



**Big Valley Band of Pomo Indians
Housing Department**

2726 Mission Rancheria Road, Bldg. #2
Lakeport, CA 95453

Ph: (707) 263-3924 Email: housing@big-valley.net



Re: 2024 Wait List

Dear BVR Housing Wait List Applicant:

Thank you for your interest in applying for the 2024 Wait List with the Big Valley Rancheria (BVR) Housing Department. Please remember that the BVR Housing Department accepts Wait List applications each year from January 1st until March 31st according to the Big Valley Rancheria NAHASDA Housing Policies (Policy), and you **MUST** re-apply each year. If you are already on the Wait List, your information **MUST** be updated.

Please be sure to complete the Wait List application in its entirety. Please do not leave any empty boxes or spaces. If any questions do not apply to you simply write in "N/A". Any application left incomplete will not be accepted and will be returned to you for completion.

In addition to the fully completed Wait List application, we will require copies of the following documents for every member of your household:

- Birth certificates for all household members
- Social Security cards for all household members
- Photo IDs for all household members 18 years or older
- Tribal IDs with enrollment verification (if applicable)
- Copies of all income information for all household members 18 years or older
- To be valid, the Wait List application **MUST** be date and time stamped and signed by a housing staff team member.

The completion and return of the Wait List application packet does not guarantee you a home or housing unit. Once all the supporting documentation has been received and processed, you will be scored according to the Policy and placed on the Wait List. When a home or housing unit becomes available, depending on your placement on the Wait List, you will be contacted in order to continue the verification process.

Please be aware that if your contact information changes at any time, it is your responsibility to notify us of the change immediately. According to the Policy, if any of our notifications to you are returned, after 30 days you will be placed in the Inactive File and your original time/date of your Wait List application is voided.

The Big Valley Rancheria (BVR) Housing Department is under the direction of the Housing Director, Sally Peterson, and operates under the Community-Based Development Organization (CBDO) who meets monthly, usually the 2nd Wednesday of each month.

Again, thank you for your interest in the Wait List with the BVR Housing Department. If you should have any questions or concerns, please do not hesitate to contact me at (707) 263-3924 or by email at housing@big-valley.net.

Sincerely,

**Sally Peterson
BVR Housing Director**



BVR HOUSING DEPARTMENT
Application for Housing Assistance
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, ext. 114

Ramona McCloud, Resident Services Specialist, ext. 124

Virginia Ballente, Projects Coordinator, ext. 117



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

Date Stamp:
 Initials:

2024 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"/>				

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:
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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

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 2577-0295
Expiration Date 1/31/2025

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)

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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 the 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 requests, 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 the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.