ENTERPRISE RANCHERIA
INDIAN HOUSING AUTHORITY
DOWN PAYMENT ASSISTANCE APPLICATION

TRIBAL MEMBER/APPLICANT NAME: _____ROLL # _____

SOCIAL SECURITY NO.# OF APPLICANT:_____SEX:_____DATE OF BIRTH:_____

TELEPHONE NUMBER OR CONTACT TELEPHONE NUMBER:_____

ADDRESS:_____

WORK TELEPHONE NUMBER AND IMMEDIATE SUPERVISOR:_____

APPLICANT MARITAL STATUS:_____ # OF TRIBAL MEMBER(S) IN HOUSEHOLD:_____

NUMBER OF OCCUPANTS THAT WILL RESIDE IN HOME:_____

NAMES, DATE OF BIRTH, SOCIAL SECURITY NUMBER, ENROLLMENT NUMBER OF EACH HOUSEHOLD MEMBER THAT WILL RESIDE AT THIS ADDRESS:

NAME	D.O.B.	S.S.#	ROLL #

ARE YOU CURRENTLY A HOMEOWNER ? IF YES, WHERE IS YOUR HOME LOCATED ? _____
_____

ARE YOU HOMELESS ? CURRENT ADDRESS, CITY, STATE, AND LIVING ARRANGEMENT:_____

PROSPECTIVE MORTGAGE COMPANY:_____
ADDRESS:_____
CONTACT NAME:_____
TELEPHONE NUMBER:_____

LOCATION OF HOME/LAND TO BE PURCHASED WITH THIS ASSISTANCE:_____
_____

INCOME

LIST ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER:

NAME	SOURCE OF INCOME	WAGE	MONTHLY GROSS
_____	EMPLOYER:_____	$ _____ HR	$_____
_____	EMPLOYER: _____	$_____HR	$_____
_____	SOCIAL SECURITY		$_____
_____	SSI BENEFITS		$_____
_____	VETERANS BENEFITS		$_____
_____	PENSION(S)/RETIREMENT		$_____
_____	UNEMPLOYMENT COMPENSATION		$_____
_____	AFDC AID FOR DEPENDENT CHILDREN		$_____
_____	AFDC/OTHER WELFARE PAYMENTS		$_____
_____	CHILD SUPPORT/ALIMONY		$_____
_____	CHILD SUPPORT/ALIMONY		$_____
_____	FULL-TIME STUDENT INCOME (18 YRS/ORLDER)		$_____
_____	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_____

ASSETS

ASSETS

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

IF YES, WHAT TYPE OF PROPERTY ? _____

LOCATION: _____, CURRENT MARKET VALUE $_____

OUTSTANDING MORTGAGE BALANCE: $_____

DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (I.E. RECREATIONAL VEHICLE OR MOBILE HOME, DO NOT INCLUDE PERSONAL PROPERTY)

_____?

OTHER INFORMATION

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?_____

DO YOU HAVE A LETTER OF PRIORITY ISSUED BY ANY AGENDA DUE TO DISPLACEMENT FROM YOUR CURRENT OR PREVIOUS RESIDENCE? _____

HAVE YOU EVER BEEN EVICTED FROM ANY TYPE OF HOUSING? YES _____ NO_____
IF YES,EXPLAIN:_____

HAVE YOU EVER HAD ANY PROPERTY FORECLOSED UPON? YES_____ NO_____, IF YES PLEASE EXPLAIN THE CIRCUMSTANCES:_____

HAVE YOU EVER FILED BANKRUPTCY? YES _____ NO_____, IF YES, PLEASE EXPLAIN, AND INDICATE WHEN IT WAS FILED AND APPROVED:_____
_____

ARE YOU CURRENTLY A USER OF AN ILLEGAL 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:_____

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_____

ARE YOU NOW, OR WILL YOU BECOME A PART TIME OR FULL TIME STUDENT PRIOR TO MOVE-IN ? _____

WHERE WILL YOU (ARE YOU) A STUDENT, PLEASE PROVIDE VERIFICATION OF ENROLLMENT FROM SCHOOL OR INSTITUTION?_____

CERTIFICATION

I/WE HEREBY CERTIFY THAT THE ASSISTANCE APPLIED FOR WILL SECURE THIS HOUSEHOLDS PERMANENT RESIDENCE.

I/WE FURTHER CERTIFY THAT I/WE WILL NOT MAINTAIN A RENTAL UNIT OR HOME IN ANOTHER LOCATION.

I/WE UNDERSTAND 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**

AUTHORIZATION

I/We do hereby authorize the Enterprise Rancheria Indian Housing Authority, and its 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 Tribal Down Payment Assistance in programs administered by the Enterprise Rancheria Indian Housing Authority.

_____	_____
Applicant	Co-Applicant
_____	_____
Date	Date

ENTERPRISE RANCHERIA INDIAN HOUSING AUTHORITY DOWN PAYMENT ASSISTANCE PROGRAM

Tribal Member/Applicant Name:_____

Housing Authority staff:_____

Date of Application:_____

HOMEOWNER:

I (Tribal Member/Applicant) _____, hereby agree and understand that I have read the requirements set forth in the Enterprise Rancheria Indian Housing Authority Tribal Down Payment Assistance Policy, 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 fail to meet and comply with these requirements and limits contained within the Tribal Down Payment Assistance Policy, we understand and agree to remedy the non-compliance according to this policy administered by the Enterprise Rancheria Indian Housing Authority.

_____	_____
Tribal Member/Applicant	Co-Applicant
_____	_____
Date	Date