

NORTHERN CIRCLE INDIAN HOUSING AUTHORITY
APPLICATION FOR ON-SITE HOUSING / HOPLAND

Name:		Phone:	
Mailing Address:		E-mail:	
City, Zip		County:	
Tribal Affiliation:			
Family Composition: Name/Relationship/Birthdate/Social Security # of each person who will live in your home			
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 you are:	Yes/No	Explain if necessary
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			
Housing Data	All applicants shall disclose truthful and accurate information when applying for HUD-aided rental units. If at any time during the selection process, NCIHA or the HBPI receives verified or verifiable information that an applicant did omit or withhold information pertinent to the applicant's eligibility, including information about the applicant's criminal history, then NCIHA will consider the applicant to be no longer eligible for any HUD-aided rental for a period of at least one year. In order to be eligible for consideration under the HBPI tenant selection process, please complete the following information:		
1. Do you own a home that exists on your Rancheria or elsewhere?			
2. Do you live in a home that is owned by your tribal government or that has been remodeled or constructed with BIA Housing Improvement Program (HIP) funding, within the past five (5) years?			

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3. Have you been arrested (18 and over) for or convicted of a crime or crimes such as but not limited to murder, manslaughter, kidnapping, assault with a deadly weapon, marijuana cultivation, illegal possession of a firearm, firing a gun in a negligent manner, burglary, theft, grand theft, grand theft auto, drug possession, manufacturing, transporting, selling or using illegal drugs, driving while intoxicated, domestic violence, elder abuse, child neglect, child abuse, sex offenses, welfare fraud, vandalism, diversion, embezzlement and or/other crimes which are enumerated in the California Penal Code and California Vehicle Code and/or which pose a serious threat to the peace and safety of the NCIHA community and the HBPI reservation.
 Yes _____ No _____

If yes, please explain the incident(s), charge(s) and outcome(s). (A criminal conviction does not necessarily eliminate you from consideration) **This question does not apply to felonies, please list misdemeanors, if applicable**

4. Do you consent to allow NCIHA and/or the HBPI to obtain information about your civil court and criminal history? Please not (Failure to allow consent will eliminate you from consideration.) Yes _____ No _____

<p>Present Housing Conditions: The following information is requested to determine if you are qualified for federal preferences in accordance with HDU regulations and is subject to verification by NCIHA.</p> <p>1. Renting in the private sector: If you currently rent in the private sector, how much rent are you paying? Provide the name, address and phone number of your current landlord.</p>	(✓)	<p>Explain</p>
<p>2. Substandard Housing: If you are living in substandard housing, indicate the conditions that makes your present dwelling substandard.</p> <ul style="list-style-type: none"> • Structurally unsafe • No drinking or running water • No usable flush toilet • No usable tub or shower • No kitchen (but should have) • Inadequate or unsafe electrical wiring • Inadequate or unsafe heating source 	(✓)	<p>Explain</p>

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<ul style="list-style-type: none"> • Overcrowded conditions? explain 		
<p>3. Homeless</p>		
<ul style="list-style-type: none"> • Living in a homeless shelter: Name/location 		
<ul style="list-style-type: none"> • Living in a motel for temporary shelter: Name/location 		
<ul style="list-style-type: none"> • Other: explain 		
<p>4. Involuntary Displacement: Reason for displacement</p>		
<ul style="list-style-type: none"> • Present dwelling was destroyed by natural disaster (flood, fire) 		
<ul style="list-style-type: none"> • Displaced by federal or local 		
<ul style="list-style-type: none"> • Government action 		
<ul style="list-style-type: none"> • Owner of present dwelling unit has issued an order to vacate beyond my control (property sold, etc) 		
<ul style="list-style-type: none"> • Displaced because of actual or threatened physical violence 		
<p>Handicapped Data:</p>		
<p>1. If you or a member of your family is handicapped, please explain the nature of the handicap and describe any accessibility needs (wheelchair ramp, hand rails, etc.)</p>		
<ul style="list-style-type: none"> • Disability: If disabled, identify type of disability (permanent or temporary) 		
<ul style="list-style-type: none"> • Are you receiving benefits for your disability? (include benefits under Other Income section) 		
<p>Miscellaneous Expenses:</p>		
<p>1. Do you travel more than 25 miles (1 way) for work, school or medical reasons?</p>		
<p>2. Do you pay for child care? What is your annual expense</p>		

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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.
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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 _____

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

Other Income	TANF, SSI, SSB, Veterans, UIB, Tribal Per Capita
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1. Family member employed: _____
Agency: _____
Agency address: _____
Agency phone #: _____, fax: _____, email: _____

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

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3. Family member employed: _____

Agency: _____

Agency address: _____

Agency phone #: _____, fax: _____, email: _____

Applications Accepted By:

FAX OR E-MAIL:

707-468-5615 or smoncivais@pacific.net

Subject Line:

Attention: Management Dept.

MAIL:

Northern Circle IHA
694 Pinoleville Drive
Ukiah, CA 95482

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