



## Housing Programs Application

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Tribal Enrollment #: \_\_\_\_\_

Other Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you resided in the residence? \_\_\_\_\_

Name (List Applicant, followed by all household members)	SS#	Relationship to Applicant	Date of Birth	Age	Sex	Reported Income
1.						
2.						
3.						
4.						
5.						
6.						
7.						

### Estimated Family Income (for next 12 months)

**A.** Income from employment

Family Member Number	Employer Name(s) & Address	Rate Per Hour	Rate Per Week	Total Per Year
1.		\$		
2.		\$		
3.		\$		
4.		\$		

**B. Other income**

Source	Rate Per Month	Total Per Year
TANF	\$	
Social Security	\$	
Disability	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other*	\$	

To be eligible for services the household income cannot exceed 80% of the National Median Income or Area Income, whichever is higher.

**Gross Annual Household Income:** \_\_\_\_\_

**Additional Assets: (If applicable, Circle and provide additional documentation)**

Stocks/Bonds    Checking/Savings    Rental Property    Retirement Benefits

**HAVE YOU DISPOSED OF ANY ASSETS WITHIN THE PAST TWO YEARS? Circle Yes or No**  
If yes, how much income was generated? \_\_\_\_\_

**Required Documentation to Complete File:** \*Tribal Enrollment Card \*Picture I.D. \*SS Card or Birth Certificate\*

\*Copy of Deed or Filed Lifetime Rights (If Applicable) \* Copy of Power of Attorney (if applicable) \*Proof of Disability (if applicable) \*Proof of Income \*Copy of assets

Proof of Income can be

2 most recent paystubs

Most recent 1040 Tax Return Form

Social Security and/or Disability Award Letter

2 months Bank Statements

Other documents may be used on a case by case basis provided they show annual income or predicted annual income

\*\*For Rental Assistance program you must provide lease document showing the lease term, number of bedrooms and total rent.\*\*

**Certifications:**

**Recipient:** I certify that my household is drug free. I understand that falsification of this information may result in denial or repayment of assistance.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Recipient:** I certify that the information provided on this form is true and complete to the best of my knowledge. In addition, I consent to allow The Monacan Indian Nation to request and obtain information for the purpose of verifying my eligibility for Housing/Assistance Programs. Furthermore, I understand that falsification of this information may result in denial or repayment of assistance.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check the following that apply:**

*\*Head of Household is the applicant*

\_\_\_\_ Elderly Head of Household (62 or older)

\_\_\_\_ Disabled Head of Household

\_\_\_\_ Near Elderly Head of Household (age 55 to 61)

\_\_\_\_ Disabled or Elderly Household Member

\_\_\_\_ Single-Parent (with one or more Children in the home)

\_\_\_\_ Veteran

\_\_\_\_ Monacan Indian Nation Enrolled Member

I \_\_\_\_\_, certify that the above information has been filed and verified Tribal Representative

for accuracy. I further attest that this application is complete.

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

Applicant signature \_\_\_\_\_

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

(For services and order of emergency)