

# Northern Circle Indian Housing Authority

## Application for Rental Assistance

|                        |           |                     |
|------------------------|-----------|---------------------|
| Tribe: _____           |           |                     |
| Applicant: _____       |           | E-mail: _____       |
| Mailing Address: _____ |           | Phone No: ( ) _____ |
| Street/P.O. Box        | City, Zip | County              |

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

| Name     | Relationship/Sex (circle male or female) | Birthdate | Social Security Number |
|----------|--|-----------|------------------------|
| 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) _____                        | _____     | _____                  |

**Applicant Data: Please indicate if any item listed below applies to you:**

- 1. Elderly (62 years or older)  \_\_\_\_\_
- 2. Handicapped or Disabled  \_\_\_\_\_
- 3. Veteran – Branch Served, Year Served \_\_\_\_\_
- 4. Have you ever received housing assistance from NCIHA before? If yes, explain \_\_\_\_\_
- 5. Do you have any outstanding debts with NCIHA or your tribe? If yes, explain \_\_\_\_\_
- 6. Are you enrolled full time at a Junior College (2 or more years) or a UC/CSU (four or more years)? If yes, please provide your current registration. \_\_\_\_\_

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

1. Renting in the private sector: If you are currently renting, please indicate the amount you are now paying for rent \$ \_\_\_\_\_  
Landlord: \_\_\_\_\_  
Name Address City, Zip Phone No.  
Number of Bedrooms: \_\_\_\_\_ Total number of rooms in the home: \_\_\_\_\_

2. 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:

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3. 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.)

- Disability: If disabled, identify type of disability (permanent or temporary): \_\_\_\_\_
- Are you receiving benefits for your disability? (include benefits under Other Income section): \_\_\_\_\_

**Expenses: Indicate if you pay for any of the items listed.**

- a. \_\_\_\_ Excess travel: Do you travel more than 25 miles (1way) to work, school or for medical reasons?
- b. \_\_\_\_ Child Care: Do you pay for child care? If yes, provide name and address of your provider.

**INCOME INFORMATION: The income data provided in this section will determine which housing program you may qualify for. All information is kept confidential and is subject to verification. If NCIHA is unable to verify the information, your application will be considered "incomplete" and returned to you. To avoid delaying your application, please complete this section as thoroughly as possible.**

**Employment:**

1. Name of family member employed \_\_\_\_\_  
Name of employer \_\_\_\_\_  
Address of employer \_\_\_\_\_  
Phone #, fax, email \_\_\_\_\_
2. Name of family member employed \_\_\_\_\_  
Name of employer \_\_\_\_\_  
Address of employer \_\_\_\_\_  
Phone #, fax, email \_\_\_\_\_

**Employment cont'd**

3. Name of family member employed \_\_\_\_\_  
 Name of employer \_\_\_\_\_  
 Address of employer \_\_\_\_\_  
 Phone #, fax, email \_\_\_\_\_

**Other Income: TANF, SSL, SSB, Veteran's, UIB, etc.**

1. Family member employed: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Agency address: \_\_\_\_\_  
 Agency phone #: \_\_\_\_\_, fax: \_\_\_\_\_, email: \_\_\_\_\_

2. Family member employed: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Agency address: \_\_\_\_\_  
 Agency phone #: \_\_\_\_\_, fax: \_\_\_\_\_, email: \_\_\_\_\_

3. Family member employed: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Agency address: \_\_\_\_\_  
 Agency phone #: \_\_\_\_\_, fax: \_\_\_\_\_, email: \_\_\_\_\_

|  |  |
|--|--|
| <b>Applications Accepted By:</b>   |  |
| <b>FAX OR E-MAIL:</b><br>707-468-5615 or <a href="mailto:Christine@nciha.org">Christine@nciha.org</a><br>Subject Line:<br><b>Attention: Management Dept.</b> | <b>MAIL:</b><br><br><b>Northern Circle IHA</b><br><b>694 Pinoleville Drive</b><br><b>Ukiah, CA 95482</b> |

**Applicant's Signature and Acknowledgment of Factual Data:**

I declare under penalty of perjury that I have fully, completely and accurately answered all of the questions contained in this consent form and that all of the information contained in this consent form is true and correct. I agree that if I fail to disclose requested information or if any of the information provided herein is inaccurate or incomplete, by omission or commission, NCIHA shall have the right to eliminate me from consideration for available housing for a period of at least one year and if I have already been selected for housing, to rescind my rental lease or mutual help agreement and I shall then upon demand immediately vacate the premises.

\_\_\_\_\_

\_\_\_\_\_

**Applicant's Signature** **Date**

APPLICANT/TENANT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I have reviewed all applicable NCIHA forms and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

In know I am required to report changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I received any previous federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment will be my principal residence and will not obtain duplicate federal housing assistance while I am in this current program.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits or verify my true circumstances. Cooperation includes attending pre-scheduled meetings, completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance or eviction.

CRIMINAL AND ADMINISITRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

CERTIFICATION OF TENANTS

*All Adult Members of Household Required to Sign Below*

I understand and answered all questions on this recertification update. I certify that all answers are true to the best of my knowledge and that any misrepresentations of information or false statement could be grounds for termination of my Lease/MHOA.

- 1. \_\_\_\_\_ Date \_\_\_\_\_
- 2. \_\_\_\_\_ Date \_\_\_\_\_
- 3. \_\_\_\_\_ Date \_\_\_\_\_
- 4. \_\_\_\_\_ Date \_\_\_\_\_
- 5. \_\_\_\_\_ Date \_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

|  |       |                                 |       |
|--|-------|---------------------------------|-------|
| _____  | _____ |                                 |       |
| Head of Household                                    | Date  |                                 |       |
| _____  |       | _____                           | _____ |
| Social Security Number (if any) of Head of Household |       | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Spouse   | Date  | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Other Family Member over age 18                      | Date  | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Other Family Member over age 18                      | Date  | Other Family Member over age 18 | Date  |

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



**NORTHERN CIRCLE INDIAN HOUSING AUTHORITY**

694 Pinoleville Drive  
Ukiah, CA 95482  
707-468-1336 Fax 707-468-5615

**INCOME VERIFICATION RELEASE FORM**

**TENANT SIGNATURE REQUIRED HERE - ONLY**

As a resident of Northern Circle Indian Housing Authority, I am authorizing the release of the information requested by NCIHA and understand that it will be used for the purpose of verifying my income.



\_\_\_\_\_  
**Signature of Tenant Receiving Income**

\_\_\_\_\_  
**Date**

**TO: Employer / Other Income Source Provider**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attn.:* \_\_\_\_\_

**Tenant:** \_\_\_\_\_  
**Soc. Sec. No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**For:** \_\_\_\_\_  
\_\_\_\_\_  
(case name if applicable)

NCIHA is required to verify the income of all members of families applying for admission as tenants to the federally aided housing units which we operate. We ask your cooperation in supplying information regarding the income of the person listed above. This information will be held in strict confidence and will be used only for determining the rent or house payment of the family.

Above is a signed authorization for your release of this information to us. Please provide the information requested on the **back of this form in either Section I or II or attach verification**. Your prompt return of the information, in the enclosed addressed envelope, is appreciated.

I can be contacted at 707-468-1336 if you have questions or need clarification.

Thank you.

\_\_\_\_\_  
Christine De Los Santos Housing Department Services Assistant  
Northern Circle Indian Housing Authority

\_\_\_\_\_  
**Date**

For Office Use Only

\_\_\_\_\_  
Applicant Name

**Section I : EMPLOYER TO COMPLETE THIS SECTION**  
*Please provide a rate in one of the 4 spaces provided below. If the person is no longer employed for your agency, indicate below.*

**CURRENT** rate of pay: \$ \_\_\_\_\_ **hourly** / \$ \_\_\_\_\_ **weekly** / \$ \_\_\_\_\_ **monthly** / \$ \_\_\_\_\_ **other**

Is this position temporary or sporadic: \_\_\_\_\_yes / \_\_\_\_\_no

Expected duration of employment: \_\_\_\_\_

Average number of **hours** worked **per week**: \_\_\_\_\_

Average number of **months** worked **per year**: \_\_\_\_\_

FIRM: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ DATE: \_\_\_\_\_

 *Check if no longer employed : (    )*

**Section II: OTHER INCOME PROVIDER TO COMPLETE THIS SECTION**  
*Please provide benefit amount in one of the 3 sections listed. If the person is no longer receiving benefits, indicate below.*

**CURRENT** rate of benefit: \$ \_\_\_\_\_ **weekly** / \$ \_\_\_\_\_ **monthly** / \$ \_\_\_\_\_ **other**

AGENCY: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ DATE: \_\_\_\_\_

 *Check if no longer receiving benefits: (    )*

\_\_\_\_\_  
**COMMENTS:**





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694 Pinoleville Drive  
Ukiah, CA 95482  
707-468-1336 Fax 707-468-5615

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\_\_\_\_\_  
**Signature of Tenant Receiving Income**

\_\_\_\_\_  
**Date**

**TO: Employer / Other Income Source Provider**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attn.: \_\_\_\_\_

**Tenant:** \_\_\_\_\_  
**Soc. Sec. No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**For:** \_\_\_\_\_  
\_\_\_\_\_  
(case name if applicable)

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Thank you.

\_\_\_\_\_  
Christine De Los Santos Housing Department Services Assistant  
Northern Circle Indian Housing Authority

\_\_\_\_\_  
**Date**

For Office Use Only

\_\_\_\_\_  
Applicant Name

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Is this position temporary or sporadic: \_\_\_\_\_yes / \_\_\_\_\_no

Expected duration of employment: \_\_\_\_\_

Average number of **hours** worked **per week**: \_\_\_\_\_

Average number of **months** worked **per year**: \_\_\_\_\_

FIRM: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ DATE: \_\_\_\_\_

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AGENCY: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ DATE: \_\_\_\_\_

 *Check if no longer receiving benefits: (    )*

\_\_\_\_\_  
**COMMENTS:**



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694 Pinoleville Drive

Ukiah, CA 95482

707-468-1336 Fax 707-468-5615

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\_\_\_\_\_  
**Date**

**TO: Employer / Other Income Source Provider**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attn.: \_\_\_\_\_

**Tenant:** \_\_\_\_\_  
**Soc. Sec. No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**For:** \_\_\_\_\_  
\_\_\_\_\_  
(case name if applicable)

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Christine De Los Santos Housing Department Services Assistant  
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\_\_\_\_\_  
**Date**

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\_\_\_\_\_  
Applicant Name

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Expected duration of employment: \_\_\_\_\_

Average number of **hours** worked **per week**: \_\_\_\_\_

Average number of **months** worked **per year**: \_\_\_\_\_

FIRM: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ DATE: \_\_\_\_\_

 *Check if no longer employed : (    )*

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AGENCY: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ DATE: \_\_\_\_\_

 *Check if no longer receiving benefits: (    )*

\_\_\_\_\_  
**COMMENTS:**



Northern Circle Indian Housing Authority  
694 Pinoleville Drive, Ukiah CA 95482  
707-468-1336 800-521-3191

**Sole Residency:**

I hereby certify that I do not own an interest in a house, condominium, cooperative, or building which I could use as a residence (collectively "a Residence") and that I am currently in need of decent, safe and sanitary housing. If I acquire an ownership interest in a Residence while I am renting a house or apartment from Northern Circle Indian Housing Authority ("NCIHA"), I agree to notify NCIHA of the fact immediately. Further I understand that NCIHA may terminate my lease based on my ownership interest in a Residence. I agree to vacate the house or apartment I am renting from NCIHA immediately, if NCIHA terminates that lease, because I have acquired an interest in a Residence

**Conflict of Interest:**

Is the applicant, spouse, natural or adoptive child, parent, grandparent, grandchild, brother or sister of any member of the NCIHA Board of Commissioners or staff?

\_\_\_\_\_ yes      \_\_\_\_\_no

If yes, whom are you related to and what is the relationship?

I have read and understand the above sections pertaining to NCIHA Sole Residency and Conflict of Interest Policies.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Northern Circle Indian Housing Authority  
694 Pinoleville Drive, Ukiah CA 95482  
707-468-1336 800-521-3191

### **TRIBAL ENROLLMENT VERIFICATION**

All Tribes participating in Northern Circle Indian Housing Authority housing programs have established preferences for enrolled members of each individual rancheria.

Membership is subject to verification with the appropriate tribal office.

I, \_\_\_\_\_ am an enrolled tribal member of the  
\_\_\_\_\_ Rancheria/Reservation.

(check one)

My tribal roll # \_\_\_\_\_

My tribes does not issue roll numbers

My enrollment is pending

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Note: If your tribe does not utilize tribal enrollment numbers, you may submit a "certificate of enrollment" or provide a copy of your tribal ID card.