



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 #: _____

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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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Applicant/ Tenant Name: _____ Social Security #: _____

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

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Employer's Signature

Employer's Printed Name

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General Income Verification

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

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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:

	<u>Income Type</u>	<u>Gross Amount</u>	<u>Frequency</u>	<u>Date First Started</u>
	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

Comments:

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Yes

No

18. CDs, money market accounts or treasury bills?

Household Member

Financial Institution

Amount

19. Stocks, bonds, or securities?

Household Member

Financial Institution

Amount

20. Trust Funds?

Household Member

Financial Institution

Amount

21. Pensions, IRAs, Keogh, or other retirement accounts?

Household Member

Financial Institution

Amount

22. Whole life insurance policy?

Household Member

Financial Institution

Amount

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

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 a 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: _____

