



YAKAMA NATION HOUSING AUTHORITY

PROGRAM APPLICATIONS SERVICE DESCRIPTION AND CHECK LIST



PROGRAMS: Elder Minor Home Repair, HEAR (Federal/State), Student Rental Assistance, Weatherization

This application needs to be filled out in its entirety and supporting documents attached. Applications will be placed in "Pending" Status if not complete.

Listed below you will find a check list of all information needed to have this portion of application completed. In addition to this information you will find list(s) of required information and forms needed for the specific grants. Not all grants have the same requirement or same information needed. Please review the specific list for the Grant(s) you have indicated you would like to apply for.

Pages 2-6	<u>Must be filled out and attach supporting documents</u>	Pages 9-13	Student Rental fill out & attach supporting documents
Pages 7-8	Elder Minor Fill out & attach supporting documents	Pages 14-17	Weatherization fill out & attach supporting documents

ALL APPLICANTS MUST FILL OUT AND PROVIDE LISTED INFORMATION

- Name, mailing address, physical address and contact numbers
- All household members are listed
- Date of Birth listed for all household members
- Tribal membership numbers listed and a copy of Tribal Id or CIB are attached
- Social Security Numbers listed for all household members and copy of cards attached
- Criminal History section filled in
- Employment Information is completed or mark N/A if unemployed
- Income page has been filled out for all adults 18+ of age, and Proof of income is attached including award letters (Per Capita's are considered income)
- "House Status" is filled in
- Application must be signed by all Adults listed on application
- Statement of "No Income" must be signed by adults claiming no income. *Per-Capitas are considered income*
- Signature of all 18+ of age must sign "Authorization for the release of Information" form.

✓ pg.	Description
<input type="checkbox"/> 1	Cover page
<input type="checkbox"/> 2	(2-6) Grant Eligibility Application Page one: Applicants information: Name, address (mail & Physical), D.O.B, Tribal affiliation & Enrollment number, SS number(s), Place of Birth, Criminal History. 3 Employment information and other income 4 Housing Status and Application signature page 5 Statement of No income signature page - <i>Check N/A at bottom of page if you have income.</i> 6 Authorization for the Release of Information signature page
<input type="checkbox"/> 7	Elder Minor Home Repair Program (Pgs:7 - 9) Information sheet: Grant information, Requirements and additional information your application will need, included additional signatures 8 (Cont.) Assets and Signature page 9 Elder Minor Home Repair: Describe needed repairs page with attachment of estimates of work.
<input type="checkbox"/> 10	Student Rental Assistance Grant program (Pgs:10-13) informational page: Grant scope, Requirements for eligibility for grant, 11 Specifics to grant information: Supply copy list, Fill & sign additional information for grant and sign page. 12 "Verification of landlord" form. 13 WSP Form Filled-In and signed
<input type="checkbox"/> 14	Weatherization program (Pgs:14-17) information sheet: Grant information, requirements and additional information your application will need, including additional signatures 15 Page one Usage and/or Billing History information release form. Fill out 16 Page two Usage and/or Billing History Information Signature page 17 Weatherization Program - Service request list sheet: Fill out & Sign 18-20 Copy of WA State Low-income Weatherization program 2025 Income eligibility guidelines

Received by Yakama Nation Housing Authority

**** Reviewed by YNHA Program Edibility Technician ****

Date: _____ Time: _____

Complete _____ Mail out/Email _____
 Incomplete _____ _____

ALL APPLICANTS MUST FILL OUT AND PROVIDE LISTED INFORMATION

Elder Minor Home Repair Student Rental Assistance HEAR State/Federal Other: _____

Applicant	Date
Mailing Address:	Home Phone #:
Physical Address:	Cell Phone #:
Email	Message #:

This application is for Yakama Nation Housing (YNHA) Grant funded Programs: Elder Minor, Weatherization, Student Housing, HEAR and any other Grants that may be assigned. All information requested is required for application to be "Complete". YNHA cannot process incomplete applications. You will be notified of information needed to be completed on your application and/or of supporting documents that need to be submitted. You will be notified of missing information and/or missing documents by mail/email. If application has not been completed with-in 15 days of notice, the application will be closed. This does not disqualify you from re-applying. You may submit your new application at your convenience. **Application can not and will not be processed unless completed in its entirety. You will be notified by mail or email if application is incomplete.**

Head of Household	Date of Birth	Relation to Head of Household	Tribal Affiliation & Enrollment	Non-Tribal	Social Security Number	Place of Birth City & State
1		<i>Self</i>		<input type="checkbox"/>		
2				<input type="checkbox"/>		

Name of Other Household Members	Date of Birth	Relation to Head of Household	Tribal Affiliation & Enrollment	Non-Tribal	Social Security Number	Place of Birth City & State
3				<input type="checkbox"/>		
4				<input type="checkbox"/>		
5				<input type="checkbox"/>		
6				<input type="checkbox"/>		
7				<input type="checkbox"/>		
8				<input type="checkbox"/>		
9				<input type="checkbox"/>		
10				<input type="checkbox"/>		

Note: All (18+) household members are required to sign a release of information so that information contained here-in can be verified by third party. All person 18+ old must provide income verification.

CRIMINAL HISTORY: List all crimes, other than minor traffic violations, committed by any household member(s).

Full Name: First, Middle, Last	Crime	Felony / Misdemeanor	Date Convicted	Court Type
1				
2				
3				
4				

Employment Income - Attach copies of "proof of income" that household receives.

Name & Job Title	Employer	Pay Schedule	Hrs. per week	Wage	Gross Annual income
1					
2					
3					
4					

Other Income-List Annual Income and attach proof of income (Award Letters, Per Capita Schedules, Bank Statement showing deposit to account, Etc..). *Application is not complete if not filled out and supporting documents are not attached.*

Student: Did your Parent/Guardian claim you on previous years taxes. Yes No

If yes (Dependent) you must supply Parents/Guardians Tax record Transcript or Tax Return. If no you (Independent) you must provide your Tax record Transcript or Tax Return.

Enter <i>Annual</i> amount per income source	Applicant Self	Spouse-Name	Other Adult-Name	Other Adult-Name	Other Adult-Name
Per Capita-Gaming	\$	\$	\$	\$	\$
Per Capita-Trust	\$	\$	\$	\$	\$
Per Capita-Elders / RAP	\$	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$	\$
Labor & Industry	\$	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$	\$
Veteran's Benefits	\$	\$	\$	\$	\$
Social Security Benefits (SSB)	\$	\$	\$	\$	\$
Social Security Income (SSI)	\$	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$	\$
Lease Income	\$	\$	\$	\$	\$
TANF	\$	\$	\$	\$	\$
General Assistance	\$	\$	\$	\$	\$
Total College/Vocational - Grants and Scholarship	\$	\$	\$	\$	\$
Other Income:	\$	\$	\$	\$	\$
Total Annual Income Per-household member:					

Housing Status

<input type="checkbox"/> Own/Mortgage	\$ _____	<input type="checkbox"/> Rental	\$ _____	<input type="checkbox"/> Student Rental	\$ _____
<input type="checkbox"/> Subsidized		<input type="checkbox"/> Room/Board	\$ _____	<input type="checkbox"/> Temp Housing	
<input type="checkbox"/> # Of Bedrooms:	_____	<input type="checkbox"/> Year Home Built:	_____		

Your Present or Most Recent Address		Landlords Name
Monthly Rent		Address
Rented From:	To:	Contact Number

****READ CAREFULLY, ALL ADULTS MUST SIGN THIS AREA****

ALL ADULTS 18 YEARS OF AGE AND OLDER MUST READ CAREFULLY AND 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 membership must be reported to Yakama Nation Housing Authority (YNHA) 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/client education and completing and signing needed forms. I understand failure or refusal may result in delays of assistance and/or disapproval of my application. I also understand that knowingly providing false, incomplete or inaccurate information is punishable under Federal, State, or Tribal criminal law. I understand that giving false, incomplete, inaccurate information is grounds for immediate termination of my assistance from YNHA. By signing this application I agree all is true and accurate.

Head of Household Signature and Date

Other Household Member Signature and Date

Other household member Signature and Date

Other household member Signature and Date

Authorization for the Release of Information

PHA requesting release of information: (Name, Address & Phone Number) YAKAMA NATION HOUSING AUTHORITY P.O. BOX 156 WAPATO, WA 98951 (509) 877-6171 or Toll Free: 877-964-2884	This form can not be used to request a copy of a tax return. Instead, use IRS Form 4506, Request for Copy of TAX Form.
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Purpose:
 The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:
 I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:
 Low-Income Rental Indian Housing
 Low-Income Rental Public Housing
 Mutual Help Homeownership Opportunity Program
 Rental Assistance Program (RAP)
 Rent Supplement
 Section 8 Housing Assistance Payments Program
 Section 23 and 10 (C) Leased Housing
 Section 23 Housing Assistance Payments
 Section 202
 Section 221(d)(3) Below market Interest Rate
 Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered Inquiries may be made about:
 Child Care Expenses
 Credit History
 Criminal Activity
 Family Composition
 Employment, Income, Pensions, and Assets
 Federal, State, Tribal, or Local Benefits
 Handicapped Assistance Expenses
 Identity and Marital Status
 Medical Expenses
 Social Security Numbers
 Residences and Rental History

Individuals Or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:
 Banks and Other Financial Institutions
 Courts
 Law Enforcement Agencies
 Credit Bureaus
 Employers, Past and Present
 Landlords
 Provider of:
 Alimony
 Child Care
 Child Support
 Credit
 Handicapped Assistance
 Medical Care
 Pensions/Annuities
 Schools and Colleges
 U.S. Social Security Administration
 U.S. Department of Veterans Affairs
 Utility Companies
 Welfare Agencies
 Chemical Dependency Programs

Computer Matching Notice & Consent
 I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The governmental Agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

Conditions
 I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my weatherization assistance may be denied or terminated.

Signature, Printed Name of Head of Household	Signature, Printed Name of Other Adult Member of the Household
Signature, Printed Name of Other Adult Household Member	Signature, Printed Name of Other Adult Member of the Household

Original is retained by the requesting organization.

Form HUD 9886 (4/91) ref. Handbooks 4350.3, 7420.7, 7465.1

YAKAMA NATION HOUSING AUTHORITY
PROGRAM APPLICATIONS SERVICE DESCRIPTION AND CHECK LIST

PROGRAM: Elder Minor

Application can not and will not be processed unless they are completed.

ELDER MINOR HOME REPAIR PROGRAM

ALL APPLICANTS MUST FILL OUT AND PROVIDE LISTED INFORMATION

- Pages 2 through 6 Filled out, Pages Signed and Documents attached.

Requirements for Eligibility for Elder Minor Home Repair Grant funding

- Yakama Nation Tribal enrolled member
- Yakama Nation Elder or a Disabled Family member (If requirements are met)
- Low income family - Annual income does not exceed 80% of Median Family income
- Social Security Numbers listed for all household members and copy of cards attached
- Must not have debt owed to Yakama Nation Housing Authority

Specific to Elder Minor Home Repair Applicant (EM) - Supply signatures and supply listed documents for a complete EM application.

- Home has not been previously had work performed under Elder Minor Home Repair funding- Elder Minor home Repairs is a **Once in a LIFE TIME grant.**
- Home is located on or near Yakama Nation reservation
- Proof of Homeownership
- Applicant must have proof of home insurance and can not be in Special flood zone area
- Proof of Landownership (TSR)
- Home is Structural built, If mobile/manufactured home must be less than 25 yrs of age.
- Home must be applicants primary and permanent residence
- Complete and sign Elder Minor Home repair needed repairs, supply cost estimate & sign

Following this page you will find documents needing to be filled out and signed by Adults 18+ of age.

ASSETS

Answer Listed questions	Yes	No
1 Do you or any household member own or have interest in any real estate, boat and/or mobile home?	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you have a saving account? If yes, give bank name and bank account balance.	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you own a car? License plate#: _____ Make / Model / Year: _____	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you own a 2nd car? License plate#: _____ Make / Model / Year: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you or any other adult member ever used any name(s) or social security number(s) other than the one you currently using?	<input type="checkbox"/>	<input type="checkbox"/>
6 Have you or any household member lived in any assisted housing? When and Where: _____	<input type="checkbox"/>	<input type="checkbox"/>

(Cont.) **ASSETS**

7 Have you or anyone in your household ever been convicted of any crime other than traffic violations?

When and Where:

8 Have you or anyone in your household ever committed Fraud in Federal or State assisted program or been requested to repay money for knowingly misrepresenting information for such program.

When and Where:

9 If needed will you be able to obtain a gift deed. Long-term lease, partitionment, etc., to acquire sole ownership of this land?

Town closest to location: _____

I do hereby swear and attest that additional the information given about me and my household is true and correct.

Applicants Signature

Date

If you need any assistance with application please call or email: Leila Vigil Program Eligibility Technician at 509-877-6171 Extension: 1045 or Leila@YNHA.com. You can also come by office for assistance from 8:30 to 4:00 Monday thru Friday (Operating business days)

Yakama Nation Housing Authority

Elder Minor Home Repair Program

Describe needed repairs to the dwelling and Attach copy of estimate for repairs.

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Homeowner Signature

Date

YAKAMA NATION HOUSING AUTHORITY

PROGRAM APPLICATIONS SERVICE DESCRIPTION AND CHECK LIST

PROGRAMS: **Student Rental Assistance**

Application can not and will not be processed unless completed in its entirety. You will be notified by mail or email if application is incomplete.

ALL APPLICANTS MUST FILL OUT AND PROVIDE LISTED INFORMATION

The YNHA Student Rental Assistance Program has been developed to provide rental assistance to low-income, Yakama tribal members who are students enrolled in and attending higher education programs, including university, colleges, community colleges, and vocational training programs, in the United States. Students will apply for stipends on an annual basis, which may be renewed based on continued eligibility for the program. The stipends will be paid quarterly or semester (3 months) per verified rent charges, not to exceed \$7500.00 per academic year. An initial payment may be used to make deposits, etc., and the remainder will be pro-rated for the academic year and paid directly to the landlord or educational institution providing the housing.

Requirements for Eligibility for Grant funding

- Yakama Nation Tribal enrolled member
- Student must be 18+ of age if student under age of 18 Parent/guardian must sign application and other documents
- Social Security Numbers listed for all household members and copy of cards attached
- Full time student
- Maintain a 2.0 GPA
- Income Eligible. The Student must qualify as a Low-Income Family (80% of the Area Median Income) under this Policy, provided that YNHA may provide assistance to a Student who is between 80%-100% of Area Median Income pursuant to 24 CFR 1000.110(c), which authorizes YNHA to use up to 10 percent of the amount planned for each program year for families who fall between 80%-100% of the Area Median Income. If the Student qualifies as a dependent of his/her parent(s) under the Internal Revenue Code, then the Household income of the parent(s) also will be considered.
- Student must be able and willing to meet all financial and other obligations of a tenant. Including but not limited to being responsible to paying the balance of rent, utilities and maintain the residence.
- Student Rental unit must be Principal Residence
- Can not be receiving Section 8 housing
- YNHA tenants must be in good standing with YNHA.
- Not have any disqualifying factors

The YNHA will disqualify an applicant for any YNHA program if it is determined during the application or verification process that the applicant or a household member:

1. Abandoned a YNHA unit or was terminated from a YNHA unit within the last three (3) years.
2. Has been convicted of three (3) or more violent or drug-related felonies.
3. Has been convicted of a felony and sentenced or released from prison within the last five (5) years.
4. Owes an unpaid debt to YNHA for any reason, and does not repay the debt in full or sign a Payback Agreement.
5. Caused or permitted damages of over \$500 in repair charges, cleaning, beyond normal wear and tear, or painting on YNHA property or any YNHA program within the last five (5) years and does not pay for the damages or sign a Payback Agreement.
- Last. Is listed on Sex Offenders registry (Tribal, State or federal)

Yakama Nation Housing
2026-2027 STUDENT RENTAL HOUSING ASSISTANCE PROGRAM
VERIFICATION OF LANDLORD

To: _____
Name of Landlord

ALL Street Address _____

Mailing Address (if different)

City / State / Zip Phone

Social Security Numbers listed for all household members and copy of cards attached

- 1 Landlord has the following property available for lease to the Applicant
Address: _____ Year Built _____
Number of bedrooms: _____
Monthly Rent: _____
Date Available: _____
- 2 Landlord is not an immediate family member of the applicant, nor does Landlord reside in the applicant's household.

- 3 Landlord is not selling the property to the applicant. _____
- 4 Applicant has inspected the residence. _____
- 5 If the residence was built before January 1, 1978, and one or more children under age of 6 will occupy the residence, the landlord has complied with all federal lead based paint regulation that may apply to the use of federal funds to provide tenant assistance payments, including without limitation, notification, inspection, stabilization, and ongoing lead-based paint maintenance activities.
- 6 Rent payments are due: _____ and will be paid directly to landlord (or property manager) as follows (YNHA will not be responsible for late fees):

- 7 Cover page
- 8 Landlord understands that any payments made directly to Landlord are made on behalf of the applicant and that the Landlord is not a beneficiary of the YNHA student Rental Housing Assistance Program, that the program is dependent upon available funds, and that any funding under the program may be discontinued at any time at the discretion and sole option of YNHA.
- 9 Is the Landlord a Section 8 participant: Yes or No
- 10 Is the applicant a Section 8 participant: Yes or No

By signing below, I hereby represent that I am either the Landlord, or I am authorized to sign this form on behalf of the Landlord, and that the information provided above is true and correct. I understand that these are federal funds made available through grants from the U.S. Department of Housing and Urban Development and that providing false or misleading information to obtain federal funds is a federal offense.

_____ Authorized Signature	_____ Date
_____ Print Name	_____ Title

WASHINGTON STATE PATROL
Identification and Background Check Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

- \$32 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth**
 - For an \$11 fee and an immediate response using a credit card, access our web site listed above.
- \$58 Fee — Conviction Criminal History Record Information Based on Fingerprints**
 - A full set of fingerprints on a fingerprint card is required for processing.
- \$10 Fee per Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**
 - Requesting _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name _____
Last First Middle
Alias/Maiden Name/Other Names Used _____
Date of Birth _____
Month/Day/Year

REQUESTOR INFORMATION: (Please type or print clearly)

Name Yakama Nation Housing Authority
Address PO Box 156 - 611 South Camas Avenue
Wapato WA 98951
City State ZIP Code
Contact Phone Number (509) 877-6171

How would you like to receive your results? (Please select only one)

- Mailed (It may take 7 to 14 business days for response, when mailed.)
- WSP Portal*
Portal Account # _____
Portal Username _____

*For results to be sent through WSP Portal requestor must have pre-existing WSP Portal account.
To inquire on establishing an account contact us at CRDapplicantfollowup@wsp.wa.gov

* Background checks with notary letters will be mailed to the requestor.

YAKAMA NATION HOUSING AUTHORITY
PROGRAM APPLICATIONS SERVICE DESCRIPTION AND CHECK LIST
PROGRAMS: Weatherization

WEATHERIZATION PROGRAM - ALL APPLICANTS MUST FILL OUT AND PROVIDE LISTED INFORMATION

Requirements for Eligibility for Weatherization Grant funding

- Pages 2 through 6 Filled out, Pages Signed and Documents attached.
- Yakama Nation Tribal enrolled member or Federally recognized Tribal member
- Have no debt owned to YNHA.
- Home is located with-in Yakama Nation Tribal Reservation boundaries
- Social Security Numbers listed for all household members and copy of cards attached
- Applicant must have proof of home insurance and can not be in Special flood zone area
- Home must be applicants primary and permanent residence
- Household income total does not exceed, whichever is greater: whichever is greater:
 (a) 200 percent of federal poverty level (200% FPL), or (b) 60 percent of state median income (60% SMI)

Specific to Weatherization Grant funding (Wx) - Supply signatures and/or supply listed documents for a complete Wx application.

- Supply proof of Homeownership (Deed or bill of sale)
- Supply proof of home insurance
- Supply Proof of Landownership (TSR)
- Sign Pacific Power release waiver-PP&L Customers only
- Complete Weatherization service list & Sign
- Attach copy of current utility Bill (Power bill)

Please review all requirements listed above for grants you are applying for. Your application will need to have all supporting documents to be complete.

Housing Status	Cost	Primary Heat Source	Utility Company
<input type="checkbox"/> Own/Mortgage	\$ _____	<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Coal	
<input type="checkbox"/> Subsidized		<input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas	Power bill: Account Number
<input type="checkbox"/> Rental	\$ _____	Home Info.	<input type="checkbox"/> PP&L <input type="checkbox"/> Benton Rural
<input type="checkbox"/> Room/Board	\$ _____	# Of Bedrooms: _____	<input type="checkbox"/> Yakama Power <input type="checkbox"/> Klickitat PUD
<input type="checkbox"/> Temp Housing		Year Home build: _____	Approximate Annual Heating Cost: \$ _____

VOLUNTARY INFORMATION

Female Primary wage Earner Yes No Ethnicity Hispanic or Latino Not Hispanic or Latino

Household Member (voluntary/Optional)

Disabled Yes No Type: _____

Do you or anyone in your household have Physical limitations and/or respiratory limitations that might help you or them benefit from this grant services?

Please give description _____

I do hereby swear and attest that additional information given about me and my household is true and correct.

Applicants Signature and Date

If you need any assistance with application please call or email: Leila Vigil Program Eligibility Technician. at 509-877-6171 Extension: 1045 or Leila@YNHA.com. You can also come by office for assistance from 8:30 to 4:00 Monday thru Friday (Open business days)

Usage and/or Billing History Information Release Form

Return completed forms to:

Email – BillingUsageRequests@pacificorp.com

Mail – Pacific Power C/O Billing Usage Requests PO Box 25308 Salt Lake City, UT 84125-0308

Fax – 1-800-842-8458

Customer Name:

Address (include apartment, if applicable):

City:

State and Zip:

Customer Account Number(s):

Authorizing release of (initial one box only):

- Both Usage History and Billing Information – Requestor may request and receive monthly kWh consumption and billing history for the proceeding 12-month period from the date of each request.
- Billing Information only – Requestor may request and receive billing history for the proceeding 12-month period from the date of each request.
- Usage History only – Requestor may request and receive monthly kWh consumption for the proceeding 12 month period from the date of each request.
- Other (Please specify) _____

Released information to be used for (initial all that apply):

- HUD utility analysis and/or allowances
- Weatherization
- Other (Please specify) _____

I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION ON THE FOLLOWING BASIS (initial box to acknowledge):

- One-time authorization only (limited to a one-time request for information specified above at the time of receipt of this Authorization).

Comments:

CUSTOMER, PLEASE READ BEFORE SIGNING:

- The Usage History and/or Billing Information Release Form provides our customers a mechanism to authorize Pacific Power to share data with specified third parties.
- Pacific Power is committed to safeguarding customer information. We will not share customer account or energy usage data with third parties unless authorized by the customer.

- The attached release form enables Pacific Power to track the type of information a customer wishes to share with a third party and for how long.
- Pacific Power can and will revoke releases upon customer request at any time.
- Any alterations to this authorization form after it's been executed by the Pacific Power customer will render the form null and void.

Authorization:

I (Customer), by signing below authorize PacifiCorp, doing business as Pacific Power ("PacifiCorp"), to release kilowatt-hour consumption data and/or billing information corresponding to the account(s) identified above to the party listed below. I hereby waive any claims against PacifiCorp arising out of or in any manner related to the release of such consumption, usage, and billing information.

I understand that I may cancel this authorization at any time by submitting a request in writing to PacifiCorp. Such cancellation will not be valid if action was already taken.

Release Information To: Leila E Vigil - Yakama Nation Housing Authority

Customer Signature:

Date:

REQUESTOR, PLEASE PRINT ENTITY NAME AND READ BEFORE SIGNING:

Yakama Nation Housing Authority - Weatherization Program (Third Party Requestor), hereby releases, holds harmless, and indemnifies the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

Entity / Company

Name: Leila E. Vigil Yakama Nation Housing Authority

Signature:

Date:

Title: Program Eligibility Technician

Telephone

Number: 509-877-6171 Ext 1045

Email address: Leila@YNHA.com

Yakama Nation Housing Authority

Weatherization Program-Service request list

Please complete this form to document your assessment of what will make your home more energy efficient. This is necessary prior to scheduling home assessment. This will give YNHA Weatherization inspector a starting point of needs (Measures) and concerns to review when assessing home or potential (Measures) work.

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Homeowner Signature

Date

Washington State Low-Income Weatherization (Wx) Program 2024 Income Eligibility Guidelines

The Federal guidance for the Washington State Low-Income Weatherization Program Eligibility Guidelines is 200 percent of federally established poverty guidelines. It is acceptable to consider total household income at or below 200 percent Federal Poverty Level (FPL) or 60 percent State Median Income (SMI), whichever is greater.

Columns A & B show that maximum monthly and annual income allowed at 200% FPL.

Columns C & D show maximum monthly and annual income for households at 60% SMI.

Further income documentation testing must be done to determine actual eligibility.

INCOME ELIGIBILITY GUIDELINES				
For Low-Income Wx Effective January 2024				
	200% FPL		60% SMI	
Household	Column A	Column B	Column C	Column D
Size	Maximum Monthly Income	Maximum Annual Income	Maximum Monthly Income	Maximum Annual Income
1	\$2,510	\$30,120	\$3,131	\$37,569
2	\$3,407	\$40,880	\$4,094	\$49,129
3	\$4,303	\$51,640	\$5,057	\$60,689
4	\$5,200	\$62,400	\$6,021	\$72,249
5	\$6,097	\$73,160	\$6,984	\$83,808
6	\$6,993	\$83,920	\$7,947	\$95,369
7	\$7,890	\$94,680	\$8,128	\$97,536
8	\$8,787	\$105,440	\$8,309	\$99,704
9	\$9,683	\$116,200	\$8,489	\$101,871
10	\$10,580	\$126,960	\$8,670	\$104,039
11	\$11,477	\$137,720	\$8,851	\$106,206
12	\$12,373	\$148,480	\$9,031	\$108,374
13	\$13,270	\$159,240	\$9,212	\$110,541
14	\$14,167	\$170,000	\$9,392	\$112,708
15	\$15,063	\$180,760	\$9,573	\$114,876
16	\$15,960	\$191,520	\$9,754	\$117,043
17	\$16,857	\$202,280	\$9,934	\$119,211
18	\$17,753	\$213,040	\$10,115	\$121,378
19	\$18,650	\$223,800	\$10,295	\$123,546
20	\$19,547	\$234,560	\$10,476	\$125,713

Washington State Low-Income Weatherization Program-Income Eligibility Guidelines - Comparison

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
200% Federal Poverty Level (FPL)¹	30,120	40,880	51,640	62,400	73,160	83,920	94,680	105,440
60% State Median Income (SMI)²	37,569	49,129	60,689	72,249	83,808	95,369	97,536	99,704
80% Area Median Income (AMI)³	*****See table below Varies by HUD Metro Area							

¹ FPL - U.S. Department of Health and Human Services (HHS) 2023 Poverty Guidelines

Effective: January 17, 2024

<https://aspe.hhs.gov/poverty-guidelines>

² SMI - HHS 2023 State Median Income Estimates

Effective: October 1, 2023

[COMM_LIHEAP_Att1SMITable_FY2024.pdf \(hhs.gov\)](https://www.wa.gov/comm-liheap-att1-smi-table-fy2024.pdf)

In accordance with 45 CFR 96.85, 60% of State's estimated median income for a four-person family is multiplied by the following percentages to adjust for LIHEAP: 52% for one person, 68% for two persons, 84% for three persons, 100% for four persons, 116 % for five persons, and 132% for six persons. For each additional household member above six persons, add 3% to the percentage for a six-person household (132% + 3%), and multiply the new percentage by 60% of the State's estimated median income for a four-person household.

Example							
7 person household	135%	(132% + 3%)	x	\$72,249	=	\$97,536	

³ AMI - HUD FY 2023 Income Limits (ILs) based on area

Effective: May 15, 2023

https://www.huduser.gov/portal/datasets/il.html#2023_data

HUD Limits 80% AMI (Wx+H Only)

COUNTY	Median Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Adams	65500	46800	53450	60150	66800	72150	77500	82850	88200
Asotin	89300	47450	54200	61000	67750	73200	78600	84050	89450
Benton	101700	51750	59150	66550	73900	79850	85750	91650	97550
Chelan	80500	47250	54000	60750	67450	72850	78250	83650	89050
Clallam	80800	46800	53450	60150	66800	72150	77500	82850	88200
Clark	114400	63150	72200	81200	90200	97450	104650	111850	119100
Columbia	102600	46800	53450	60150	66800	72150	77500	82850	88200
Cowlitz	94400	47250	54000	60750	67450	72850	78250	83650	89050
Douglas	80500	47250	54000	60750	67450	72850	78250	83650	89050
Ferry	75000	46800	53450	60150	66800	72150	77500	82850	88200
Franklin	101700	51750	59150	66550	73900	79850	85750	91650	97550
Garfield	78800	46800	53450	60150	66800	72150	77500	82850	88200
Grant	76500	47250	54000	60750	67450	72850	78250	83650	89050
Grays Harbor	79800	46800	53450	60150	66800	72150	77500	82850	88200
Island	106400	52850	60400	67950	75500	81550	87600	93650	99700
Jefferson	83400	47250	54000	60750	67450	72850	78250	83650	89050
King	146500	70650	80750	90850	100900	109000	117050	125150	133200
Kitsap	113500	61000	69700	78400	87100	94100	101050	108050	115000
Kittitas	97200	50400	57600	64800	72000	77800	83550	89300	95050
Klickitat	81200	46800	53450	60150	66800	72150	77500	82850	88200
Lewis	92200	46800	53450	60150	66800	72150	77500	82850	88200
Lincoln	82600	46800	53450	60150	66800	72150	77500	82850	88200
Mason	96600	46800	53450	60150	66800	72150	77500	82850	88200
Okanogan	67200	46800	53450	60150	66800	72150	77500	82850	88200
Pacific	80400	46800	53450	60150	66800	72150	77500	82850	88200
Pend Oreille	81800	46800	53450	60150	66800	72150	77500	82850	88200
Pierce	112600	60200	68800	77400	86000	92900	99800	106650	113550
San Juan	97600	51700	59100	66500	73850	79800	85700	91600	97500
Skagit	96200	51050	58350	65650	72900	78750	84600	90400	96250
Skamania	114400	63150	72200	81200	90200	97450	104650	111850	119100
Snohomish	146500	70650	80750	90850	100900	109000	117050	125150	133200
Spokane	92100	49850	57000	64100	71200	76900	82600	88300	94000
Stevens	80200	46800	53450	60150	66800	72150	77500	82850	88200
Thurston	102500	57400	65600	73800	82000	88600	95150	101700	108250
Wahkiakum	70400	46800	53450	60150	66800	72150	77500	82850	88200
Walla Walla	90700	47800	54600	61450	68250	73750	79200	84650	90100
Whatcom	102600	53800	61450	69150	76800	82950	89100	95250	101400
Whitman	86300	47350	54100	60850	67600	73050	78450	83850	89250
Yakima	76600	46800	53450	60150	66800	72150	77500	82850	88200

The Weatherization Information Data System asks you to report households served by four household income categories. This table gives the income ranges for each of the required categories:

Household Size	Under 75% of Poverty				76%-100% of Poverty				101% - 125% of Poverty				Over 125% of Poverty						
	Monthly		Annual		Monthly		Annual		Monthly		Annual								
	(If Income is between)		(If Income is between)		(If Income is between)		(If Income is between)		(If Income is between)		(If Income is between)								
1	0	-	940	0	-	11,295	941	-	1,255	11,296	-	15,060	1,256	-	1,569	15,061	-	18,825	When Income--per household size exceeds the amounts in the columns under "101%-125% of Poverty"
2	0	-	1277	0	-	15,330	1,278	-	1,703	15,331	-	20,440	1,704	-	2,129	20,441	-	25,550	
3	0	-	1613	0	-	19,365	1,614	-	2,152	19,366	-	25,820	2,153	-	2,690	25,821	-	32,275	
4	0	-	1949	0	-	23,400	1,950	-	2,600	23,401	-	31,200	2,601	-	3,250	31,201	-	39,000	
5	0	-	2285	0	-	27,435	2,286	-	3,048	27,436	-	36,580	3,049	-	3,810	36,581	-	45,725	
6	0	-	2622	0	-	31,470	2,623	-	3,497	31,471	-	41,960	3,498	-	4,371	41,961	-	52,450	
7	0	-	2958	0	-	35,505	2,959	-	3,945	35,506	-	47,340	3,946	-	4,931	47,341	-	59,175	
8	0	-	3294	0	-	39,540	3,295	-	4,393	39,541	-	52,720	4,394	-	5,492	52,721	-	65,900	
9	0	-	3630	0	-	43,575	3,631	-	4,842	43,576	-	58,100	4,843	-	6,052	58,101	-	72,625	
10	0	-	3967	0	-	47,610	3,968	-	5,290	47,611	-	63,480	5,291	-	6,613	63,481	-	79,350	
11	0	-	4303	0	-	51,645	4,304	-	5,738	51,646	-	68,860	5,739	-	7,173	68,861	-	86,075	
12	0	-	4639	0	-	55,680	4,640	-	6,187	55,681	-	74,240	6,188	-	7,733	74,241	-	92,800	
13	0	-	4975	0	-	59,715	4,976	-	6,635	59,716	-	79,620	6,636	-	8,294	79,621	-	99,525	
14	0	-	5312	0	-	63,750	5,313	-	7,083	63,751	-	85,000	7,084	-	8,854	85,001	-	106,250	
15	0	-	5648	0	-	67,785	5,649	-	7,532	67,786	-	90,380	7,533	-	9,415	90,381	-	112,975	
16	0	-	5984	0	-	71,820	5,985	-	7,980	71,821	-	95,760	7,981	-	9,975	95,761	-	119,700	
17	0	-	6320	0	-	75,855	6,321	-	8,428	75,856	-	101,140	8,429	-	10,535	101,141	-	126,425	
18	0	-	6657	0	-	79,890	6,658	-	8,877	79,891	-	106,520	8,878	-	11,096	106,521	-	133,150	
19	0	-	6993	0	-	83,925	6,994	-	9,325	83,926	-	111,900	9,326	-	11,656	111,901	-	139,875	
20	0	-	7329	0	-	87,960	7,330	-	9,773	87,961	-	117,280	9,774	-	12,217	117,281	-	146,600	

Household Size	126%-150% of Poverty				151%-175% of Poverty				176% - 200% of Poverty									
	Monthly		Annual		Monthly		Annual		Monthly		Annual							
	(If Income is between)		(If Income is between)		(If Income is between)		(If Income is between)		(If Income is between)		(If Income is between)							
1	1,570	-	1882	18,826	-	22,590	1,883	-	2,196	22,591	-	26,355	2,197	-	2,510	26,356	-	30,120
2	2,130	-	2554	25,551	-	30,660	2,555	-	2,981	30,661	-	35,770	2,982	-	3,407	35,771	-	40,880
3	2,691	-	3227	32,276	-	38,730	3,228	-	3,765	38,731	-	45,185	3,766	-	4,303	45,186	-	51,640
4	3,251	-	3899	39,001	-	46,800	3,900	-	4,550	46,801	-	54,600	4,551	-	5,200	54,601	-	62,400
5	3,811	-	4572	45,726	-	54,870	4,573	-	5,335	54,871	-	64,015	5,336	-	6,097	64,016	-	73,160
6	4,372	-	5244	52,451	-	62,940	5,245	-	6,119	62,941	-	73,430	6,120	-	6,993	73,431	-	83,920
7	4,932	-	5917	59,176	-	71,010	5,918	-	6,904	71,011	-	82,845	6,905	-	7,890	82,846	-	94,680
8	5,493	-	6589	65,901	-	79,080	6,590	-	7,688	79,081	-	92,260	7,689	-	8,787	92,261	-	105,440
9	6,053	-	7262	72,626	-	87,150	7,263	-	8,473	87,151	-	101,675	8,474	-	9,683	101,676	-	116,200
10	6,614	-	7934	79,351	-	95,220	7,935	-	9,258	95,221	-	111,090	9,259	-	10,580	111,091	-	126,960
11	7,174	-	8607	86,076	-	103,290	8,608	-	10,042	103,291	-	120,505	10,043	-	11,477	120,506	-	137,720
12	7,734	-	9279	92,801	-	111,360	9,280	-	10,827	111,361	-	129,920	10,828	-	12,373	129,921	-	148,480
13	8,295	-	9952	99,526	-	119,430	9,953	-	11,611	119,431	-	139,335	11,612	-	13,270	139,336	-	159,240
14	8,855	-	10624	106,251	-	127,500	10,625	-	12,396	127,501	-	148,750	12,397	-	14,167	148,751	-	170,000
15	9,416	-	11297	112,976	-	135,570	11,298	-	13,180	135,571	-	158,165	13,181	-	15,063	158,166	-	180,760
16	9,976	-	11969	119,701	-	143,640	11,970	-	13,965	143,641	-	167,580	13,966	-	15,960	167,581	-	191,520
17	10,536	-	12642	126,426	-	151,710	12,643	-	14,750	151,711	-	176,995	14,751	-	16,857	176,996	-	202,280
18	11,097	-	13314	133,151	-	159,780	13,315	-	15,534	159,781	-	186,410	15,535	-	17,753	186,411	-	213,040
19	11,657	-	13987	139,876	-	167,850	13,988	-	16,319	167,851	-	195,825	16,320	-	18,650	195,826	-	223,800
20	12,218	-	14659	146,601	-	175,920	14,660	-	17,103	175,921	-	205,240	17,104	-	19,547	205,241	-	234,560