

NORTHERN CIRCLE INDIAN HOUSING AUTHORITY

Application for Rental Assistance

Reservation/Rancheria: _____

APPLICANT: _____ PHONE NO. : (_____) _____

MAILING ADDRESS: _____
Street/P.O. Box _____ City/Zip _____

Family Composition: Name/Relationship/Birthdate/Social Security # of each person who **will reside** in your household if you qualify for housing assistance with Northern Circle.

Name	Relationship/Sex (please circle)	Birthdate	SS#
1. _____	Head	_____	_____
2. _____	Spouse	_____	_____
3. _____	Child (M,F)	_____	_____
4. _____	Child (M,F)	_____	_____
5. _____	Child (M,F)	_____	_____
6. _____	Child (M,F)	_____	_____
7. _____	Child (M,F)	_____	_____
8. _____	Child (M,F)	_____	_____
9. _____	Other adult(M,F)	_____	_____
10. _____	Other adult(M,F)	_____	_____

Single Applicants: If you are a single applicant please indicate if you are one or more of the following:

- | | |
|--|---|
| _____ Full time student | _____ Handicapped Individual |
| _____ Elderly (62 years or older) | _____ Disabled Individual |
| _____ Near Elderly (55 – 64 years old) | _____ Single Person – paying excessive rent |

Present Housing Conditions: This information will help NCIHA assess your immediate and future housing needs.

◆ **Renting in the private sector**

If you are currently renting please indicate the amount you are now paying for **rent** \$_____.

Landlord: _____
Name Address Phone #

of Bedrooms: _____ total # of rooms in the home: _____

If your family is living in overcrowded conditions please describe how you utilize the living space available for your families needs in your current dwelling:

◆ **Homeless** (indicate your present situation):

- a. ____ Living in a homeless shelter _____
name and location
- b. ____ Living in a motel for temporary shelter _____
name and location
- c. ____ Other _____

◆ **Handicapped Data**

If you or a member of your family is handicapped please explain the nature of the handicap and describe any accessibility needs (wheel chair ramp, hand rails, etc.)



