



**BVR HOUSING DEPARTMENT
2023 WAITLIST APPLICATION
CHECK OFF LIST**

1. ☐ Application completely filled out, signed, and dated.
2. ☐ Release of Information signed and dated by **everyone 18 & older**
3. ☐ Birth Certificates
4. ☐ Proof of Social Security #s
5. ☐ Tribal Verifications
6. ☐ Valid State Identification and/or Tribal I.D.
7. ☐ Annual Income Verifications: Current check stubs, 1099s, W-2s, SSI, Unemployment, TANF/Public assistance, Child Support, Disability, Other

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

Month Day Year

Big Valley Band of Pomo Indians 2023 Waitlist 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:

()

Email:

4. Date of Birth:

5. Last 4 Digits of Social Security #:

6. Tribe:

7. Roll #:

8. Marital Status:

☐
☐
☐
☐

9. Age as of Today:

Married

Single

Widowed

Other

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

Information about Spouse:

10. Name:

Last

First

Middle

11. Date of Birth:

12. Last 4 Digits of Social Security #:

13. Tribe:

14. Roll #:

PART B. FAMILY INFORMATION

15. 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.

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

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:

	Relationship:	
	Relationship:	
	Relationship:	
	Relationship:	
	Relationship:	
	Relationship:	
	Relationship:	
	Relationship:	
	Relationship:	

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 OWN or 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? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, provide name of electric company:
23.	Water Source: City Water Private Well Community Water Tank Don't Know Other (Please Describe)
24.	Sanitation: City Sewer Septic Tank Chemical Toilet 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? YES 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? YES 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? YES 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 official documentation of condition from at least one source, 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.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Big Valley Rancheria
Housing Department
2726 Mission Rancheria Rd.
Lakeport, CA 95453

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to federal agencies for employment suitability purposes and to HAS for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____ Head of Household	_____ Date		
_____ Social Security Number (if any) of Head of Household		_____ Other Family Member over age 18	_____ Date
_____ Spouse	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully steals, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against any officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.