

MINHD HOUSING PROGRAMS APPLICATION

Your Name: _____

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

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.

C. Total family income for next 12 months \$ _____

D. 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, 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? _____

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: _____

E. Please indicate which program you are applying.

Rental Assistance	Down Payment Assistance	RAP- Rehabilitation	Housing	Homeless Prevention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

If you are applying for Down Payment Assistance, please answer the following.

3. Address of property being acquired? Will resident be your primary housing?
4. Estimated closing date?
5. Name of mortgage and settlement company?

If you are applying for Homeless Prevention Services, please answer the following.

6. Are you having to leave your home due to eviction or foreclosure?

If you are applying for RAP Policy-Weatherization, please answer the following.

7. Present housing condition and rehabilitation needs. Please provide photos if available.

If you are applying for Housing,

8. What size unit are you applying for? Example 1,2, or 3 Bedroom? _____
9. 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: _____

10. **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

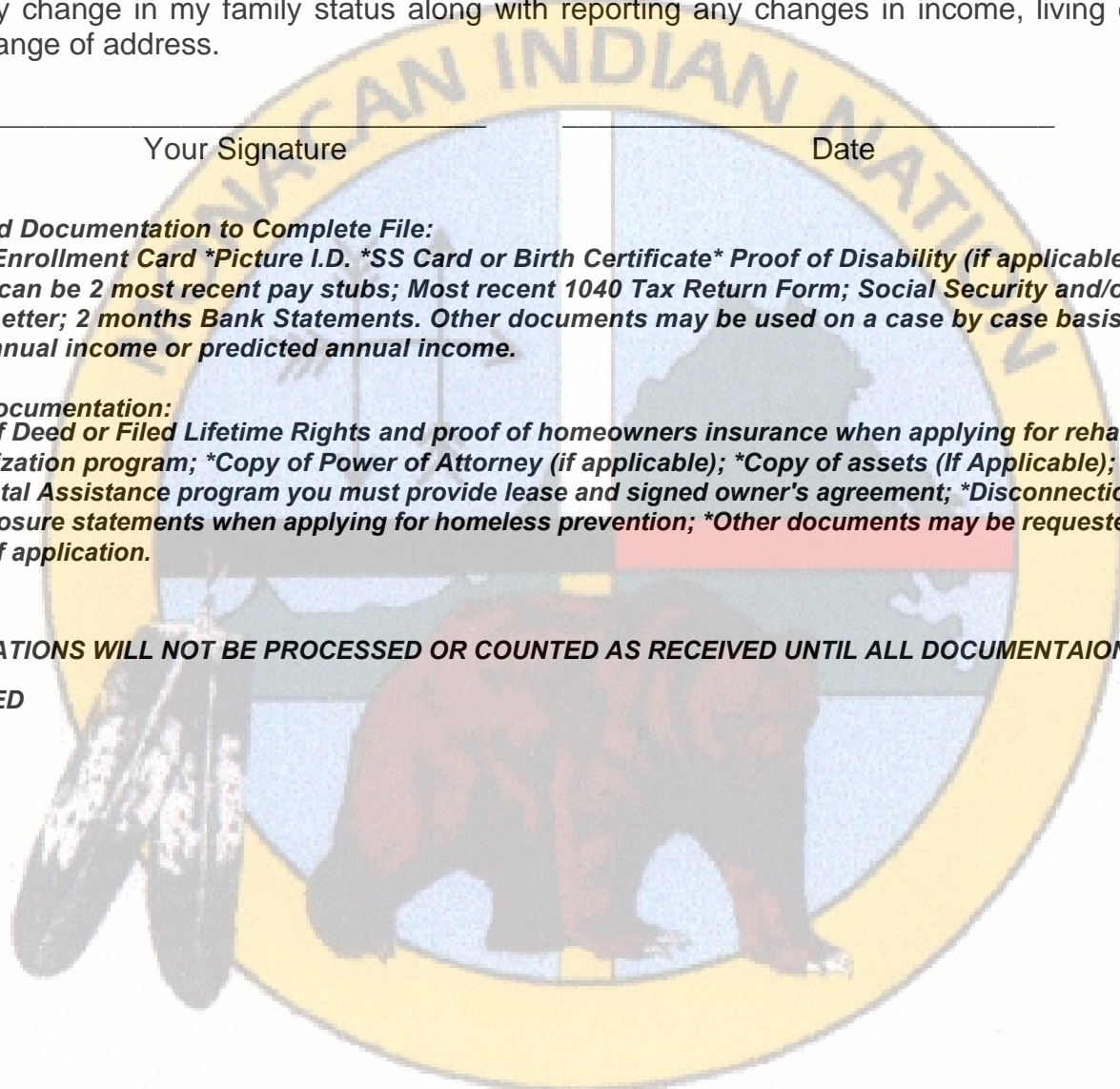
Required Documentation to Complete File:

****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.)

*****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:

