

FORT BIDWELL INDIAN HOUSING RENTAL ASSISTANCE WORKSHEET

- Application
 - Social Security Cards
 - Tribal Identification (if not on file)
 - Rental Agreement
 - Income Verification
 - Class Schedule (if student)
- Income Calculation Worksheet (ALL income received)
 - Per-capita printout (if applicable)
 - Letter to: Applicant & Landlord

RENTAL ASSISTANCE APPLICATION FOR: _____ Last updated: _____

Month for funding: _____
Tribal Enrollment #: _____
Tribal Member Last Name: _____
Total Amount Requested: \$ _____

Date Received: _____
Time Received: _____
Verified Complete & Received By: _____
Date Last Updated: _____

FORT BIDWELL INDIAN RESERVATION
HOUSING ASSISTANCE APPLICATION

INSTRUCTIONS:

PLEASE COMPLETE THE APPLICATION AND CHECK ALL THAT APPLY, THIS APPLICATION IS FOR MULTIPLE HOUSING ASSISTANCE PROGRAMS, PLEASE DISREGARD ANY AREAS THAT DO NOT APPLY TO THE PROGRAM FOR WHICH YOU ARE APPLYING. IN THE EVENT YOU ARE APPLYING FOR NUMEROUS HOUSING PROGRAMS/ASSISTANCE, PLEASE PROVIDE DUPLICATE APPLICATIONS FOR EACH PROGRAM:

SECTION I. HOUSING PROGRAM:

PLEASE CONSIDER THIS APPLICATION AND THE BACK UP DOCUMENTATION I HAVE PROVIDED FOR THE FOLLOWING HOUSING ASSISTNACE PROGRAM:

- _____ MUTUAL HELP HOMEOWNERSHIP OPPORTUNITY PROGRAM
- _____ HOME IMPROVEMENT ASSISTANCE PROGRAM
- _____ HOMEOWNER'S DOWN PAYMENT ASSISTANCE PROGRAM
- _____ MOVE-IN ASSISTANCE PROGRAM
- _____ RENTAL & STUDENT RENTAL ASSISTANCE PROGRAM
- _____ LOW RENT RENTAL PROGRAM
- _____ EMERGENCY ASSISTANCE PROGRAM

SECTION II. HOUSEHOLD INFORMATION

TRIBAL MEMBER/APPLICANT NAME: _____
PHYSICAL ADDRESS OF TRIBAL MEMBER/APPLICANT: _____
MAILING ADDRESS OF APPLICANT: _____
CITY, STATE, ZIP CODE OF APPLICANT: _____
TELEPHONE NUMBER OR CONTACT TELEPHONE NUMBER: _____
WORK TELEPHONE NUMBER AND IMMEDIATE SUPERVISOR: _____

EMPLOYMENT

HEAD OF HOUSEHOLD/TRIBAL MEMBER EMPLOYER: _____
WHERE DO YOU PHYSICALLY WORK? _____ HOW MANY HOURS A WEEK DO YOU WORK? _____

Tribal Member Name: _____
Date of Application: _____
Type of Assistance Requesting: _____

DO YOU OWN A HOME? _____ IF YES, PLEASE LIST THE ADDRESS, CITY, STATE WHERE THE HOME IS LOCATED _____

CURRENT MORTGAGE COMPANY: (IF APPLICABLE) _____
ADDRESS: _____
CONTACT NAME: _____
TELEPHONE NUMBER: _____

IF YOU ARE A RENTER, PLEASE PROVIDE THE NAME AND CONTACT INFORMATION FOR YOUR LANDLORD:
LANDLORD NAME: _____ RENTAL ADDRESS: _____
TELEPHONE NUMBER FOR LANDLORD:# _____ MONTHLY RENTAL AMT: _____
HOW LONG HAVE YOU LIVED AT THIS ADDRESS: _____

SECTION III. PROGRAM ASSISTANCE:

PLEASE CHECK THE PROGRAM(S) THAT YOU ARE APPLYING FOR :

- HOMEOWNERSHIP (MUST NOT HAVE OWNERSHIP IN ANY OTHER HOME TO QUALIFY)
- HOME IMPROVEMENT (HOME/MORTGAGE MUST BE IN THE TRIBAL MEMBER'S NAME TO QUALIFY)
- DOWN PAYMENT ASSISTANCE: (MUST BE PRE-APPROVED FOR A MORTGAGE)
- HOME REPLACEMENT
- RENTAL ASSISTANCE
- STUDENT RENTAL ASSISTANCE
- EMERGENCY ASSISTANCE

HOME OWNERSHIP ~ PLEASE COMPLETE THIS SECTION IF YOU ARE APPLYING FOR HOMEOWNERHIP ASSISTANCE.

IF YOU ARE REQUESTING HOMEOWNERSHIP ASSISTANCE, PLEASE INDICATE WHERE YOU WILL LIVE (FORT BIDWELL INDIAN COMMUNITY, ETC.), AND IF YOU HAVE YOUR OWN LAND ASSIGNMENT, INFRASTRUCTURE IMPROVEMENTS, PHYSICAL ADDRESS OF LAND (ELECTRICITY, SEPTIC, WATER, ETC): _____

HOME IMPROVEMENT PLEASE COMPLETE THIS SECTION IF YOU ARE APPLYING FOR HOME IMPROVEMENT ASSISTANCE.

SPECIFIC HOME IMPROVEMENT REQUESTED:

**REQUESTED IMPROVEMENTS & ESTIMATED COST OF IMPROVEMENT
PLEASE LIST IMPROVEMENT/REHAB YOU ARE REQUESTING IN ORDER OF PRIORITY**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Tribal Member Name: _____
Date of Application: _____
Type of Assistance Requesting: _____

_____ \$ _____

DO YOU OWN THIS HOME, OR ARE YOU PAYING A MORTGAGE ON THIS HOME: _____

IS THE MORTGAGE/TITLE OF THIS HOME IN THE QUALIFYING TRIBAL MEMBER'S NAME: _____

HOW OLD IS THE CURRENT HOME YOU WOULD LIKE REHABED/IMPROVED: _____

WHAT IS THE ESTIMATED CURRENT MARKET VALUE OF THIS HOME: _____

DO YOU HAVE CURRENT HOMEOWNER'S INSURANCE ON THIS HOME (IF SO PLEASE ATTACH COPY OF POLICY FOR DOCUMENTATION): _____

WHAT IS THE PHYSICAL ADDRESS OF THIS HOME? _____

PLEASE LIST THE CURRENT UTILITY SUPPLIERS FOR YOUR HOME, GAS, ELECTRIC, SEPTIC, COMMUNITY WATER, PUBLIC SEWER, ETC. _____

ARE THERE SMOKE DETECTORS/CARBON MONOXIDE DETECTORS INSTALLED AND WORKING IN THE HOME? _____

ARE YOU CURRENT ON THE MORTGAGE FOR THIS RESIDENCE? _____ IF NOT, HOW FAR BEHIND ARE YOU ON THE MORTGAGE PAYMENTS: _____

ARE ALL PROPERTY TAXES PAID CURRENT ON THIS PROPERTY: _____

PLEASE LIST ANY OTHER INFORMATION REGARDING THE HOME YOU FEEL WOULD BE HELPFUL TO THE TRIBE IN APPROVING THIS ASSISTANCE. _____

DOWN PAYMENT ASSISTANCE

MY HOUSEHOLD HAS BEEN PRE-QUALIFIED FOR THE FOLLOWING AMOUNT OF MORTGAGE, DOCUMENTATION OF THIS "PRE-QUALIFICATION" IS ATTACHED FOR VERIFICATION. THE AMOUNT MY HOUSEHOLD HAS BEEN PRE-QUALIFIED FOR IS \$ _____.

MY HOUSEHOLD WILL BE PURCHASING A HOME IN THE FOLLOWING AREA (LOCATION WHERE YOU WILL BE PURCHASING A HOME, FORT BIDWELL INDIAN COMMUNITY, ALTURAS, ETC.) _____

SECTION IV: INCOME ~ ALL APPLICANTS FOR ALL PROGRAMS MUST COMPLETE THIS SECTION:

PLEASE COMPLETE THE INCOME INFORMATION BASED ON YOUR CURRENT HOUSEHOLD INCOME. LIST ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS THAT LIVE IN YOUR HOME, THAT ARE 18 YEARS OF AGE OR OLDER.

<u>NAME</u>	<u>SOURCE OF INCOME & WAGE</u>	<u>MONTHLY GROSS</u>
_____	EMPLOYER: _____ \$ _____ HR	\$ _____
_____	EMPLOYER: _____ \$ _____ HR	\$ _____
_____	EMPLOYER: _____ \$ _____ HR	\$ _____
_____	EMPLOYER: _____ \$ _____ HR	\$ _____
_____	SOCIAL SECURITY	\$ _____
_____	SOCIAL SECURITY	\$ _____

Tribal Member Name: _____

Date of Application: _____

Type of Assistance Requesting: _____

_____	SSI BENEFITS	\$ _____
_____	SSI BENEFITS	\$ _____
_____	VETERANS BENEFITS	\$ _____
_____	PENSION(S)/RETIREMENT	\$ _____
_____	PENSION(S) RETIREMENT	\$ _____
_____	UNEMPLOYMENT COMPENSATION	\$ _____
_____	UNEMPLOYMENT COMPENSATION	\$ _____
_____	AFDC AID FOR DEPENDENT CHILDREN	\$ _____
_____	AFDC/OTHER WELFARE PAYMENTS	\$ _____
_____	CHILD SUPPORT/ALIMONY	\$ _____
_____	CHILD SUPPORT/ALIMONY	\$ _____
_____	FULL-TIME STUDENT INCOME (18 YRS/OLDER)	\$ _____
_____	OTHER MONTHLY INCOME	\$ _____
_____	OTHER MONTHLY INCOME	\$ _____
TOTAL GROSS MONTHLY INCOME		\$ _____
TOTAL GROSS ANNUAL INCOME (BASE ON MONTHLY AMOUNT LISTED ABOVE AND X12)		\$ _____

DO YOU ANTICIPATE ANY CHANGES IN THIS INCOME IN THE NEXT 12 MONTHS ? YES _____ NO _____
 IF YES, EXPLAIN _____

DO YOU WORK SEASONALLY ? _____ IF SO, PLEASE EXPLAIN YOUR ANTICIPATED ANNUAL INCOME:

ASSETS

CHECKING ACCOUNTS:	# _____	BANK _____	BALANCE \$ _____
	# _____	BANK _____	BALANCE \$ _____
SAVINGS ACCOUNTS:	# _____	BANK _____	BALANCE \$ _____
	# _____	BANK _____	BALANCE \$ _____
MONEY MARKETS	# _____	BANK _____	BALANCE \$ _____
TRUST ACCOUNTS #	_____	BANK _____	BALANCE \$ _____
CERTIFICATES OF DEPOSIT #	_____	BANK _____	BALANCE \$ _____
IRA (S) #	_____	BANK _____	BALANCE \$ _____
SAVINGS BONDS #	_____	BANK _____	BALANCE \$ _____
WHOLE LIFE INSURANCE POLICY #	_____	BANK _____	BALANCE \$ _____

REAL PROPERTY: DO YOU OWN ANY PROPERTY ? YES _____ NO _____

IF YES, WHAT TYPE OF PROPERTY? _____
 LOCATION: _____, CURRENT MARKET VALUE \$ _____

OUTSTANDING MORTGAGE BALANCE ON THIS PROPERTY: \$ _____

SECTION V. OTHER INFORMATION.

**PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR THE HEAD OF HOUSEHOLD.
 ALSO, PLEASE PROVIDE DOCUMENTATION FOR INFORMATION YOU HAVE INDICATED
 BELOW (I.E., ENROLLMENT LETTER, PROOF OF VETERAN, BIRTH CERTIFICATES, SOCIAL
 SECURITY BENEFITS, REHAB CERTIFICATION, SCHOOL ENROLLMENT, ETC.)**

Tribal Member Name: _____
 Date of Application: _____
 Type of Assistance Requesting: _____

DO YOU WISH TO HAVE PRIORITY STATUS BASED ON ELDERLY HOUSEHOLD STATUS, HANDICAPPED OR DISABLED STATUS ? _____

ARE YOU A VETERAN, IF YES , STATE DIVISION AND YEARS SERVED? _____

ARE YOU AN ENROLLED FORT BIDWELL TRIBAL MEMBER ? _____

ARE YOU A FULL TIME STUDENT SEEKING STUDENT RENTAL ASSISTANCE, PLEASE PROVIDE THE NAME OF THE EDUCATIONAL INSTITUTION YOU ARE ENROLLED, AND BACK UP DOCUMENTATION OF THIS : _____

IF THERE ARE OTHER FULL TIME STUDENT(S) RESIDING IN THE HOME PLEASE PROVIDE THE INFORMATION OF WHERE THE STUDENT(S) ARE ENROLLED IN SCHOOL OR EDUCATIONAL INSTITUTION? _____

ARE YOU CURRENT ON YOUR MORTGAGE PAYMENTS FOR THIS RESIDENCE? PLEASE PROVIDE PROOF FROM THE LENDER REGARDING YOUR CURRENT STATUS. YES _____ NO _____
IF NO, EXPLAIN: _____

DETRIMENTAL TO THE COMMUNITY INFORMATION:

ARE YOU CURRENTLY A USER OF AN ILLEGAL OR CONTROLLED SUBSTANCE ? _____

HAVE YOU EVER BEEN CONVICTED OF A DRUG VIOLATION (I.E., USE, ATTEMPTED USE, POSSESSION, MANUFACTURE, SALE OR DISTRIBUTION) ? IF YES, PLEASE GIVE DATE OF CONVICTION(S): _____

HAVE YOU SUCCESSFULLY COMPLETED A CONTROLLED SUBSTANCE ABUSE RECOVERY PROGRAM OR PRESENTLY ENROLLED IN SUCH A PROGRAM? IF YES, PROVIDE VERIFICATION OF ENROLLMENT OR SUCCESSFUL RELEASE FROM AN ACCREDITED PROGRAM _____

HAVE YOU BEEN CONVICTED /OR PLEAD GUILTY TO A FELONY OR A CRIME THAT WOULD DEEM YOU A THREAT OR A DETRIMENT TO THE COMMUNITY? _____ IF YES, PLEASE EXPLAIN: _____

HAVE YOU BEEN CONVICTED /OR PLEAD GUILTY TO ANY SEX CRIME? _____ IF YES, PLEASE GIVE DATES OF CONVICTION: _____

SECTION VI: CERTIFICATION

I/WE HEREBY CERTIFY THAT THE ASSISTANCE APPLIED FOR IS THIS HOUSEHOLDS PERMANENT AND PRIMARY RESIDENCE.

I/WE UNDERSAND THAT MY/OUR ELIGIBILITY FOR THIS ASSISTANCE WILL BE BASED ON THE INFORMATION PROVIDED AND THAT MY INCOME MUST BE CONSIDERED TO BE LOW-INCOME ACCORDING TO MEDIAN INCOME FOR THIS AREA.

I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO IMMEDIATE CANCELLATION OF THIS APPLICATION OR TERMINATION AND REPAYMENT OF ANY ASSISTANCE AMOUNT THAT MAY HAVE BEEN OBTAINED THROUGH THIS APPLICATION.

SIGNATURES:

APPLICANT

CO-APPLICANT

DATE

DATE

Tribal Member Name: _____

Date of Application: _____

Type of Assistance Requesting: _____

AUTHORIZATION

I/We do hereby authorize the Fort Bidwell Indian Reservation Housing Department, and it's staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our application for this Housing Assistance program administered by the Fort Bidwell Indian Reservation Housing Department.

Applicant

Co-Applicant

Date

Date

Tribal Member Name: _____
Date of Application: _____
Type of Assistance Requesting: _____

FORT BIDWELL INDIAN RESERVATION
HOUSING ASSISTANCE

Tribal Member/Applicant Name: _____

Housing Authority staff: _____

Date of Application: _____

TRIBAL MEMBER:

I (Tribal Member/Applicant) _____, hereby agree and understand that I have read the requirements set forth in the Fort Bidwell Indian Reservations Housing Assistance Policy for which I am applying, and by signing this document agree to all the terms and conditions of this policy. In the event that my household receives this assistance we will comply with all requirements and payback arrangements in the event that we do not comply with the requirements and limits contained within the Housing Assistance Policy for which we are applying (Please check the appropriate box: Homeownership, Down Payment Assistance, Home Improvement Home Replacement Student Rental Assistance, Rental Assistance Emergency Assistance.)

Tribal Member/Applicant

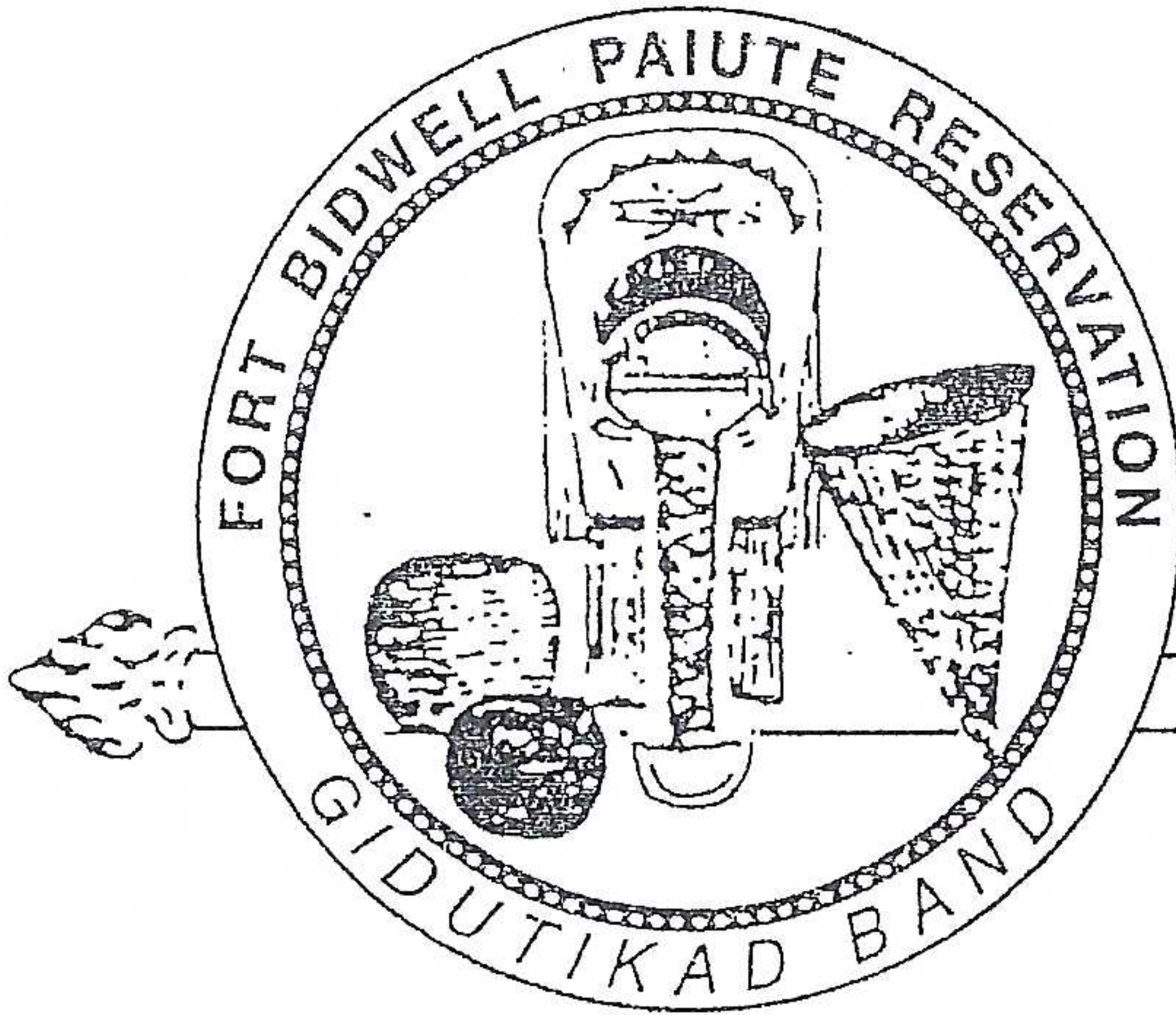
Co-Applicant

Note: This form is not a guarantee of assistance. Funding is contingent upon final approval by the Fort Bidwell Indian Reservation Housing Department.

Tribal Member Name: _____

Date of Application: _____

Type of Assistance Requesting: _____



FORT BIDWELL INDIAN COMMUNITY HOUSING
P.O. BOX 155
FORT BIDWELL, CA 96112

PHONE 530-537-0103
FAX 530-537-0096

Established January 28, 1936 under the I.R.A. of June 18, 1934

LANDLORD/LESSOR CERTIFICATION

Re: _____

The person named above is applying for a monthly benefit to help pay for their monthly rental needs. As a recipient of Indian Housing Block Grant funds from the Department of Housing and Urban Development the Fort Bidwell Indian Housing Program is required to report to the IRS Rental Assistance payments made on behalf of low income Tribal members. Please provide the following information, including a telephone number where you can be reached for any questions or to verify the information. **Please contact the Fort Bidwell Indian Housing at 530-279-6252** if you would like additional information about the program or have any questions about the information requested.

Please check the following:

- | | |
|---|---|
| <input type="checkbox"/> Apartment in Multi-family facility | <input type="checkbox"/> Mobile home/Pad or Both |
| <input type="checkbox"/> Single Family Home/Townhouse | <input type="checkbox"/> Condominium in Multi-Family Facility |
| <input type="checkbox"/> Room in Single Family Home/Townhouse/Condominium | |
| <input type="checkbox"/> Room in a Boarding House | <input type="checkbox"/> Room in School Dormitory |

Name of Landlord _____
(Owner, Resident Manager, Rental Agent, Primary Lease Holder)

Daytime Telephone () _____

Fax Number () _____

Tax ID/Social Security Number _____

Landlord Street Address _____

City/ Town / State/ Zip Code _____

- | | |
|--|-----------|
| Is the above a Licensed Real Estate Agent? | Yes or No |
| Is the above a Corporation/School Facility ? | Yes or No |
| Is this a HUD subsidized dwelling? | Yes or No |
| Is the above a homeowner? | Yes or No |

Declaration: I declare that the above information is true correct and to the best of my knowledge.

Date _____
Signature (Owner, Resident Manager, Rental Agent, Primary Lease Holder)