ENTERPRISE RANCHERIA INDIAN HOUSING AUTHORITY

HOME IMPROVEMENT ASSISTANCE PROGRAM APPLICATION

TRIBAL MEMBER/APPLICANT NAME: _____ ENROLLMENT # _____

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

TELEPHONE NUMBER OR CONTACT TELEPHONE NUMBER:_____

WORK TELEPHONE NUMBER AND IMMEDIATE SUPERVISOR:_____

ADDRESS: _____

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

NUMBER OF OCCUPANTS THAT RESIDE IN THE HOME: _____

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

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

ARE YOU THE OWNER OF THE ABOVE ADDRESSED HOME ? _____ LIST THE ADDRESS, CITY , STATE WHERE THE HOME IS LOCATED_____

CURRENT MORTGAGE COMPANY: (IF APPLICABLE)_____
ADDRESS:_____
CONTACT NAME:_____
TELEPHONE NUMBER:_____

Home Improvement requested:

IMPROVEMENTS

_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

ENTERPRISE RANCHERIA HOUSING AUTHORITY STAFF INSPECTOR COMMENTS AND SIGNATURE REGARDING THE ABOVE REQUESTED IMPROVEMENTS AND VALIDATION OF WORK NEEDED:_____

_____

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

TOTAL GROSS ANNUAL INCOME
(BASE ON MONTHLY AMOUNT LISTED ABOVE AND X 12)
$_____

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

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 BRANCH AND YEARS SERVED? _____

ARE YOU CURRENT ON YOUR MORTGAGE PAYMENTS FOR THIS RESIDENCE? PLEASE PROVIDE PROOF FROM THE LENDER REGARDING YOUR CURRENT STATUS. YES _____ NO_____
IF NO, EXPLAIN: _____

IF THERE ARE FULL TIME STUDENTS RESIDING IN THE HOME PLEASE PROVIDE THE INFORMATION OF WHERE THE STUDENTS ARE ENROLLED IN SCHOOL OR INSTITUTION? _____

CERTIFICATION

I/WE HEREBY CERTIFY THAT THE ASSISTANCE APPLIED FOR IS 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 ELIGIBLITY 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 IN THE EVENT I/ WE SELL THIS HOME PRIOR TO THE END OF THE AGREEMENT I/ WE SHALL AGREE TO THE USEFUL LIFE PROVISION DESCRIBED ABOVE IN THE HIAP AGREEMENT PAGE THREE (3) ITEM SIX (6).

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 Home Improvement Assistance Program administered by the Enterprise Rancheria Indian Housing Authority.

_____	_____
Applicant	Co-Applicant
_____	_____
Date	Date

ENTERPRISE RANCHERIA
INDIAN HOUSING AUTHORITY
HOME IMPROVEMENT 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's Home Improvement 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 policy requirements and payback arrangements.

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

Note: This form is not a guarantee of assistance. Funding is contingent upon final approval by the Enterprise Rancheria Indian Housing Authority.

*The application may be delayed or denied if all necessary paperwork is not submitted at the time of the set appointment. In the event you are unable to attend your scheduled appointment, please call to cancel that appointment, so we can efficiently serve all our members.