		
My Commission Expires:		