



## Housing Programs Application

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

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

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

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

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

**Email Address:** \_\_\_\_\_

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

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

**If assistance is for current residence what is the monthly rent payment?** \_\_\_\_\_

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 ( must include income of all adults 18 years and up)

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

**B. Other income**

<b>Source</b>	<b>Rate Per Month</b>	<b>Total Per Year</b>
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