

# SMITH RIVER RANCHERIA HOUSING ASSISTANCE APPLICATION

## REQUIRED DOCUMENTATION NEEDED CHECKLIST

(Your application will be considered incomplete if submitted without the required documents)

- \_\_\_\_\_ Application signed by Applicant and Spouse/Domestic Partner.
- \_\_\_\_\_ *Release of Information* form signed by **each** household member age 18 or over.
- \_\_\_\_\_ Verification of Earned and Unearned Income
- \_\_\_\_\_ Tribal Verification  
(Please provide a copy of your Tribal ID card or verification from your Tribal Organization)
- \_\_\_\_\_ Copies of Social Security Cards for every member of the household
- \_\_\_\_\_ Title to Trailer or Mobile Home

## ADDITIONAL DOCUMENTATION REQUIRED FOR RELOCATION

- \_\_\_\_\_ Verification of landlord and rental amounts (lease or rental agreement).

### Assistance With Completing This Application Is Available!

Please Call (707) 487-9255, FAX: (707) 487-0930, E-Mail: [linda.tuttle@tolowa.com](mailto:linda.tuttle@tolowa.com)

*\*Originals must be mailed to the SRRHD Office\**

**Return The Completed Application To: Smith River Rancheria Housing Department  
140 Rowdy Creek Road  
Smith River, California 95567**

### SRRHD Addendum A: Income Limits United States Median Income Limits as of March 2010

	Program	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
50%	Very Low	\$22,400	\$25,600	\$28,800	\$32,000	\$34,550	\$37,100	\$39,700	\$42,250
<b>80%</b>	<b>Low Income</b>	<b>\$36,050</b>	<b>\$41,200</b>	<b>\$46,350</b>	<b>\$51,500</b>	<b>\$55,600</b>	<b>\$59,750</b>	<b>\$63,850</b>	<b>\$68,000</b>
100%	Median Income Limit	\$44,800	\$51,200	\$57,600	\$64,000	\$69,100	\$74,250	\$79,350	\$84,500

### BASE

For each additional family member over eight, 8% of the four person base should be added. For example, the nine-person limit equals \$71,700; which is  $(67,600 + [51,200 * .08])$  rounded to the nearest \$50 dollars.

### March 2007 Total Development Cost (TDC)

State Tribal Area CA	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm	5 Bdrm
Smith River Rancheria	\$243,407	\$257,656	\$289,224	\$337,777	\$367,378



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**B. FAMILY INFORMATION** List all other persons who will be living in the household on a permanent basis. Start with the oldest and provide Social Security numbers for all members \*.

Name	Date Of Birth	Social Security Number	Relationship To Applicant	Tribe/ Roll Number

† If more members in household, mark box and continue listing members on back of this (page 2) form.  
\*Note: All persons age 18 or over must complete and sign a *Release of Information* form and provide income verification.

### C. INCOME INFORMATION

**Earned Income:** Start with applicant then list all permanent family members age 18 or over. Provide a copy of most recent income tax return, or W-2 forms, or wage stubs, etc. for verification.

<u>Name</u>	<u>Annual Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Annual Earned Income = \$	_____	

**Unearned Income:** Start with applicant then list all permanent family members age 18 or over who have unearned income such as Social Security, AFDC, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide a copy of check stubs, or statements, or Individual Indian Money (IIM) ledgers, etc. for verification.

<u>Name</u>	<u>Annual Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Annual Unearned Income = \$	_____	

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### D. ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Name	Type and Source of Asset <small>(e.g. bank accounts, investments)</small>	Cash Value of Asset	Annual Income from Asset

### E. GENERAL INFORMATION

1. Has any household member received Housing and Urban Development (HUD) or Bureau of Indian Affairs Housing Improvement Program (HIP) assistance before?

No       Yes

If yes, explain: \_\_\_\_\_

2. Does any family member who permanently resides with you have a severe health problem, handicap or permanent disability?  No       Yes

If yes, provide name and brief description of disability (documentation required):

\_\_\_\_\_

3. Has any household member ever been evicted from a residence?     No     Yes

If yes, explain: \_\_\_\_\_

4. Has any household member been convicted of a felony?     No     Yes

If yes, explain: \_\_\_\_\_

5. Is any family member a Veteran?  No     Yes

If yes, who? \_\_\_\_\_

6. Do you or anyone in your household own any other house not occupied by your family?  No     Yes

If yes, explain: \_\_\_\_\_

### F. CURRENT RESIDENCE INFORMATION

Number of people at current residence: \_\_\_\_\_ Number of bedrooms at current residence: \_\_\_\_\_

Check one:     Own     Rent     Homeless     Other     Share

If Other, please explain: \_\_\_\_\_

If Own, how long have you owned your home? \_\_\_\_\_

If Rent or Share, what is your monthly rent? \_\_\_\_\_

What is your average monthly utility cost? \_\_\_\_\_

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- 1. Bathroom Facilities: Flush Toilet?  Yes  No Tub  Yes  No
- 2. Is electricity available?  Yes  No Name of Power Company: \_\_\_\_\_
- 3. Sewer System:  City Sewer  Septic System  Chemical Toilet  Outhouse
- 4. Water Source:  City System  Private Well  Community Well  Other  
If Other, please describe: \_\_\_\_\_
- 5. Heat Source:  Wood  Electric  Gas  Propane  Diesel  
What type would you like? \_\_\_\_\_
- 6. Is the home dilapidated, in need of repair, or unsafe?  Yes  No

**G. REPAIRS NEEDED TO HOME**

If yes, please check the following conditions that apply:

- Plumbing Defects  Electrical Defects  Structural Defects
- Heating System Defects  Entrance/Exit Defects  Unsafe Site Materials
- Inadequate Elderly/Handicap Access  Roof
- No Smoke Detectors/Fire prevention Equipment
- Inadequate Weatherization  Overcrowding  Other

**If Other, Please Explain:**

\_\_\_\_\_  
\_\_\_\_\_

**H. LAND INFORMATION**

- 1. Does any household member own any land?  Yes  No
- 2. What is the current status of the land?
  - Individual Trust  Tribal Trust  Individually Restricted
  - Tribally Restricted  Tribal Fee Simple  Fee Patented
  - Other Please describe "Other": \_\_\_\_\_
- 3. Is this home your permanent residence for at least nine months or more per year?  Yes  No
- 4. If you do not own the land, do you have:
  - Leasehold Land  Use Permit
  - Indefinite Assignment or Joint OwnershipIf so, please explain: \_\_\_\_\_





