

INSTRUCTIONS FOR COMPLETING STUDENT RENTAL ASSISTANCE APPLICATION PROCESS

Incomplete Applications cannot be processed.

A. INITIAL ELIGIBILITY:

Complete the Student Rental Assistance application package. Sign and return applicable Forms (B thru M). Ensure all of the required supporting documents are attached including but not limited to the following:

1. Attach current year Financial Aid Award Determination from school showing all grants.
2. Attach income verification documentation (i.e. IRS 1040, pay stubs from employment, per capita letter, Social Security award letters, etc.) for all persons you will be living with at the time you are attending school unless they are fulltime students.
3. Attach copies of Tribal ID Card, driver 's license & Social Security card (P^t time only).
4. Attach last 3 months complete bank statements.

B. SCHOOL ENROLLMENT ELIGIBILITY:

A copy of your college or university enrollment verification including:

1. Your name
2. Name of school
3. Number of credits enrolled
4. Start & stop dates of the term
5. Proof of tuition is paid

NOTE: THIS INFORMATION MUST BE PRINTED FROM THE SCHOOL WEBSITE or on school letterhead

- C. UNIT ELIGIBILITY (for unit you will live in while attending school—If you haven't moved yet, you won't be able to submit this set of documentation until then)
- I. Send the following to LNHA once you have a place to live:
 - a. Copy of Rental Agreement with landlord contact information
 - b. W-9 signed by landlord (LNHA must have to process payment to landlord) (I)
 - c. Unit Information (F)
 - d. Livability Standards (G)

U.A. to be completed within two weeks after application is submitted to LNHA. Referral form to **Whatcom Occupational Health** for free screening for all household members over 18 will be sent to applicant after application is received. Drug screen results must be sent to LNHA by lab within two weeks of LNHA receipt of application or applicant will be considered ineligible for LNHA programs. If the student lives outside of Whatcom County, the student must coordinate with LNHA in order to provide a U.A.

Send to LNHA via mail or e-mail:

- a. Mail: Lummi Nation Housing Authority, 2579 Kwina Road, Bellingham, WA 98226
- b. Email: MichelleG@lha-lummi.com

RESIDENTS OF RENTAL UNIT: List all persons who are or will be living in the rental unit with student while student is attending school. All persons living with student are considered household members. While household members are not applicants, information for all household members must be included for application to be considered complete. This does not apply to students living in on-campus housing.

NOTE: Students may not rent a unit from any immediate family member nor reside with anyone who can declare them as a dependent on their federal income tax return.

Legal Name	Relationship to Applicant	Date of Birth	Phone Number

INCOME: Please provide a copy of the student's completed current FASFA form and the determination confirming the student is eligible for assistance with Federal Funds. Additional information on the FASFA is available at www.fafsa.ed.gov.

Please provide a copy of the Determination of Student Financial Aid letter from your school.

Please list income from all sources for all household members (This does not apply to students living in on-campus housing). Sources of income include (but are not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments, annuities, retirement benefits and pensions, disability or death benefits, unemployment or disability compensation, welfare assistance (not including food stamps), veterans' assistance, grants, alimony, and child support.

Verification must be provided for each source of income

Household Members	Income Source	Amount	Frequency	Verification Attached <input checked="" type="checkbox"/>
			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	

¹ For the purpose of this policy, family member means: (i) (Mother, Father, Daughter, Son, Full & Half Sister, Full & Half Brother, Grandmother, Grandfather, Granddaughter, and Grandson) or (ii) equivalent who are related by marriage, domestic partnership or adoption; or (iii) people who are either married to each other or involved in a quasi-spousal relationship including unmarried parents of a child.

² Verification - W-2's, tax returns, employee check stubs (must include employer name, address and contact information), SSI statement, Tribal per capita distribution statement, orders for child support and/or alimony, bank statements, unemployment insurance benefit statements.

EDUCATION INFORMATION:

Post-secondary Educational Institution: _____

School Mailing Address: _____

Educational Goal: _____

Major: _____ Year in School: _____

Grades will be submitted to LNHA as follows:

Date 1 st term begins:	Date 1 st terms ends:	Grades due to LNHA on:
Date 1 st term begins:	Date 1 st terms ends:	Grades due to LNHA on:
Date 1 st term begins:	Date 1 st terms ends:	Grades due to LNHA on:
Date 1 st term begins:	Date 1 st terms ends:	Grades due to LNHA on:

APPLICANT DECLARATION: The applicant(s) certify, confirm, and understand all of the following:

- I certify all information provided on this form and supplied as supporting documentation, is accurate and complete to the best of my knowledge.
- I understand that the information I am providing will be used for the purpose of verifying my eligibility.
- I understand that all attachments included with this application are subject to all the certifications, confirmations, and acknowledgments made in this declaration.
- I understand that I must report any changes to the household income and/or to the household composition (number of persons in the household) to LNHA.
- I understand that grades must be submitted at the end of each term.
- I understand that if I provide false, incomplete or inaccurate information I will be denied assistance; will be required to repay any assistance received, will be subject to penalty under the federal false claims act; and will be prosecuted to the full extent of the law.

Student

Applicant Date

If application packet is submitted electronically, the signature page may be mailed separately.

Return completed application packet with all applicable forms completed (A-M) and all supporting/verification documentation to:

Address: Lummi Nation Housing Authority, 2579 Kwina Road, Bellingham, WA 98226

Email: MichelleG@lha-lummi.com

Incomplete applications will not be processed. Assistance is subject to current eligibility requirements and funding e-mail to:

STUDENT RENTAL ASSISTANCE POLICY ACKNOWLEDGEMENT FORM

I _____ have received and read a copy of the
(Print name)

Lummi Nation Housing Authority's (LNHA) Student Rental Assistance Program Policy, which outlines the terms and conditions of the Program as well as my responsibilities. I understand the program is funded by the Federal Government and subject to low income, fair market rent and other restrictions.

I understand that if I do not fulfill the terms and conditions of the Full Time College Program Policy that I may be required to repay all housing assistance for which I was not eligible. I agree to provide grades at the conclusion of each term/semester, and to provide class schedules at the beginning of each term/semester. I understand that if I fail to provide the required information or fail to comply with the Student Rental Assistance Policy, my funding may be delayed or canceled, and reimbursement may be due to LNHA.

I understand that if I move from my assisted unit without first notifying LNHA, I will be required to repay any funds paid to my former landlord after I move. I understand LNHA will prorate payment for partial months of tenancy.

I understand that my rent cannot exceed the HUD Fair Market Rent for the area.

I have familiarized myself with the contents of the Student Rental Assistance Program Policy. By my signature below, I acknowledge, understand, accept, and agree to comply with the information contained in the Student Rental Assistance Program Policy.

(Student Signature)

Date

Authorization for Release of Information

I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses or individuals to furnish information concerning myself and/or my household to Lummi Nation Housing Authority and/or its duly authorized representatives for purposes of verifying my eligibility to receive benefits from LNHA.

Those that may be asked to release the information include, but are not limited to: the Lummi Nation, background screening agencies, the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the United States Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, courts and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to: identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal activity and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits, Tribal benefits and local benefits.

I understand I have a right to review any information received in accordance with my release and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 15 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it may constitute grounds for denial or termination of assistance or tenancy, or both.

Applicant Signature

Printed Name

Date

STUDENT RENTAL ASSISTANCE ACCEPTANCE AGREEMENT/ CONTRACT

Initial each section after reading.

_____ I hereby agree to attend the school indicated on my application and agree to follow all rules, regulations, and attendance requirements of the school. To the best of my ability I will satisfactorily complete the course work I have selected. I further agree that the funds issued to me are to provide housing while I pursue my education and must be used for such purposes.

_____ I agree that I will provide a college transcript to show my progress at the end of each term semester. I will also provide a class schedule or other proof of enrollment showing number of credits at the beginning of each term/semester along with proof of paid tuition.

_____ I will immediately report any change in my household income or household members to LNHA.

_____ I will report any change in contact information, i.e.: address, phone, and email address to LNHA within 30 days. I will furnish other information as requested by LNHA in a timely manner.

_____ I agree that to obtain student rental assistance, I will be enrolled FULL TIME and earn a minimum of 12 college-level credit hours or meet full time status per institutional standards.

_____ I agree to earn a minimum 2.0 Grade Point Average per term/semester. Graduate students must meet enrollment status as FULL TIME as set by the institution.

_____ I agree to meet all the requirements of the LNHA student rental assistance policy, which I have read and understand.

_____ I understand that processing and verifying information provided in my application or changes reported after starting my rental assistance can take up to 3 weeks after LNHA receives all necessary written documentation.

_____ I understand that rental assistance will start on _____ and if all requirements are met, will end on _____ unless summer enrollment verification is received by LNHA.

_____ I understand LNHA cannot and will not become involved in any form of tenant/landlord dispute. If I do not fulfill the above requirements, I will REIMBURSE LNHA for the funding advanced to me, and I understand that I will not qualify for any other LNHA housing or assistance until I have reimbursed LNHA in full. If the breach is academic (lack of maintaining a 2.0 GPA or completing 12 credits), I will first be placed on probation for I semester/term to improve my grades before being required to reimburse LNHA.

I the undersigned have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement / Contract and the student rental assistance policy.

 Print Name

 Tribal Enrollment Number

 Signature of Student

 Date

RELEASE OF ACADEMIC INFORMATION CONSENT FORM

I understand that Federal regulations (The Family Educational Rights and Privacy Act- FERPA) require written consent from a student before disclosing the educational records of that student to third parties; therefore, I hereby give my written consent to:

_____ ;
(Name of guidance counselor or other college official)

to release information regarding my academic status, as well as the conclusions and observations regarding my performance while attending post-secondary educational institutions to:

Lummi Nation Housing Authority, 2579 Kwina Road, Bellingham, WA 98226
(Name of institution, person, or company requesting information)

I understand this consent is effective only as to the date indicated below and shall be valid until 15 months after that date.

This consent may be revoked at any time by written notification to the Lummi Nation Housing Authority. I understand that if I revoke my consent, this may impact my ability to receive funding through the LNHA Student Rental Assistance Policy program.

DATED this _____ day of _____ 20_____.

(Student's signature)

(Student's name printed)

(Student's address)

(Witness signature)

(Witness name — printed)

Please keep a copy of this consent form with your own records. The College/University is required by Federal law to keep a copy of this signed release.

Information about the home to be paid for by LNHA Assistance Funds

Assistance is subject to current eligibility requirements, availability of funding, and complete application to LNHA. This document is part of the Student Rental Assistance Application and is subject to all of the restrictions, rules, and declarations contained therein.

Applicant's Name _____

Date: _____

Last

First

Middle

Address of home to be paid for _____

Landlord's Name: _____

Telephone _____

Landlord Mailing Address: _____

Move in Date: _____ Monthly Rent: _____

Is the rental or lease agreement in your name? Yes No (Attach a copy of rental or lease agreement)Is the unit a (check) Single Family home Duplex 4-Plex Apartment Mobile Home RV LotYear built: _____ Square Footage: _____ # of bedrooms: _____ # of baths _____ Garage Yes NoHeat Source (check) Furnace Baseboard Wall Heater Gas oil propane electric

Average electricity cost: _____ Average gas/oil cost: \$ _____

Average other utility cost paid by tenant: \$ _____

Are you related to Landlord by blood or marriage? Yes No If yes, explain the relationship of Applicant to Landlord: _____Do you owe back rent or late fees? Yes No How much? \$ _____Are you currently in violation of your rental agreement or lease? Yes No If yes, please explain the circumstances. _____

Primary Applicant Signature: _____ Date: _____

Livability Standards

On Campus Housing

On Campus Housing will be presumed to be appropriate housing because it is LNHA's understanding post-secondary institutions monitor the livability of their units, LNHA will not require photos of those units.

Off Campus Housing

Students must confirm unit meets the listed livability standards below as well as provide the photographs requested in order for LNHA to confirm the livability of the unit. Please check off each of the following to confirm you have verified the information and provided the photographs.

Over-all Unit

- All doors and windows allowing access to the unit can be locked.
- There is a safe fire escape route.
- There is reliable heating which is in proper operating condition. Unvented room heaters which burn gas, oil or kerosene are not acceptable.
- Unit must be free of vermin, rodent, or insect infestation.
- Unit must not present any health hazards such as mold.
- Electrical Outlets: Adequate amount in safe working condition.
- Ceiling, walls, and floors will not have any serious defects.
- Condition of interior & exterior stairs & porches will not present danger of tripping or falling.
- Smoke Detectors in working condition.

Photographs:

- Entry door with focus on door hardware (doorknob, locks) Windows with focus on locking hardware
- Smoke detector location: _____
- Smoke detector — location: _____
- Smoke detector — location: _____
- Heating system (baseboard, in wall, forced air)
- Outside of building: Overall building/Unit
- Outside of building: Picture of address
- Water Heater (If it is accessible)

Bathroom

- Flush toilet and working light fixture
- Sink with hot and cold running water
- Shower or tub with hot and cold running water
- Plumbing in good operating condition. (no leaks, water present and drains/toilet operational)

Photographs:

- Bathroom sink
- Under bathroom sink
- Toilet
- Tub enclosure

Kitchen

- Water supply for drinking and washing dishes
- Ceiling or wall light fixture will be present and working

Photographs:

- The kitchen sink
- Plumbing under the kitchen sink
- Inside the refrigerator
- Inside of the oven

Bedroom/Sleeping Room

- One sleeping room or living/sleeping room for each two persons.
- Sleeping rooms will have at least one window which opens, closes, & locks.

Photographs:

- Bedroom window with focus on locking hardware
- Bedroom door
- Other:

Student/Applicant Certification:

I _____ certify that _____ is:
Print Name Unit Address

Initial One:

- On-Campus Housing
- Off Campus Housing that fully meets Livability Standards
- Off Campus Housing with an area of concern which may meet Livability Standards upon further review (see note and photograph).

Student: _____ Date: _____
(Signature)

Student Rental Assistance Program

Independent Student Definition and Criteria

Federal Definition: The federal formula for assistance for a dependent student uses parental data while the formula for independent students does not. A student is determined to be an independent applicant for federal student aid if he or she meets one or more of the following criteria:

- Student is 24 years or older as of January 1.
- Student is married or separated (but not divorced) as of the date of the application.
- At the beginning of the school year, the student will be enrolled in a master's or doctoral degree program (such as MA, MBA, MD, PhD or graduate certificate, etc.).
- Student is currently serving on active duty in the U.S. Armed Forces or is a National Guard or Reserves enlistee called into federal active duty for other than training purposes.
- Student is a veteran of the U.S. Armed Forces
- Student has one/more children who receive more than half of their support from him or her.
- Student has dependent(s) (other than children or spouse) that live with him or her and who receive more than half of their support from the student.
- At any time when the student was age 13 or older, both of the student's parents were deceased, the student was in foster care, or the student was a dependent/ward of the court.
- The student is now or was upon reaching the age of majority, an emancipated minor (released from control by his or her parent or guardian) as determined by a court in his or her state of legal residence.
- The student is now or was upon reaching the age of majority, in legal guardianship as determined by a court in his or her state of legal residence.
- Student was determined to be an unaccompanied youth who was homeless by a high school or school district homeless liaison.
- Student was determined to be an unaccompanied youth who was homeless by the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development.
- Student was determined to be an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless by a director of a runaway or homeless youth basic center or transitional living program.
- Student is determined by the college financial aid administrator to be an unaccompanied youth who is homeless or is self-supporting and at risk of being homeless.

A determination of independence can be made with documentation of special circumstances.

Documentation Required: In addition to the documentation required by the Student Rental Assistance application, the following documentation is required to make a determination that the student is an independent student:

- Budget Form (Pages 3 & 4) with documentation supporting income and expenses.
- Proof that the student meets the definition of Independent Student as indicated above.
- Copy of student's and/or parent or legal guardian's tax return for previous year.

Budget Worksheet

Income

Column			C	D
	Item	Amount	Frequency	Monthly Income
	Salary			
	Pell Grant			
	State Grants			
	Student Loans			
	Other Assistance			
	SSI/Social Security			
	Pensions			
	Alimony/Child Support			
	Other Income			
Total Monthly Income				

Expenses

Column				D
Housing				
	Item	Amount	Frequency	Monthly Expense
	Rent/Mortgage			
	Property Tax			
	Electric			
	Gas/Oil			
	Water/Sewage			
	Garbage			
	Internet			
	Cable TV			
	Cell Phone			
	Land line			
Total Housing Expenses				
Medical				
(Out of Pocket)	Item	Amount	C Frequency	D Monthly Expense
	Dental Insurance			
	Doctor			
	Lab			

Lummi Nation Housing Authority - Student Rental Assistance Policy

	Dentist			
	Eyeglasses			
	Prescriptions			
	Other			
Total Out of Pocket Medical Expenses				
Transportation			C	D
	Item	Amount	Frequency	Monthly Expense
	Car Payments			
	Car Insurance			
	Car Maintenance/Repair			
	Public Transportation			
	Gas			
	Parking/Tolls			
Total Transportation Expenses				
Other Expenses				D
	Item	Amount	Frequency	Monthly Expense
	Credit Card			
	Personal loan			
	Alimony/Child			
	Church/Charity			
	Groceries			
	Meals Out			
	Entertainment			
	Clothing			
	Laundry/Dry			
	Personal Grooming			
Total Other Expenses				
School Expenses			C	D
	Item	Amount	Frequency	Monthly Expense
	Tuition			
	Books			
	Other			
Total School Expenses				
Children				
	Item	Amount	Frequency	Monthly Expense
	Child Care			

	School Tuition			
	Lunch Money			
	School Supplies			
	Lessons/Sports			
	Clothing			
	Allowance			
Expenses	Other			
Total Children Expenses				
Total Expenses				

Total Monthly Income	
Total Monthly Expenses	
Difference	

Column C type:
A = Annual
M = Monthly
Q = Quarterly
W = Week.ly
H = Hourly