**Date Application Received:**_____ **Qualifying Tribal Member Name:**_____ **Points Earned:**_____

# ENTERPRISE RANCHERIA INDIAN HOUSING PROGRAM
# APPLICATION FOR RENTAL PROGRAM

Tribal Member/Applicant Name: _____
Current Address: _____
City, County, State, Zip Code: _____
Home Telephone #:_____ Cell Phone#:_____ Message Phone#:_____

**Household Composition**

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the tribal member/head of household. For each household member under the age of 18, please provide proof of custody, guardianship, birth certificate, etc.)

| Name | Enterprise Rancheria Tribal Member | Relationship | Age | Sex | Social Security # | Relationship |
|---|---|---|---|---|---|---|
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**Preference Information**

You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please explain those circumstances that may apply to your current situation, also please provide back-up documentation for any of these items that require documentation.

Are you 18 years or older, or are you a legal emancipated adult? _____

Are you currently homeless or living in substandard housing? If yes, please explain:_____
_____

Have you been (or are you about to be) displaced from your home? If yes please explain:_____
_____

Is any member of your household handicapped? If yes, please explain:_____

If the head of household is handicapped or disable, is this a temporary basis, or a permanent basis?_____
_____

Do you have ownership of any other home ?_____ If so, is where is the home located?_____

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Is the home in which you have ownership in good condition, standard condition, or substandard condition? _____Please explain:_____

Have you ever abandoned a NAHASDA assisted home that was provided to you from the Enterprise Rancheria or any other Housing Authority? _____If Yes, where and when?_____

Do you owe, or are you aware of owing any other debt to the Enterprise Rancheria or any other Housing Authority for prior occupancy of a NAHASDA assisted home?_____ If so, where and how much?_____

Do you owe any debt to the Enterprise Rancheria for any other debt?_____

Have you been previously evicted for non-compliance due to lack of performance on another tenant agreement or payment arrangement with the Enterprise Rancheria, or Enterprise Rancheria Indian Housing Authority? _____If so, please explain circumstances:_____

If approved for rental, do you intend to use this home as your principal place of residence?_____

**Current Residential Information**

Are you Currently renting a home/apartment? _____Are you Current with your Rent?:_____
How long have you rented this unit? _____Who's name is the lease agreement in?_____
Address of current Rental:_____
Number of People living in the home:_____ Number of Bedrooms:_____
Landlord's Name:_____
Landlord's Mailing Address:_____
Landlord's Telephone:_____

Do you consider your family in a homeless situation? _____If so, please explain your current living arrangements?_____
_____

If you are currently renting a home/apartment is there imminent threat present (dangerous issues with electrical, Water, sewer, sanitary issued, etc.)?_____If yes, please explain:_____

Have you been involuntarily displaced at no fault of yours or your households? (forced sale of the home you rent, 30 day notice for non-breach of the lease, etc.):_____

How many bedrooms does your current home/apartment have?_____ How many people are currently living in your current rental home/apartment?(Please list by name and age)_____
_____

Is the home/apartment where you currently rent in disrepair, please list the condition of the home/apartment that you currently rent? (i.e., repairs that are needed, etc.)_____
_____

**Income Information**

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Please list the members in the household that are currently employed, and provide documentation of that employment (current check stub, note from the employer, etc.)._____

_____

What is the total annual income of all household members? (Include wages, salaries and tips and any other income such as per-capita, revenue sharing, alimony, child support, Social Security, or other Benefits)

| Name | Source of Income | Monthly Amount | Annual Income |
|---|---|---|---|
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**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 | Cash Value of Asset | Annual Income From Asset |
|---|---|---|---|
| | | | |
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**Education Information**

Is the tribal member head of household a full time student? _____ If so, please provide the higher education facilities name and documentation of current enrollment status for the tribal member (head of household):

_____

**Expense Information**

Does your Elderly/Disabled household have unreimbursed medical expenses in excess of 3% of annual income?_____(available to elderly/disabled households only.)

Does your household pay childcare expenses for children under the age of 13 that enables a family member to work or go to school? _____If so, please provide receipts, or correspondence from the day care giver as to the amount of child care paid on a regular basis so the tribal member may continue to work outside the home: _____

Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?_____ If so, please provide receipts, or correspondence from the care giver as to the amount of caretaking paid on a regular basis so the tribal member may continue to work outside the home:

_____

**Application Certification**

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I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Enterprise Rancheria Indian Housing Authority to verify all information provided on this application.

_____ _____

Tribal Member Signature Date

_____ _____

Co-Household Member (over age of 18 yrs.) Date

**Please forward or deliver this application to:**

Enterprise Rancheria
Indian Housing Authority
2133 Monte Vista Ave.
Oroville, CA 95966

**If you have any questions or concerns regarding the completion or submittal of this application, please contact the ERIHA housing office at (530) 532-9214, or please contact the Tribe's Housing Consultants at (530) 596-4747.**