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

ENTERPRISE RANCHERIA MOVE-IN ASSISTANCE APPLICATION

TRIBAL MEMBER/APPLICANT NAME: _____

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: _____ # OF TRIBAL MEMBERS (S) IN HOUSEHOLD: _____

NUMBER OF OCCUPANTS THAT WILL RESIDE IN THIS RENTAL UNIT: _____

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

NAME	D.O.B.	S.S.#	ENROLLMENT #

_____

_____

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

LIVING ARRANGEMENT-? _____

PROSPECTIVE LANDLORD/PROPERTY MANAGEMENT COMPANY: _____
ADDRESS:

_____

CONTACT NAME: _____
TELEPHONE NUMBER: _____

LOCATION OF RENTAL UNIT: _____

DEPOSITS & EXPENSE

SECURITY DEPOSIT OF RENTAL UNIT	$_____
TOTAL REFUNDABLE AMOUNT	$_____
MONTHLY RENTAL AMOUNT	$_____
OTHER MONTHLY FEES (WATER/SEWER, GARBAGE REMOVAL, FEES, AND DUES):	$_____
UTILITY DEPOSITS DUE FOR: ELECTRIC, GAS:	$_____
ANTICIPATED MONTHLY ELECTRICITY BILLS:	$_____
ANTICIPATED MONTHLY NATURAL GAS EXPENSE:	$_____
ANTICIPATED MONTHLY HEATING FUEL/OTHER:	$_____
ANTICIPATED HEATING FUEL/OTHER EXPENSE:	$_____
ANTICIPATED MONTHLY TELEPHONE EXPENSE:	$_____
TOTAL MONTHLY RENTAL AMOUNT:	$_____
TOTAL ANTICIPATED MONTHLY UTILITY EXPENSE:	$_____
OTHER MONTHLY UTILITY EXPENSES:	$_____
GRAND TOTAL ANTICIPATED RENT & UTILITY EXPENSE:	$_____

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/OTHER WELFARE PAYMENTS	$_____
_____	CHILD SUPPORT/ALIMONY	$_____
_____	FULL-TIME STUDENT INCOME (18 YRS/OLDER)	$_____
_____	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 INOCME IN THE NEXT 12 MONTHS? YES_____ NO_____
IF YES, EXPLAIN_____

ASSETS

REAL PROPERTY: DO YOU OWN ANY PROPERTY? YES ____ NO _____
IF YES, WHAT TYPE OF PROPERTY? _____
LOCATION: _____, CURRENT MARKET VALUE $_____
OUTSTANDING MORTGAGE BALANCE: $_____

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

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

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

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 BE (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 HOUSEHOLD PERMANENT RESIDENCE.

I/WE FURTHER CERTIFY THAT I/WE DO/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 INFORMAITON PROVIDED AND THAT MY INCOME MUST BE CONSIDERED TO BE LOW-INCOME ACCORDING TO MEDIAN INCOME FOR THIS AREA.

I/WE UNDERSTAND THAT MY/OUR ELIGIBILITY OF THIS ASSISTANCE WILL BE BASED ON THE FORMULA OF THE MONTHLY RENTAL EXPENSES NOT EXCEED 30% OF MY TOTAL MONTHLY INCOME.

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 MOVE-IN RENTAL ASSISTANCE ADMINISTERED BY THE ENTERPRISE RANCHERIA INDIAN HOUSING AUTHORITY.

_____	_____
Applicant	Co-Applicant
_____	_____
Date	Date