

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 **each** household member 18 or over
- _____ *Release of Information* form signed by **each** household member age 18 or over.
- _____ Verification of Earned and Unearned Income – Past 30 days of income for **each** member age 18 or over & Tribal gifts
- _____ 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 (**if applicable**)

ADDITIONAL DOCUMENTATION REQUIRED FOR RELOCATION

- _____ Copy of Lease Agreement and Rental Amount (**if applicable**)

Assistance With Completing This Application Is Available!
Please Call (707) 487-9255, ex: 1601 or E-Mail: jene.abad@tolowa.com
or fax to 888-468-0139

****Originals must be mailed to the TDN Office****

Return the Completed Application to: Tolowa Dee-ni' Nation Housing Department
12801 Mouth of Smith River Rd.
Smith River, California 95567

2023 United States Median Family Income Limits
(Published July 6, 2023)

	Program	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
*60%	LIHTC DN Co.	\$34,680	\$39,600	\$44,580	\$49,500	\$53,460	\$57,420	\$61,380	\$65,340
80%	Low Income	\$53,850	\$61,550	\$69,250	\$77,000	\$83,100	\$89,250	\$95,450	\$101,600
100%	Median Income	\$67,350	\$77,000	\$86,600	\$96,200	\$103,900	\$111,600	\$119,300	\$127,000

***Dat-naa-svt**

All questions in this application must be answered.

DATE RECEIVED: _____ BY: _____

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Type of Housing Assistance {waiting list} Requested:

LOW RENT

Dat-naa-svt _____ **See-Waa-Dvn** _____ **Elder Apartments** _____ **Chit-xu Mee-ne'** _____
(Smith River) (Smith River) (Smith River) (Brookings, OR)

TRIBAL RENTAL (Smith River only)

EMERGENCY ASSISTANCE

REHABILITATION PROGRAM

ELDER MINOR REHABILITATION

DOWN PAYMENT ASSISTANCE PROGRAM

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: _____

Telephone Number: (_____) _____

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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 (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: _____

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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
 Other_____
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:

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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 Tolowa Dee-ni` Nation 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 X _____ **Date** _____

Spouse's Signature X _____ **Date** _____

Other Signature X _____ **Date** _____

Other Signature X _____ **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.

