

# MINHD HOUSING PROGRAM APPLICATION

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address or P.O. Box #: \_\_\_\_\_

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

CONTACT PHONE NUMBER: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tribal Enrollment Number \_\_\_\_\_

Have you ever participated in a MINHD housing program?  Yes  No

Do you or any member of your household have a family or business relationship with an employee of the Monacan Indian Nation Housing Authority or of any Tribal Council Member?  Yes  No

## 1. Family Composition

### A. Persons who live in your home

Family Member Number	Name(s) of Your Family Members	Relationship To You	Date of Birth	Sex (M or F)	Social Security Number*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**\*Social Security Number is required for all family members who are 6 years of age or older**

B. Are you an enrolled citizen of the MIN?  Yes  No

C. Are you or your spouse a person with a disability?  Yes  No

D. Are any other members of your family who will live in your home persons with disabilities?  
 Yes  No

If yes, which family members \_\_\_\_\_

E. Is anyone in the household enrolled as a fulltime student? \_\_\_\_\_ If Yes, please indicate educational institution and provide verification of enrollment.

F. If not an enrolled member of the MIN, are you an enrolled member of another federally recognized tribe? If Yes, please indicate the name of tribe and location.

\_\_\_\_\_

**2. 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	\$	\$
S.S.I.	\$	\$
Unemployment	\$	\$
Pensions	\$	\$
Leases	\$	\$
Own Business	\$	\$
Other*	\$	\$

\*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

Periodic or Sporadic Income  Yes  No      \$ \_\_\_\_\_ per month  
 Family income for next 12 months      \$ \_\_\_\_\_

Please attach copies of the most recent IRS 1040 forms and most recent pay stubs for all applicable members of the family.

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

**Additional Assets: (If applicable)**

1. Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Value / Current Balance	Amount of Income generated
2. Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
2. Checking/Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
3. Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
4. Land	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
5. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

Have you disposed of any assets within the past two years? Circle Yes or No. If yes, how much income was generated? \_\_\_\_\_

Please answer the following questions:

A. Are you without housing or are you about to be without housing?  Yes  No

If yes, please explain: \_\_\_\_\_

B. Living in overcrowded conditions?  Yes  No

Two or more families living in one home  Yes  No

No. of people living in home: \_\_\_\_\_

No. of bedroom(s) \_\_\_\_\_

C. Are you living in substandard conditions?  Yes  No If yes, complete the following:

Is there potable water?  Yes  No

Is there safe electricity?  Yes  No

Is there safe and adequate heat?  Yes  No

Do you have an indoor bathroom? Yes No

Has the building been declared unsafe or condemned?  Yes  No

Ever Been Convicted of a Crime?  Yes  No

If Yes, describe: \_\_\_\_\_

Ever Filed for Bankruptcy?  Yes  No

If Yes Describe: \_\_\_\_\_

Ever Been Evicted?  Yes  No

If Yes, Describe: \_\_\_\_\_

**3. OTHER INFORMATION:**

A. Do you have pets?  Yes  No . If yes, please specify: \_\_\_\_\_

B. Have you or other members of your family been charged/convicted of Violent Crimes?  
 Yes  No

C. Drug Related Crimes?  Yes  No

D. Lifetime Sex Offender Registry?  Yes  No If yes, please explain:  
\_\_\_\_\_

Have you previously participated in a Federally Subsidized Housing Program?  Yes  No

If so which program \_\_\_\_\_

**Please give a brief but thorough description as to the need for the assistance.**

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**What size unit are you applying for? Example 1,2, or 3 Bedroom?**

4. Do you rent \_\_\_\_\_ own \_\_\_\_\_ or other \_\_\_\_\_ your current home? If renting, please provide the following information:

Landlord Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Landlord Phone Number: \_\_\_\_\_  
Dates of residency: Lease begin date \_\_\_\_\_ Lease end date: \_\_\_\_\_  
If less than one year: Please provide previous landlord information.

Landlord Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Landlord Phone Number: \_\_\_\_\_  
Dates of residency: Lease begin date \_\_\_\_\_ Lease end date: \_\_\_\_\_

List previous landlord reference, with address and phone number:

\_\_\_\_\_

5. **Signature and consent to release information**

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Monacan Indian Nation to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the MINHD if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

\_\_\_\_\_

Your Signature

\_\_\_\_\_

Date

***Required Documentation to Complete File:***

***\*Tribal Enrollment Card \*Picture I.D. \*SS Card or Birth Certificate\* Proof of Disability (if applicable) \*Proof of Income can be 2 most recent pay stubs; 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.***

***Other Documentation:***

***\*Copy of Deed or Filed Lifetime Rights and proof of homeowners insurance when applying for rehabilitation/ weatherization program; \*Copy of Power of Attorney (if applicable); \*Copy of assets (If Applicable); \*For Rental Assistance program you must provide lease and signed owner's agreement; \*Disconnection, eviction or foreclosure statements when applying for homeless prevention; \*Other documents may be requested upon review of application.***

**APPLICATIONS WILL NOT BE PROCESSED OR COUNTED AS RECEIVED UNTIL ALL DOCUMENTAION IS RECEIVED**

## 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, which may include a credit and/or background check. Furthermore, I understand that falsification of any information may result in denial or repayment of assistance.

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

### Check the following that apply: Points will apply.

*\*Head of Household is the applicant.*

- Enrolled MIN Member who is Head of Household (6 pts.)
- Enrolled MIN member spouse of the Head of Household Member (3 pts.)
- Enrolled MIN members who are not Head of Household or spouse (3 pts.)
- Elderly person who is the Head of Household (62 years of age or older) (4 pts.)
- Member of household who is elderly person other than the Head of Household (62 years of age or older) (2 pts.)
- Veteran who is Head of Household (not HUD-VASH) (3 pts.)
- Disabled family (3 pts.)
- Single Parent (with one or more children in household) (3 pts.)
- Full- time college student (3 pts.)

Initials \_\_\_\_\_

\*\*\*\*\*OFFICE USE\*\*\*\*\*

Date and time application was received by the MINHD \_\_\_\_\_

Signature of MIN Chief/Assistant Chief/ MIN employee receiving application:

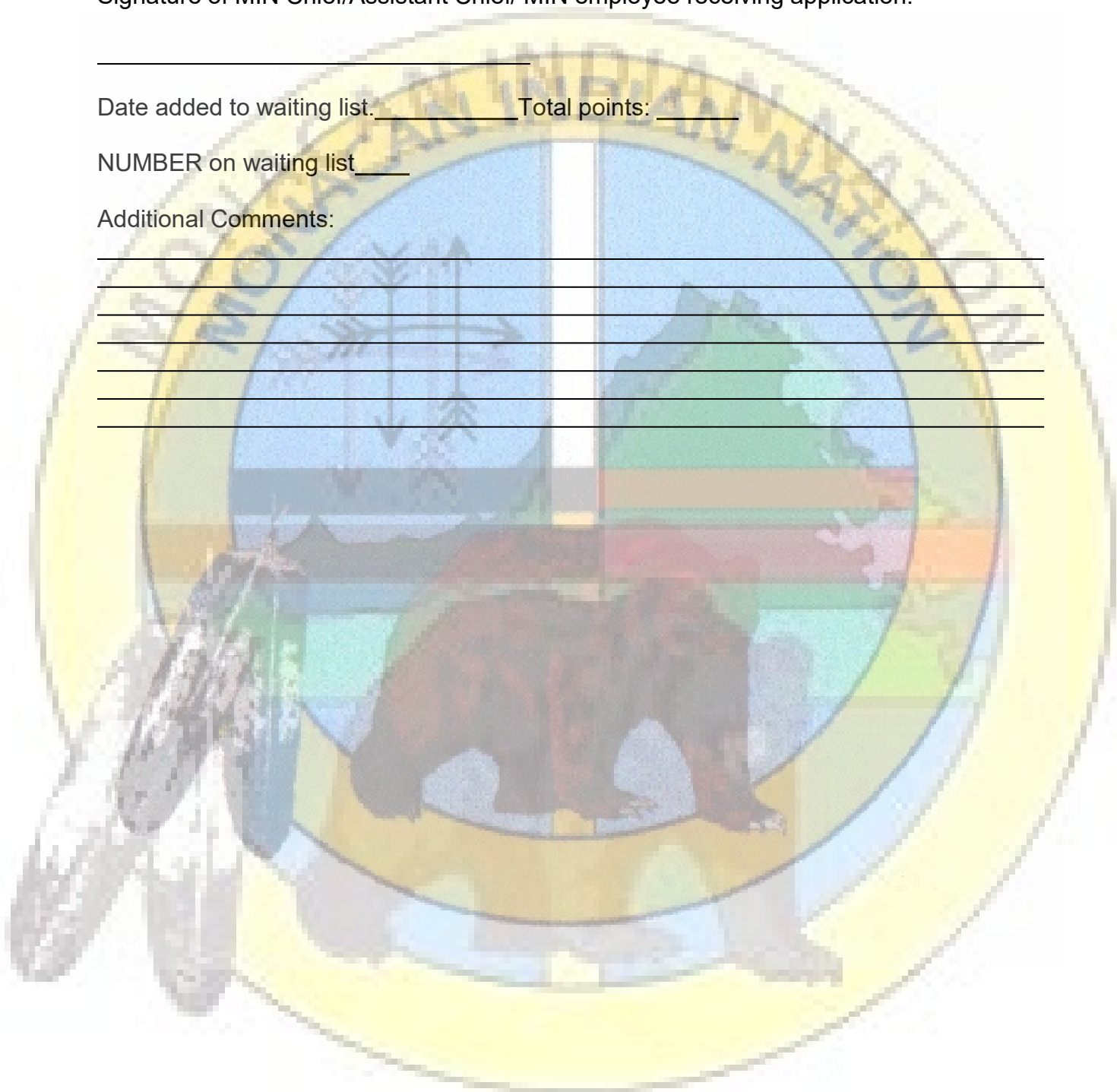
\_\_\_\_\_

Date added to waiting list. \_\_\_\_\_ Total points: \_\_\_\_\_

NUMBER on waiting list \_\_\_\_\_

Additional Comments:

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



Initials \_\_\_\_\_