



PINOLEVILLE POMO NATION

500 B. Pinoleville Dr Ukiah, CA 95482
phone: 707-463-1454 fax: 707-463-6601

Application Instructions

Attached is the application for Housing Assistance. Please return the completed application to the Pinoleville Pomo Nation Housing Department (PPNHD) office with the following:

- Copy of tribal certification
- Copy of social security card for adult members
- Copy of ID/ Driver License for head of household
- Copy of rental lease agreement (if applicable)
- Original utility bill (if applicable)

You will receive notice within two weeks regarding the status of your application. All housing assistance provided by PPNHD is subject to area income guidelines. If you need assistance in completing this application, please contact the PPNHD.

Housing Assistance Programs

Emergency Assistance: This program assists low-income families with short-term subsidies to defray rent and utility bills that families have received. The maximum amount of assistance is \$500 for Utilities and \$1000 for rental payments. **Provide a copy of your utility bill or rental lease agreement as applicable.**

Rental Assistance: This program assists low-income families in securing permanent safe, decent, and sanitary housing. The maximum amount allowed per applicant is \$1,500 towards first months/ security deposit. **Provide a copy of the total amount of move-in cost from property manager.**

Section 1: Application Information

Applicant Name: _____ Date: _____
 Address: _____ Home Phone: _____
 City, State , Zip: _____ Cell Phone: _____

Indicate the type of assistance you are applying for:

Emergency Assistance Rental Assistance

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						

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:

- | | | |
|--|---|---|
| <input type="checkbox"/> UNEMPLOYMENT BENEFITS | <input type="checkbox"/> CHILD SUPPORT/ ALIMONY | <input type="checkbox"/> S.S.I/ SOCIAL SECURITY |
| <input type="checkbox"/> SELF-EMPLOYMENT | <input type="checkbox"/> WORKMEN'S COMP/ L & I | <input type="checkbox"/> ANNUITY PAYMENTS |
| <input type="checkbox"/> VETERAN'S BENEFITS | <input type="checkbox"/> HUD HOUSING VOUCHER | <input type="checkbox"/> RETIREMENT PENSION |
| <input type="checkbox"/> PUBLIC ASSISTANCE | <input type="checkbox"/> OTHER | |

NAME OF FAMILY MEMBER	SOURCE OF INCOME	AMOUNT	FREQUENCY

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



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Employment Income Verification

Employers Name: _____ Phone#: _____

Address: _____ Fax #: _____

The Applicant named below has applied for housing assistance to be provided through the Pinoleville Pomo Nation Housing Department. We must verify all income and assets for this person and their household to determine eligibility. Please complete the following information and return it as soon as possible to the Pinoleville Pomo Housing Department (PPNHD) via mail or fax.

Housing Coordinator: _____ Date: _____

Applicant/ Tenant Name: _____ Social Security #: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please do not leave any sections blank; enter zero "0" or N/A

Presently Employed: Yes Date first employed: _____ No Last Date of Employment: _____

Currently Wages/Salary: \$ _____ (check one)

hourly weekly bi-weekly monthly semi-monthly yearly other

Average # of regular hours per week: _____ Year to date earnings: \$ _____ from: _____ through _____
(mm/dd/yy) (mm/dd/yy)

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one)

hourly weekly bi-weekly monthly semi-monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

If the employee work is seasonal or sporadic, please indicate the layoff period (s): _____

Additional Remarks: _____

Employer's Signature

Employer's Printed Name

Date



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Address: _____ Fax #: _____

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(mm/dd/yy) (mm/dd/yy)

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one)

hourly weekly bi-weekly monthly semi-monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

If the employee work is seasonal or sporadic, please indicate the layoff period (s): _____

Additional Remarks: _____

Employer's Signature

Employer's Printed Name

Date



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General Income Verification

Income Source's Name:		Phone #:	()
		Fax #:	()

The Applicant named below has applied for housing assistance to be provided through the Pinoleville Pomo Nation Housing Department. We must verify all income and assets for this person and their household to determine eligibility. Please complete the following information and return it as soon as possible to the Pinoleville Housing Department (PPNHD) via mail or fax.

PPNHD Representative: _____ Date: _____

Your assistance in completing this form accurately and timely is greatly appreciated.

Applicant/ Tenant Release Statement:

Applicant/Tenant Name:		Date:	
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I hereby authorize the release of information in order to determine my eligibility for the Pinoleville Pomo Nation Housing Department. Please complete this form in full and return it to the PPNHD at your earliest convenience.

Signature:		Social Security #:	
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TO BE FILLED OUT BY INCOME SOURCE

Check the type(s) of income received, the GROSS amount CURRENTLY received and the date began receiving benefit:

Income Type	Gross Amount	Frequency	Date First Started
General Assistance/ TANF	\$		
Unemployment Benefits	\$		
Child Support, Alimony, Etc.	\$		
Disability/SSI	\$		
Veteran's Benefit, Retirement Pay or Annuity	\$		
Per Capita	\$		
Income from Real Estate/ Lease	\$		
Other:	\$		

Authorized Signature _____	Title _____	Date _____
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Comments:

<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	18. CDs, money market accounts or treasury bills?		
		Household Member	Financial Institution	Amount
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	19. Stocks, bonds, or securities?		
		Household Member	Financial Institution	Amount
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	20. Trust Funds?		
		Household Member	Financial Institution	Amount
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	21. Pensions, IRAs, Keogh, or other retirement accounts?		
		Household Member	Financial Institution	Amount
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	22. Whole life insurance policy?		
		Household Member	Financial Institution	Amount
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	23. Real estate, rental property, land contracts/ contracts for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)		
		Household Member	Address of Property	Amount
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	24. Personal property held as an investment? (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)		
		Household Member	Item	Amount
		_____	_____	_____
		_____	_____	_____

Section 3: General Questionnaire

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.

***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

Displaced by federal or local government action

Owner of present dwelling unit has an order to vacate beyond your control

Displaced because of actual or threatened physical violence

YES NO

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

Explanation: _____

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

Explanation: _____

 3. 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: _____

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

Household Member: _____

Explanation: _____

Section 4: Monthly Expenses

Monthly Income	Actual
Person #1 List any monthly income from all sources	\$
Person #2 List any monthly income from all sources	\$
Person #1 Unemployment Insurance (if applicable)	\$
Person #2 Unemployment Insurance (if applicable)	\$
Other: Child Support	\$
Other: Per Capita	\$
Other (explain):	\$

Monthly Expenses	Actual
Mortgage / Rent:	\$
Home Equity Loan / Line of Credit:	\$
Home Insurance:	\$
Credit Card #1:	\$
Credit Card #2:	\$
Credit Card #3:	\$
Credit Card #4:	\$
Car Payment:	\$
Car Insurance:	\$
Gasoline:	\$
Health Insurance:	\$
Cable/ Satellite TV:	\$
Internet:	\$
Phone Bill:	\$
Daycare/ Babysitting/ Eldercare:	\$
Groceries:	\$
Heating:	\$
Electric Bill:	\$
Water Bill:	\$
Other (explain):	\$
Unplanned:	\$
Unplanned:	\$

Section 5: 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 nor 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: _____

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

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(l)(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.