



United American Indian Involvement Inc.

UAll Housing Assistance Application

Demographic Information

Full Name: _____

Birthdate: _____

Social Security Number (SSN): _____

Why do you ask for SSN? We are required to ask for SSN from our funding source to provide services to our clients. We value your privacy of our applicants, and your SSN will only be used in our funder-approved databases as a unique identifier.

Mailing Address:

Street Address: _____

Unit/Apt # _____ **City:** _____

State: _____ **Zip Code:** _____

County: _____

Contact Information:

Phone Number: _____

Email Address: _____

Preferred Method of Contact: _____

Veteran Status

Which best describes you? *(Options: Veteran, Active Military, Never Served/NA)*

Race and Ethnicity:

Which of the following do you identify with?

_____ American Indian (AI) _____ Alaska Native (AN) _____ Native Hawaiian

_____ Other (Please Specify): _____

Do you identify as Hispanic?

_____ Yes _____ No

If applicable, please provide the following information about your tribe:

Tribal Affiliation/Name of Tribe: _____

Reservation Name (if applicable): _____

Tribe Recognition Status:

_____ Federally Recognized _____ State Recognized

Health Insurance

Do you currently have health insurance? (Not required for participation)

Yes No

What insurance do you have? (if applicable): _____

Education and Work History Education

What is your current education level? _____

Options: Did not graduate high school, high school graduate, some college, 2- or 4-year college graduate, current graduate school program student or graduate

Are you currently enrolled in an education program (high school, community college, four-year university, or trade/technical/vocational program)?

Yes No

If yes, what program? (School Name and Program Type) _____

What is your current employment status?

- Never worked/no work experience
 Employed Full Time (40+ hours per week)
 Employed Part-time (~20-30 hours/week)
 Employed, but received termination of employment
 Unemployed

Public Assistance and Income Information

Are you currently receiving any type of public assistance?

Yes No

Examples of public assistance include: Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), or General Assistance (GA)

If yes, which types of public assistance are you currently receiving?

Do any of the following socio-economic barriers apply to you?

- | | | |
|--|-----------------|--|
| 1. Basic Skills Deficiency | Low Income | 6. Displaced Homemaker |
| 2. Lack of Work History | Substance Abuse | 7. Limited English |
| 3. Offender | | 8. Disability |
| 4. Single Head of household with Dependents under age 18 | | 9. Long Term Unemployment (more than 6 months) |
| 5. Homeless | | 10. Primary caregiver |

Please indicate any socio-economic barriers above that apply to you here:

Household Income Information:

Annual Household Income: _____

Household Size: _____

Household Information:

	Name of Household Member	Relationship to Applicant
Household Member 1:	_____	_____
Household Member 2:	_____	_____
Household Member 3:	_____	_____
Household Member 4:	_____	_____
Household Member 5:	_____	_____
Household Member 6:	_____	_____
Household Member 7:	_____	_____

Additional Members If you have additional household members to add beyond the space provided, please let our team know.

UAI HOUSING ASSISTANCE SERVICES APPLICATION CERTIFICATION STATEMENT

I certify that the facts set forth in the above housing application are true and complete to the best of my knowledge. I understand that falsified statements on this application in any detail shall be sufficient cause for disqualification from further consideration for services. I hereby authorize the sharing of this information with other UAI programs and UAI partner agencies, if needed. I further understand that eligibility is not a guarantee of program services. If accepted, I agree to abide by all rules, regulations, and procedures related to UAI Workforce Development/UAI Housing Assistance Services.

Applicant's Signature

Date

UAll Workforce Housing Services Income Self-Attestation

To receive assistance from UAll for housing services, your income must meet **80% of the most recent AMI for Los Angeles County**. AMI is an abbreviation for “area median income.” This is a statistic calculated by the U.S. Department of Housing and Urban Development (HUD) and is used by organizations like UAll to determine eligibility for services. Using the chart below, please identify if your income is at or below 80% AMI for the Los Angeles County Area. If your income is at or below 80% AMI for the Los Angeles County Area, please complete the attestation below.

Los Angeles County Area 80% AMI 2021								
Household Size:	1	2	3	4	5	6	7	8
Annual income must be <u>at or below</u> :	\$66,250	\$75,700	\$85,150	\$94,600	\$102,200	\$109,750	\$117,350	\$124,900

Income Attestation:

- I hereby attest that based on my current household size, my annual income is at or below the 80% of the Los Angeles County Area Median Income (AMI) listed above.
- I understand that in addition to this attestation, I may be asked to provide additional income documentation to help prove eligibility and I agree to provide additional information, or documentation upon request to the UAll Workforce/Housing Staff.

Applicant's Signature

Date

Parent/Guardian of Applicant (if minor)

Date

Workforce/Housing Staff Signature

Date

Consent for Release of Information or Records

I, _____ hereby authorize you to release my records, assessments, transcripts or any other information you may have concerning me to:

United American Indian Involvement Inc.
Workforce Development Department/Housing Assistance Services
1125 W. 6th Street, Suite 205 Los Angeles, CA 90017
Tel: (213) 202-3970 / Fax (213) 975-9257

This authorization shall become effective immediately and is subject to revocation at any time, except to the extent that action has already been taken. *Otherwise, this consent expires 1 year from the date of signing.*

I realize that this is a required consent and that I must voluntarily and knowingly sign this authorization before any records can be released, and that I may refuse to sign, and in this event, the records cannot and will not be released.

I understand that I have the right to receive a copy of this consent if I request it.

Date of Birth:

Social Security Number:

Participant Signature

Date

Parent/Guardian Signature of Participant (*if minor*)

Date

Workforce/Housing Staff Signature

Date

UAll Workforce Development/Housing Assistance Complaint and Grievance Procedure

Pursuant to WIDA Sec. 181(c) GRIEVANCE PROCEDURE. - (1) IN GENERAL-Each State and the local area receiving an allotment or allocation under this title shall establish and maintain a procedure for grievances or complaints alleging violations of the requirements of this title from participants and other interested or affected parties. Such process shall include an opportunity for a hearing and be completed within 60 days after the filing of the grievance or complaint. Accordingly, UAll's Workforce Development/Housing Assistance Services Complaint and Grievance Procedure are outlined in this section. All applicants and participants must receive and sign a copy of the complaint and grievance procedure. Program applicants and participants who allege violations of the Workforce Development Department shall follow this process for a remedy.

All grievances shall be discussed and remedied, if possible where they originate.

Should an informal setting of grievances prove impossible, the following procedures shall be followed. A decision will be reached within 60 days after the date of the filing of the grievance or complaint.

1. The aggrieved applicant or participant shall file with their Workforce Specialist or Housing Services representative a statement of the grievance that includes a remedy with a copy to the Director of Workforce Development no later than 30 days from the alleged violation.
2. Once a written complaint or grievance is received it shall be date stamped and documented within a secure file to ensure the process and timeline is followed.
3. The Director of Workforce Development will select a fact-finding committee, by lot, consisting of three members chosen from UAll employees and/or Workforce participants. This committee shall investigate the grievance and determine its validity and make appropriate recommendations to the Director of Workforce within five working days.
4. If the participant is dissatisfied with the fact-finding committee's recommendation(s), the participant shall inform the Director of Workforce Development in writing no more than five working days, stating the reason(s) the fact-finding committee recommendations were not a satisfactory resolution.
5. The Director will inform COO and CEO of the grievance and shall review all statements and recommendations and may contact the aggrieved participant to gather facts, supporting documents or to schedule an appointment to hear the participant's concerns. If at any time the participant is unresponsive to the Directors attempts to contact, after three failed attempts to contact the aggrieved applicant or participant the complaint will automatically be dismissed. The Director shall provide a written decision within 10 days. The Directors decision shall be final.
6. At any time during the grievance process, the applicant or participant can withdraw from the grievance process.

Remedies where applicable, to reinstatement of an employee, payment of lost wages and benefits, and reestablishment of other relevant terms, conditions, and privileges of employment; and where appropriate, to other equitable relief.

Applicant's Signature

Date

Parent/Guardian Signature of Applicant (if minor)

Date

Workforce/Housing Staff Signature

Date

UAll Workforce Development/Housing Photography/Video Subject Consent and Release Form

Photo/Video Consent

I hereby grant permission to **United American Indian Involvement (UAll)** to use photographs and/or video taken of me at any programs, workshops, and events (virtual or in-person) hosted by or in association with the **Workforce Development Department/Housing Assistance Services** in publications, news releases, online, and in other communications related to the mission of UAll.

Consent provided for: Photo/ Digital Media/Video

As parent/guardian, I provide consent for the following minor(s):

Applicant's Signature

Date

Parent/Guardian of Applicant (if minor)

Date

Workforce/Housing Staff Signature

Date

UAI Housing Assistance Services Residency Self-Declaration

United American Indian Involvement Inc
1125 W. 6th Street, Suite # 205
Los Angeles, CA 90017
Tel: (213) 202-3970 / Fax: (213) 202-3977

DECLARATION OF FACTS:

The following facts are declared as a part of the evidence submitted by myself to verify my place of residency and to qualify for the UAI Housing Assistance services:

I, _____, am currently residing within the limits of Los Angeles County, California but cannot provide any other means of verifying my place of residency to qualify for the UAI Housing Assistance services due *housing insecurity, homelessness, or other factors*.

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination and /or penalties as specified by law.

Participant Name: _____ DOB: _____

Participant Signature: _____ Date: _____

UAI Workforce/Housing Staff Signature: _____ Date: _____



All Workforce Development/Housing Services

United American Indian Involvement Inc
1125 W. 6th. Street, Suite # 205
Los Angeles, CA 90017
Tel: (213) 202-3970 / Fax: (213) 202-3977

INCOME SELF-DECLARATION

I hereby attest under the penalty of perjury, that I have no income and I have not worked within the last seven days and I have searched for employment for the previous twenty eight days.

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination and /or penalties as specified by law.

Print Name: _____

DOB: _____

Participant Signature: _____

Date: _____

Workforce/Housing Staff Signature: _____

Date: _____