



PINOLEVILLE POMO NATION

500 B. Pinoleville Ukiah, CA 95482

phone: 707-463-1454 fax: 707-463-6601

APPLICATION FOR NATIVE AMERICAN HOUSING AND SELF-DETERMINATION ACT (NAHASDA) ASSISTED RENTAL UNITS

Instructions: Please read Carefully. Incomplete applications will not be processed.

1. To be qualified for admission to Pinoleville Pomo Nation Housing Department (PPNHD) NAHASDA assisted rental units an applicant must:
 - a) Be a family as defined in Pinoleville Housing Department's Admission and Continued Occupancy policy;
 - b) Meet the NAHASDA requirements on Tribal citizenship status;
 - c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD posted in Housing Department offices;
 - d) Provide documentation of Social Security numbers for all family member, age 6 or older, or certify that they do not have Social Security numbers;
 - e) Meet or exceed Applicant Selection Criteria, including attending and successfully completing a PPNHD approved pre-occupancy orientation session; and
 - f) Meet screening requirements related to criminal activity and substance abuse.
2. Complete applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit type and size and applicant admission preferences.
3. Applications will be accepted by mail and hand delivery, sent to the following address, postmarked within dates when PPNHD is accepting applications:

**Pinoleville Pomo Nation
Housing Department
500B Pinoleville Drive
Ukiah, CA 95482**
4. Applicants with disabilities may seek assistance with completion of the application at PPNHD, at the address above.
5. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.
6. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.

Low Rent Program

Low Rent Housing: The Pinoleville Pomo Nation Housing Department manages Low Rent housing units in the Lakeport and Ukiah areas. Only qualified low-income families are eligible for assistance. Applicants are placed on a waiting list with preference given to Pinoleville citizen families. The Low Rent program is a month-to-month lease and the rent is based on 20% of adjusted gross income.

Section 1: Application Information

Applicant Name: _____

Date: _____

Address: _____

Home Phone: _____

City, State , Zip: _____

Cell Phone: _____

Desired Location: ☐ Ukiah ☐ Lakeport

Does any household member owe any amounts to PPNHD? ☐ Yes ☐ No

Family Composition:

Please list YOURSELF and ALL PERSONS that will be living in your household. (List additional members on a separate page).

MBR #	LAST NAME	FIRST NAME	SEX	RELATION TO HEAD	BIRTH DATE	SOCIAL SECURITY #
1				Head		
2						
3						
4						
5						
6						
7						

Single Applicant Data: Please indicate if you are:

☐ Single Male under age 62

☐ Single Female who is currently pregnant

☐ Elderly (62 years or older)

☐ Handicapped or Disabled

Section 2: Income and Asset Information

All information is kept confidential and is subject to verification. If the Pinoleville Housing Department is unable to verify the information on your application it will be considered "incomplete" and returned to you. To avoid delaying your application, please complete this section as thoroughly as possible.

CURRENT EMPLOYMENT INFORMATION

Person Employed _____	Length of Employment	Years: _____	Months: _____
Position/Title _____	Full-Time/ Part Time _____		
Gross Monthly Income _____	Net Monthly Income _____		
Employer's Name _____	Address _____		
City, State, Zip _____	Telephone Number _____		

Person Employed _____	Length of Employment	Years: _____	Months: _____
Position/Title _____	Full-Time/ Part Time _____		
Gross Monthly Income _____	Net Monthly Income _____		
Employer's Name _____	Address _____		
City, State, Zip _____	Telephone Number _____		

ALL HOUSEHOLD INCOME

Please check ANY of the following types of income ALL members of your household now receive or Expects to Receive:

___ UNEMPLOYMENT BENEFITS	___ CHILD SUPPORT/ ALIMONY	___ S.S.I/ SOCIAL SECURITY
___ SELF-EMPLOYMENT	___ WORKMEN'S COMP/ L & I	___ ANNUITY PAYMENTS
___ VETERAN'S BENEFITS	___ HUD HOUSING VOUCHER	___ RETIREMENT PENSION
___ PUBLIC ASSISTANCE	___ OTHER	

NAME OF FAMILY MEMBER	SOURCE OF INCOME	AMOUNT	FREQUENCY

*child support includes regular contributions received from any source for a dependent

Income Questionnaire

Do YOU or ANYONE in your household receive OR expect to receive income from: (report all dollar amounts above)

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Employment wages or salaries? (Include overtime, tips, bonuses, commissions, and payments received in cash.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Self-employment? (Include overtime, tips, bonuses, commissions and payments received in cash.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Regular pay as a member of the Armed Forces/Military? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Unemployment benefits or worker's compensation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Child Support or Alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Social Security, SSI, or any other payments from Social Security Administration? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Regular payments from a Veteran's Benefit, pension, retirement benefit or annuities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Regular payments from a severance package? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Regular payments from any type of settlement? (For example, insurance settlements.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Payments from any per capita related to land claims settlements, dividends? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Regular gifts or payments from anyone outside of the household?
(This includes anyone supplementing your income or paying any of your bills.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Regular payments from lottery winnings or inheritances? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Regular payments from rental property, trust, or other types of real estate transactions? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Any other income sources or types not listed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Do you or any other household members expect any changes to your income in the next 12 months? |
- Explanation: _____

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Yes No

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Checking or savings accounts? |
|--------------------------|--------------------------|-----------------------------------|

Household Member

Financial Institution

Amount

Section 3: General Questionnaire

Housing References

List housing references for the past 3 years. (if additional space is required, use the back of this applications,)

Name of Landlord: _____ Rent Amount: _____
Previous Address: _____ City, State, Zip: _____
Phone Number: _____ Dates of Occupancy: _____
Reason for Leaving : _____

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Previous Address: _____ City, State, Zip: _____
Phone Number: _____ Dates of Occupancy: _____
Reason for Leaving : _____

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Previous Address: _____ City, State, Zip: _____
Phone Number: _____ Dates of Occupancy: _____
Reason for Leaving : _____

Tribal Housing Data

* 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? ☐ Yes ☐ No

Do you own a home that exists on your reservation or elsewhere? ☐ Yes ☐ No

Present Housing Conditions:

The following information is requested to determine if you are qualified for federal preferences in accordance with HUD regulations and is subject to verification by the Pinoleville Housing Department.

Have you ever willfully and intentionally refused to pay rent when due? Yes ☐ No ☐

If so, please explain: _____

*** Substandard Housing**

If you are living in substandard housing indicate the conditions that make your **present dwelling** structure substandard: All claims must be verified by Housing Department Staff

- | | |
|--|--------------------------|
| Dwelling structure unsafe | <input type="checkbox"/> |
| No drinking or running water in the dwelling unit | <input type="checkbox"/> |
| No usable flushing toilet in dwelling unit | <input type="checkbox"/> |
| No usable tub or shower in dwelling unit | <input type="checkbox"/> |
| Dwelling does not have a kitchen, but should. | <input type="checkbox"/> |
| Inadequate or unsafe electrical wiring system in dwelling unit | <input type="checkbox"/> |
| Inadequate or unsafe heating source for dwelling unit | <input type="checkbox"/> |

***Homeless** (check the box that indicates your present situation, if applicable)

- ☐ Living in a homeless shelter, Name and Location of shelter: _____
- ☐ Living in a motel, Name and Location of motel: _____
- ☐ Living with a family member, Length of time of this living arrangement: _____
- ☐ Other: _____

*** Involuntary Displacement** (check the reason for your displacement)

- | | |
|---|--------------------------|
| Present dwelling was destroyed by natural disaster | <input type="checkbox"/> |
| Displaced by federal or local government action | <input type="checkbox"/> |
| Owner of present dwelling unit has an order to vacate beyond your control | <input type="checkbox"/> |
| Displaced because of actual or threatened physical violence | <input type="checkbox"/> |

*** Handicapped Data**

If you or a member of your family is handicapped please explain the nature of the handicap and describe any accessibility needs (i.e. wheel chair ramp, hand rails, etc.)

Section 4: Background Information

YES NO
☐ ☐

1. Do you expect any additions to the household within the next twelve months?

Name & Relationship: _____

Explanation: _____

YES

☐

NO

☐

2. Is there anyone living with you now who won't be living with you at this property?

Name & Relationship: _____

Explanation: _____

☐☐

3. Are there any absent household member who under normal conditions would live with you?
(For example, a spouse away in the military.)

Explanation: _____

☐☐

4. Does your household have or anticipate having any pets other than those used as service animals?

Explanation: _____

☐☐

5. Have you or anyone else named on this application filed for bankruptcy?

Explanation: _____

☐☐

6. Do you own any money to a utility company?

Explanation: _____

☐☐

7. Have you or anyone else named on this application been convicted of a felony?

Explanation: _____

☐☐

8. Have you or anyone else named on this application been convicted of dealing or manufacturing illegal drugs?

Explanation: _____

☐☐

9. Have you or anyone else named on this application been convicted of property damage?

Explanation: _____

☐☐

10. Have you or anyone else named on this application been evicted from a rental unit of any type, including a home, apartment, or mobile home, etc.?

Explanation: _____

☐☐

11. Do you or any other ADULT household members claim zero income?

Household Member: _____

Explanation: _____

☐☐

12. Are you or any other ADULT household members currently a full-time student or expect to be in the next 12 months?

Household Member(s): _____

YES

☐

NO

☐

13. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (If any): _____

Section 7: Signatures

Signature Clause

I understand that the Pinoleville Pomo Nation Housing Department (PPNHD) is relying on this information to verify my household's eligibility for PPNHD housing assistance programs. I certify that all information and answers to the questions contained in this application are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility including minors who will reside in the home. I understand that providing false information or making false statements is considered grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have the PPNHD verify the information contained in this application for purposes of proving eligibility for occupancy and/or any other housing assistance provided by the PPNHD. I will provide all necessary information including source(s) of income, names, addresses, phone numbers, account numbers where applicable and any other information required for expediting the application process. I hereby authorize and instruct the PPNHD to obtain and review my credit report for prequalifying purposes. I further understand that the PPNHD can at any time require a criminal background check on any of the applicants and occupants residing in or applying to reside in the home. It is understood that assistance may be denied or discontinued as a result of allegations or conviction of a crime that is in violation of the PPNHD policies.

My signature below also authorizes the release of account information from and to other financial institutions that I have supplies to the PPNHD in connections with such evaluation. In other words, I understand that the processing of this application will require providing my information to an agency as well as an agency providing information to the PPNHD. I understand that acceptance for occupancy is contingent on all occupants meeting PPNHD's resident selection criteria and the applicable program requirements as they now exist or as they may hereafter be revised OR ADDED by the PPNHD.

Signature: _____

Date: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Pre-qualification Summary

Total Household Income: monthly: \$ _____ annual: \$ _____ # of Household members: _____

Income Classification: ☐ Very Low Income ☐ Low Income ☐ Moderate Income ☐ Above Moderate

Percentage of MI: _____

FEDERAL PRIVACY ACT STATEMENT

The U. S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Pinoleville Housing Department at application or Re-examination. HUD will collect the information for Form HUD-50058. The data it will collect includes name, sex, birth date, social security number (SSN), income (by source), assets, certain deductible expenses, and rental payments.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U. S. C. 3543 requires applicants and residents to give the Pinoleville Housing Department the SSN's of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the Pinoleville Housing Department, the Pinoleville Housing Department is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN's and you do not give them to the Pinoleville Housing Department, the Pinoleville Housing Department is required to evict your family or withdraw your housing assistance.

The U. S. Housing Act of 1937, as amended, 42 U. S. C. 1437 it.seq, and the Housing and Community Development Act of 1981, P. L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the Pinoleville Housing Department. If you are an applicant and you fail to give the Pinoleville Housing Department this information, the Pinoleville Housing Department may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Pinoleville Housing Department this information, the Pinoleville Housing Department may have to evict you or withdraw your housing assistance.

I HAVE READ THE FEDERAL PRIVACY ACT STATEMENT

Head of Household Date

Adult Member/Spouse Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Pinoleville Pomo Nation Housing Department
Attn: Jason Steele
500B Pinoleville Drive
Ukiah, CA 95482

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.