



BVR HOUSING DEPARTMENT
Application for Housing
CHECK OFF LIST

1. Application completely filled out, signed, and date stamped.
2. Release of Information signed and dated by **everyone 18 & older**
3. All Birth Certificates for all Household Members.
4. Proof of Social Security #s for all Household Members.
5. Tribal Verifications for all natives in the Household.
6. Valid State Identification and/or Tribal I.D. with Photo.
7. Annual Income Verifications for all Household Members 18 & older: Last 4 current check stubs, 1099s, W-2s, SSI, Unemployment, TANF, Child Support, Disability, any Other Income.

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

If you have any questions regarding the application and/or housing programs, please feel free to reach out to a BVR Housing Department Team Member.

Email: housing@big-valley.net

Phone: (707) 263-3924

Gina Gomez, Programs Coordinator, 707-533-3201

Ramona McCloud, Resident Services Specialist, 707-510-7141

Virginia Ballente, Projects Coordinator, 707-533-5063

Valerie Jack, Admission and Occupancy, 707-530-4567



Big Valley Housing Department
 2726 Mission Rancheria Rd, Bldg. #2
 Lakeport, CA 95453
 Email: housing@big-valley.net

Date Stamp:
 Initials:

2025 WAIT LIST APPLICATION

| | | | |
|-------------------|--|-----------------------------------|--|
| Name: | | Today's Date: | |
| Physical Address: | | Phone #: | |
| | | Email: | |
| Mailing Address: | | Tribe: | |
| | | Enrollment #: | |
| Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other | If checked Other, please explain: | |

FAMILY COMPOSITION: Enter ALL information for each household member.
(These are the individuals who will live with you if were awarded a home or housing unit.)

| Name | Relationship | Gender | D.O.B. | Social Sec # | Tribal? | Elder ¹ | Disabled ² | Student ³ | Veteran |
|------|--------------|--------|--------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Self | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1. Tribal Elder is persons 55 years of age, or older. 2. Disabled is a person with a condition of the body or mind that is certified by a licensed physician.
 3. A Student is someone taking 12 or more units at an accredited College or University, and/or a Vocational Training School.

CONFLICT OF INTEREST

Is the applicant, spouse, natural or adoptive child, parent, grandparent, grandchild, or sibling related to any member of the Big Valley CBDO Board or Housing Staff? YES NO
 If yes, describe who you are related to and what is the relationship in the box below.

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

| | |
|---|---|
| Name: Address: City, ST, Zip: Email: Phone: | Name: Address: City, ST, Zip: Email: Phone: |
|---|---|

| | | | | |
|---------------------------|---|-----------------|---------------|--------------------------|
| Income Information | The income data provided in this section is very important and REQUIRED to determine eligibility for BVR housing programs. All information is kept confidential and is subject to verification. If BVR Housing staff is unable to verify the information, your application will be considered “incomplete” and returned to you. To avoid delaying your application and potential housing assistance, please complete this section thoroughly and truthfully. | | | |
| Income from Work | Employer Information for Each Employed Family Member | | | |
| Name: | Employer: | Address: | Phone: | Annual Income: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Other Income | TANF, SSI, Social Security Benefits, Veterans, Tribal Per Capita, and Other | | | |
| Name: | Employer: | Address: | Phone: | Annual Income: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| No Income | Household members 18 years or older who have no income to report | | | |
| Name: | Relationship: | Email: | Phone: | Certification: |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

Are you in good standing or do you have any outstanding debts with Big Valley? If so, please explain below.

HOUSING DATA INFORMATION:

| | | |
|----|--|---|
| 1. | Are you currently living in substandard conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain (i.e., no running water, no kitchen, no usable toilet, unsafe electrical wiring, structurally unsafe, etc.). |
| 2. | Are you currently living in a home that is overcrowded? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain (i.e., how many people living in home, how many bedrooms and bathrooms, etc.). |
| 3. | Are you currently experiencing homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain (i.e., homeless shelter, living in motel, staying with friends, living with family, couch-surfing, living in vehicle, etc.). |
| 4. | Have you experienced Involuntary Displacement? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain (i.e., property sold, dwelling destroyed by natural disaster, displaced by government action, displaced by physical violence, etc.). |
| 5. | How many bedrooms are in current home? <input type="checkbox"/> 1-Bdrm <input type="checkbox"/> 2-Bdrm <input type="checkbox"/> 3-Bdrm <input type="checkbox"/> 4-Bdrm <input type="checkbox"/> N/A How many bathrooms are in current home? <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> N/A What is the approximate square footage of this current home? _____ | |

CURRENT HOUSEHOLD INFORMATION: to determine overcrowdedness

| | | | | | | | | | | | | | | | |
|--|--|--|--|----|----|----|----|----|----|----|----|----|----|----|----|
| | How many adults (18 years or older) are currently living in the home? _____ <input type="checkbox"/> N/A How many children (under 17 years) are currently living in the home? _____ <input type="checkbox"/> N/A | | | | | | | | | | | | | | |
| 1. | <table border="1"> <tr> <td>List all Adults: <i>(must be verified)</i></td> <td>List all Children: <i>(must be verified)</i></td> </tr> <tr> <td>1.</td> <td>1.</td> </tr> <tr> <td>2.</td> <td>2.</td> </tr> <tr> <td>3.</td> <td>3.</td> </tr> <tr> <td>4.</td> <td>4.</td> </tr> <tr> <td>5.</td> <td>5.</td> </tr> <tr> <td>6.</td> <td>6.</td> </tr> </table> | List all Adults: <i>(must be verified)</i> | List all Children: <i>(must be verified)</i> | 1. | 1. | 2. | 2. | 3. | 3. | 4. | 4. | 5. | 5. | 6. | 6. |
| List all Adults: <i>(must be verified)</i> | List all Children: <i>(must be verified)</i> | | | | | | | | | | | | | | |
| 1. | 1. | | | | | | | | | | | | | | |
| 2. | 2. | | | | | | | | | | | | | | |
| 3. | 3. | | | | | | | | | | | | | | |
| 4. | 4. | | | | | | | | | | | | | | |
| 5. | 5. | | | | | | | | | | | | | | |
| 6. | 6. | | | | | | | | | | | | | | |

GENERAL INFORMATION:

| | | | |
|----|--|---|---|
| 1. | Do you own any other housing unit(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain where and who lives in the housing unit(s). | |
| 2. | Do you or a listed household member have a handicap and/or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you or a listed household member receive benefits for the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please provide the name of the household member, a brief description of the condition, and proof of the disability (i.e., physician's certification, social security statement, veterans determination, or similar determination). | |
| 3. | Do you travel more than ten (10) miles (one-way) for work, school, or medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. | Do you pay for childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is your annual expense? _____ |

CERTIFICATION AND ACKNOWLEDGMENT

1. GIVING TRUE AND COMPLETE INFORMATION.

I certify that all the information provided on this application is true, correct, and complete to the best of my knowledge and belief. I have reviewed all applicable BVR forms and certify the information shown is true and correct.

2. REPORTING CHANGES WITH INCOME AND/OR HOUSEHOLD COMPOSITION.

I understand that I am required to report any changes in income and any changes in the household size and when a person moves in or out of the housing unit, if applicable.

3. KEEPING CONTACT INFORMATION CURRENT/UPDATED.

I understand that I am responsible for always keeping my contact information current with the BVR Housing Department. If the BVR Housing Department is unable to reach me, I understand that I could be placed in an INACTIVE FILE and the original date/time stamp on my Wait List application becomes void.

4. NO OWNERSHIP IN ANOTHER HOME WHICH I COULD USE AS A RESIDENCE.

I certify that I do not own any interest in a house, condominium, cooperative, or building which I could use as a residence, and that I am currently in need of decent, safe, and sanitary housing.

5. COOPERATION AND PARTICIPATION.

I know that I am required to cooperate in the supplying of all information needed to determine my eligibility for the Wait List and/or verify my circumstances. I understand that I must cooperate in scheduling periodic meetings and/or conferences. I further understand that I may be required to attend pre-scheduled meetings.

6. TRIBAL MEMBERSHIP.

I certify that I am a current member of the Big Valley Band of Pomo Indians of the Big Valley Rancheria, and if applying for housing assistance, I certify that I, or a member of my household, is a current member of the Tribe as well.

7. CRIMINAL AND ADMINISTRATIVE ACTION FOR FALSE INFORMATION.

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal or state law. I understand that knowingly supplying false, incomplete, inaccurate, or misleading information is grounds for termination of housing assistance and/or removal from the Wait List.

CERTIFICATION OF APPLICANT AND FAMILY MEMBERS

All Adult (18 years or older) Members of the Household are Required to Sign Below.

I certify that I have read and understood the declarations listed above. I also certify that the information I have provided is true and correct to the best of my knowledge and understand that any misrepresentations of information or false statements shall be grounds for termination of housing assistance and/or removal from the Wait List.

Head of Family

Date

Family Member Over 18 yrs.

Date

Family Member Over 18 yrs.

Date

Family Member Over 18 yrs.

Date

Housing Dept. Staff Team Member

Date

