Month for funding: _____	Date received: _____
Tribal Enrollment #:_____	Time Received: _____
Tribal Member Last Name: _____	Verified Complete & Received By: _____
Total Amount Requested $_____	Date Last Updated: _____

ENTERPRISE INDIAN HOUSING AUTHORITY
EMERGENCY ASSISTANCE APPLICATION

INSTRUCTIONS:

PLEASE COMPLETE THE APPLICATION AND CHECK ALL THAT APPLY:

SECTION I. EMERGENCY ASSISTANCE PROGRAM:

I AM REQEUSTING THE FOLLOWING EMERGENCY ASSISTANCE:

_____ PAST DUE RENT PAYMENTS * REQUIRES A USEFUL LIFE AGREEMENT OF 1 YR

_____ PAST DUE MORTGAGE PAYMENTS* REQUIRES A USEFUL LIFE AGREEMENT OF 1 YR

_____ EMERGENCY REPLACEMENT OF APPLIANCE/SERVICES ITEM REQUESTED: _____

_____ EMERGENCY HOUSING (HOMELESS LIMITED TO 7 DAYS TOTAL)

_____ EMERGENCY UTILITY PAYMENT (WATER/SEWER, ELECTRICAL, PROPANE, OIL)

SECTION II. HOUSEHOLD INFORMATION

TRIBAL MEMBER/APPLICANT NAME: _____

CURRENT ADDRESS: _____

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

TELEPHONE NUMBER OR CONTACT TELEPHONE NUMBER: _____

PLEASE PROVIDE A CURRENT TELEPHONE NUMBER OR PROVIDE OTHER CONTACT NAMES AND NUMBERS TO CONTACT YOU ABOUT THIS APPLICATION: _____

WORK TELEPHONE NUMBER AND IMMEDIATE SUPERVISOR: _____

EMPLOYER: _____WHERE DO YOU PHYSICALLY WORK? _____

EMPLOYER TELEPHONE: _____HOW LONG HAVE YOU BEEN EMPLOYED AT THIS JOB? _____

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

NUMBER OF OCCUPANTS THAT RESIDE IN THE HOME OR RENTAL: _____
NAMES & DATE OF BIRTH AND SOCIAL SECURITY NUMBER, OF EACH HOUSEHOLD MEMBER THAT WILL RESIDE AT THIS ADDRESS:

NAME	D.O.B.	S.S. #	TRIBAL MEMBER

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

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

MORTGAGE COMPANY/LANDLORD/PROPERTY MANAGEMENT COMPANY: _____
ADDRESS: _____
CONTACT NAME: _____
TELEPHONE NUMBER: _____
IF THIS ASSISTANCE IS FOR MORTGAGE PAYMENT, PLEASE PROVIDE ACCOUNT #_____
LOCATION OF HOME UNIT: _____

HOUSEHOLD EXPENSE

MONTHLY RENTAL/MORTGAGE AMOUNT $_____
OTHER MONTHLY FEES
(WATER/SEWER, GARBAGE REMOVAL, FEES, AND DUES): $_____
UTILITY DEPOSITS DUE FOR: ELECTRIC: $_____
GAS: $_____

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	$_____
_____	EMPLOYER: _____	$_____HR	$_____
_____	EMPLOYER: _____	$_____HR	$_____

INCOME CONT'D

_____	SOCIAL SECURITY	$_____
_____	SOCIAL SECURITY	$_____
_____	PENSION(S)/RETIREMENT	$_____
_____	UNEMPLOYMENT COMPENSATION	$_____
_____	AFDC AID FOR DEPENDENT CHILDREN	$_____
_____	AFDC/OTHER WELFARE PAYMENTS	$_____
_____	CHILD SUPPORT/ALIMONY	$_____
_____	FULL-TIME STUDENT INCOME (18 YRS/OLDER)	$_____
_____	OTHER MONTHLY INCOME	$_____

REVENUE SHARING MONTHLY INCOME $_____

TOTAL GROSS MONTHLY INCOME $_____

DO YOU ANTICIPATE ANY CHANGES IN THIS INCOME IN THE NEXT 12 MONTHS? YES_____ NO_____
IF YES, EXPLAIN_____

HAVE YOU SOLD/DISPOSED OF ANY BUSINESS, PROPERTY, OR OTHER ASSETS IN THE LAST 2 YEARS? _____
IF YES, STATE TYPE OF BUSINESS, PROPERTY OR ASSET

_____
DATE OF SALE OR DISPOSITION._____AMOUNT SOLD FOR _____

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? _____

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

FOR PAST DUE MORTGAGE PAYMENTS REQUEST, ARE ALL PROPERTY TAXES PAID CURRENT ON THIS PROPERTY:
_____

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

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? _____

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OR DRUG ACTIVITY THAT WOULD DENY YOU THIS ASSISTANCE IN ACCORDANCE WITH THE EMERGENCY ASSISTANCE POLICY, PLEASE SEE DEFINITIONS FOR DETRIMENT TO THE COMMUNITY?_____

CERTIFICATION

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

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

I/WE FURTHER UNDERSTAND THIS ASSISTANCE IS BASED ON FUNDING AVAILABILITY.

I/WE FURTHER UNDERSTAND THAT THIS ASSISTANCE IS AN AMOUNT UP TO $3,500.00.

I/WE CERTIFY THAT THIS IS AN EMERGENCY SITUATION, AND MY HOUSEHOLD HAS NO OTHER FUNDS AVAILABLE TO MY HOUSEHOLD TO PAY FOR THIS EMERGENCY SITUATION THAT IS PRESENT.

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 UNDERSTAND THAT IF I RECEIVE THIS ASSISTANCE EITHER MYSELF OR ANY TRIBAL MEMBERS THAT I HAVE LISTED AS PART OF MY HOUSEHOLD WILL BE ELIGIBLE TO RECEIVE EMERGENCY ASSISTANCE FOR THE NEXT FOUR (4) YEARS.

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:

_____DATE:_____
APPLICANT/ENTERPRISE TRIBAL MEMBER

_____DATE:_____
CO-APPLICANT/ENTERPRISE TRIBAL MEMBER

ALL OTHER ENTERPRISE TRIBAL MEMBERS THAT ARE MEMBERS OF THIS HOUSEHOLD MUST SIGN THIS APPLICATION AND ACKNOWLEDGE THE ACCEPTANCE AND CONDITIONS OF THIS ASSISTANCE:

_____DATE:_____
ENTERPRISE TRIBAL MEMBER

_____DATE:_____
ENTERPRISE TRIBAL MEMBER

_____DATE:_____
ENTERPRISE TRIBAL MEMBER

AUTHORIZATION

I/We do hereby authorize the Enterprise Rancheria 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 Emergency Assistance and in programs administered by the Enterprise Rancheria.

I, _____, (all tribal members over the age of 18 must complete this section), if I receive relief from my past due rental payments, or past due mortgage payments up to $3500.00, and I do not maintain this residence as my primary place of residence for one (1) year immediately following the date of assistance, then I understand and agree my household must pay back the entire amount granted my household for this Emergency Assistance prior to receiving any further assistance from the Enterprise Rancheria Indian Housing Authority, or receiving the revenue sharing that I am eligible to receive. By signing this document, I authorize the Enterprise Rancheria to forward all revenue sharing payments on my behalf to the Enterprise Rancheria Indian Housing Authority until this debt is paid in full. If there is more than one (1) tribal member over the age of 18 years of age on this application, the payments will be made in equal amounts from all qualifying members revenue sharing. I also understand that I have the option of paying the ERIHA in other forms of payment other then the revenue sharing funds.

Tribal Member #1

_____DATE:_____
ENTERPRISE TRIBAL MEMBER

Tribal Member #2

_____DATE:_____
ENTERPRISE TRIBAL MEMBER

Tribal Member #3

_____DATE:_____
ENTERPRISE TRIBAL MEMBER

Tribal Member #4

_____DATE:_____
ENTERPRISE TRIBAL MEMBER