



**BVR HOUSING DEPARTMENT
2018 TRIBAL RENTAL HOUSING APPLICATION
CHECK OFF LIST**

1. Application completely filled out, signed, and dated.
2. Release of Information signed and dated.
3. Birth Certificates
4. Social Security Cards
5. Tribal Verification
6. State Identification and/or Tribal I.D.
7. Annual Income Verification: 1099s, W-2s, SSI, TANF/Welfare, Unemployment

****These documents apply to everyone on your application****

Month Day Year

Month Day Year input boxes

Big Valley Band of Pomo Indians
2018 Rental Housing Application

Date of Application

* All questions in this application must be answered. The requested information is self-explanatory.

*The estimated time to complete this application is averaged to be 30 minutes, including the time for reviewing instructions, gathering, and maintaining data.

PART A: APPLICANT INFORMATION

1. Applicant/Head of Household:

Last First Middle

Maiden Name (if any):

2. Current Address:

Street Address P.O. Box (if any)

City State Zip Code

3. Telephone Number: ()

4. Date of Birth: 5. Social Security #:

6. Tribe: 7. Roll #:

8. Marital Status: Married Single Widowed Other

**If you checked "Other," please explain:

Information about Spouse:

9. Name: Last First Middle

10. Date of Birth: 11. Social Security #:

12. Tribe: 13. Roll #:

PART B. FAMILY INFORMATION

14. List all other persons who will be residing with the applicant in the Tribe's Rental Housing on a permanent basis. Start with the oldest and provide Name, Social Security Number, Date of Birth, Relationship to Applicant, and Tribe/Roll Number.

Table with 5 columns: Name, Social Security #, D.O.B., Relationship to Applicant, Tribe/Roll #

**If you need more space, use a blank sheet of paper

List two relatives or friends who know how to contact you.

Name	Address	Phone #

PART C. INCOME INFORMATION

15. Earned Income: Start with Applicant, then list all permanent family members that will occupy the Tribe's Rental Housing, including all who are listed under Parts A and B, and have earned income. Provide signed copy SF-1040 (income tax return), W-2 forms, wage stubs, etc., for verification.

Name	Annual Earned Income	Source of Income

*Total annual earned income: \$ _____

16. Unearned Income: Start with applicant, then list all permanent family members that will occupy the new HUD housing, including all who are listed under Parts A and B and have unearned income such as Social Security, Retirement, Disability and Unemployment benefits, Child Support, Alimony, Royalties, Per Capita, Interest, Etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, Etc. for verification.

Name	Annual Unearned Income	Source of Income

*Total annual unearned income: \$ _____

17. APPLICANT'S TOTAL HOUSEHOLD ANNUAL INCOME (earned + unearned):

\$ _____

18. List everyone living in your current residence:

	<u>Relationship:</u>	
	<u>Relationship:</u>	
	<u>Relationship:</u>	
	<u>Relationship:</u>	
	<u>Relationship:</u>	
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	<u>Relationship:</u>	
	<u>Relationship:</u>	
	<u>Relationship:</u>	
	<u>Relationship:</u>	

PART D. HOUSING INFORMATION

19.	Location of current housing unit. (Give address and detailed directions to this unit) Or if living in a car, on the street, in a homeless shelter, with friends or relatives, please write "Homeless."
20.	Provide a brief description of the problems you are experiencing with your current housing unit (Example: Overcrowded, No Electricity, No Running Water, Leaking Roof, Etc.)
21.	If repair is needed, do you <input type="checkbox"/> OWN or <input type="checkbox"/> RENT this Housing Unit? If renting, is the owners Indian? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide name of Owner(s):
22.	Is electricity available? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, provide name of electric company:
23.	Water Source: <input type="checkbox"/> City Water <input type="checkbox"/> Private Well <input type="checkbox"/> Community Water Tank <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (Please Describe)
24.	Sanitation: <input type="checkbox"/> City Sewer <input type="checkbox"/> Septic Tank <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Outhouse
25.	Number of Bedrooms:
26.	Number of Bathroom facilities in existing housing unit:
27.	Housing unit size (square feet)

PART E. LAND INFORMATION

28.	Do you own the land on which your current housing unit sits on? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, provide the name of the Owner(s):																		
29.	What is the current status of the land? <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Fee</td> <td><input type="checkbox"/></td> <td>Tribal Fee</td> <td><input type="checkbox"/></td> <td>Native/Restricted</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Individual Trust</td> <td><input type="checkbox"/></td> <td>Tribal Trust</td> <td><input type="checkbox"/></td> <td>Public Domain</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Individually Restrict</td> <td><input type="checkbox"/></td> <td>Tribally Restricted</td> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table>	<input type="checkbox"/>	Fee	<input type="checkbox"/>	Tribal Fee	<input type="checkbox"/>	Native/Restricted	<input type="checkbox"/>	Individual Trust	<input type="checkbox"/>	Tribal Trust	<input type="checkbox"/>	Public Domain	<input type="checkbox"/>	Individually Restrict	<input type="checkbox"/>	Tribally Restricted	<input type="checkbox"/>	Other
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<input type="checkbox"/>	Individually Restrict	<input type="checkbox"/>	Tribally Restricted	<input type="checkbox"/>	Other														

PART F. GENERAL INFORMATION

30.	Do you own any other housing units not occupied by your family? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, state where the unit is located and who occupies it.
31.	Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicapped, and/or a permanent disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide the name of the family member: _____. Please give a brief description of the condition. (Your servicing housing office will advise you, that you must provide statements of condition for two sources. Which may include a Physician's Certification, Social Security or Veterans Affairs determination, or similar determination.)

PART G. APPLICANT CERTIFICATION

(Read this carefully before you sign and date your application. Sign in ink.)

I certify that all the answers and information given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the Housing Program or other Federal agency requiring it in the performance of their duties.

Applicant's Signature: _____

Date: _____

Spouse's Signature (if applicable): _____

Date: _____

Important:

Applicants are responsible for updating all the information on this application annually in writing. Applicants are also responsible for notifying the Housing Office of any changes within 30 days. Applicants who do not follow these guidelines will be deemed Inactive and will need to re-apply losing any previous status on the waiting list.

**Ask Housing staff for a Release of Information (ROI) form -
Required with Application or download from:**

<http://www.bvrancheria.com/housing>