TOLOWA DEE-NI` NATION
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: (888) 468-0139, E-Mail: **nieca.wright@tolowa.com**
Originals must be mailed to the TDN Office

Return The Completed Application To: Tolowa Dee-ni` Nation Housing Department
140 Rowdy Creek Road
Smith River, California 95567

TDN Addendum A: 2015 Income Limits
United States Median Income Limits as of March 2015

	Program	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
80%	**Low Income**	**$36,848**	**$42,112**	**$47,376**	**$52,640**	**$56,851**	**$61,062**	**$65,274**	**$69,485**
100%	Median Income Limit	$46,060	$52,640	$59,220	$65,800	$71,064	$76,328	$81,592	$86,856

BASE

For each additional family member over eight, 8% of the four person base should be added. For example, the nine-person limit equals $71,600; which is (67,500+[51,100*.08]) rounded to the nearest $50 dollars.

Revised February 2014 Total Development Cost (TDC)

State Tribal Area CA	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm	5 Bdrm
Tolowa Dee-ni` Nation	$305,554	$341,843	$391,259	$427,913	$466,085

TOLOWA DEE-NI` NATION
HOUSING ASSISTANCE APPLICATION

All questions in this application must be answered.

Type of Housing Assistance Requested:

□ **LOW RENT{waiting list}** □ **TRIBAL RENTAL**

□ **REHABILITATION PROGRAM** □ **ELDER MINOR REHABILITATION**

□ **HOMEOWNERSHIP** □ **DOWN PAYMENT PROGRAM**

□ **EMERGENCY ASSISTANCE** □ **ELDER LOW RENT (Waiting List)**

A. APPLICANT INFORMATION

Name:_____
Last First Middle Maiden Name (If any)

Mailing Address:_____
Street or PO Box City State Zip Code

Residence Address:_____
Street City State Zip Code

Telephone Number: Home (_____)_____Work (_____)_____

E-mail Address: _____

*Date of Birth: _____ Social Security Number:_____-____-_____

*Tribe: _____ *Roll Number:_____

Marital Status (Please Check One): ☐Married ☐Single ☐Widowed ☐Domestic Partner ☐Other If you checked "Other", please explain:_____

INFORMATION ABOUT SPOUSE/DOMESTIC PARTNER:

Name:_____
Last First Middle Maiden Name (If any)

Date of Birth:_____ Social Security Number: _____-_____-_____

Tribe:_____ Roll Number:_____

CLIENT #:_____DATE RECEIVED:_____BY:_____

TOLOWA DEE-NI' NATION
HOUSING ASSISTANCE APPLICATION

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.

Name	Annual Income	Source of Income

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.

Name	Annual Income	Source of Income

Total Annual Unearned Income = $ _____

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.

TOLOWA DEE-NI` NATION
HOUSING ASSISTANCE APPLICATION

Name	Type and Source of Asset (e.g. bank accounts, investments)	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 criminal offense? □ No □ Yes
   If yes, when & explain:_____

*5. Was it Felony □ or a Misdemeanor □?

*6. Have you ever had any drug related convictions? □ No □Yes When:_____

*7. Is any family member a Veteran? □ No □ Yes
   If yes, who?_____

8. Do you or anyone in your household own any other house not occupied by your family? □ No □Yes
   If yes,explain:_____

TOLOWA DEE-NI' NATION
HOUSING ASSISTANCE APPLICATION

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? _____

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:

_____
_____
_____
_____
_____
_____

TOLOWA DEE-NI' NATION
HOUSING ASSISTANCE APPLICATION

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 Ownership
   If so, please explain:_____

I. EMERGENCY INFORMATION (IF APPLICABLE)
Please provide report or verification of disability.

Please give a brief explanation of your emergency situation:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TOLOWA DEE-NI` NATION
HOUSING ASSISTANCE APPLICATION

J. APPLICANT CERTIFICATION

(Read this certification carefully before you sign and date your application. Sign in ink.)

I do swear and attest that all the information above about members of my household and myself are true and correct. I understand that all changes in income or household make-up must be reported to the Smith River Rancheria Housing Department immediately.

I understand that any misstatements or omissions in this application may result in my being disqualified for housing assistance. Further, I understand that, if assistance is provided, I may be required to repay all program monies expended on my behalf if such misrepresentations are discovered at a later date.

Applicant's Signature_____**Date**_____

Spouse's Signature_____**Date**_____

Other Signature _____**Date**_____

Other Signature _____**Date**_____

Privacy Act Statement

Part 256 of 25 CFR, established under the mechanism of the Snyder Act, 25 USC 13, provides for the collection of this information. The primary use of this information is by an officer or employee of the Federal or Tribal housing office to determine eligibility for a grant for services provided under HUD and BIA-assisted programs. Additional disclosures of the information may be to a HUD or BIA employee in the conduct of a program review or audit, or to a Federal Law enforcement agency when the agency becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is required to establish eligibility for your participation in the program.

TOLOWA DEE-NI` NATION
HOUSING ASSISTANCE APPLICATION

Release of Information

I, _____, hereby give the Smith River Rancheria Housing Department permission to obtain any information necessary to verify and complete my housing application.

Verifications and/or reports include but are not limited to records of:

State Public Assistance; Unemployment Compensation; Workers Compensation; Internal Revenue Service; Social Security; SSI; Other Housing Authorities, or Federally Assisted Home Loan Programs; Credit Reporting Agencies; Current and Past Landlords; Energy Providers; Law Enforcement Agencies.

Name: _____
First Middle Last

Address: _____
Street or P.O. Box City State Zip

DOB: _____ **SS #:** _____-_____-_____
Month/Day/Year

Signature of Applicant: _____

(Every member of the household over the age of 18 years old must complete this form.)

TOLOWA DEE-NI` NATION
HOUSING ASSISTANCE APPLICATION

Release of Information

I, _____, hereby give the Smith River Rancheria Housing Department permission to obtain any information necessary to verify and complete my housing application.

Verifications and/or reports include but are not limited to records of:

State Public Assistance; Unemployment Compensation; Workers Compensation; Internal Revenue Service; Social Security; SSI; Housing Authorities, or Federally Assisted Home Loan Programs; Credit Reporting Agencies; Current and Past Landlords; Energy Providers; Law Enforcement Agencies.

Name: _____
First Middle Last

Address: _____
Street or P.O. Box City State Zip

DOB: _____ **SS #:** _____-_____-_____
Month/Day/Year

Signature of Applicant: _____

(Every member of the household over the age of 18 years old must complete this form)