

HABEMATOLEL Pomo of Upper Lake

375 E Hwy 20, Ste I ~ P O Box 516, Upper Lake, CA 95485
(707) 275-0737 ~ FAX: (707) 275-0757

Emergency Housing Assistance Program Application

- All questions must be answered. The requested information is self-explanatory
- This application is subject to the Privacy Act of 1974, Pub.L. 93-579
- **Note! Falsifying this application is a Federal offense and is punishable by a fine and imprisonment. (See attachment A - Title 18 – Statement at end of application)**

A. APPLICATION INFORMATION:

1. Name: _____
Last First MI Maiden

2. Current Mailing Address: _____

3. Residential Physical Address: _____
City State Zip

4. Date of Birth: _____ / _____ / _____ Tribal Affiliation: _____
City State Zip Name of Tribe

5. Telephone Number: () _____ Cell Number: () _____

6. E-mail Address: _____ Fax Number: () _____

7. Marital Status: Married Single Widowed Other
If other, please explain: _____

Information about Spouse:

8. Name: _____

9. Date of Birth: _____ / _____ / _____ Tribal Affiliation: _____
Last First MI Maiden Name of Tribe

*HABEMATOLEL Indian Housing Service Department will be referred to as *Housing Services Department* throughout this application.

B. FAMILY INFORMATION:

List all persons living in household on a permanent basis. Start with the applicant and then the oldest and provide the following information for each:

| Name | DOB | Social Security No. | Relationship | Name of Tribe |
|------|-----|---------------------|--------------|---------------|
| | | | | |
| | | | | |
| | | | | |

If you need more space, use a blank sheet of paper.

C. INCOME INFORMATION:

The income data provided in this section will help to determine your eligibility for services. All information is kept confidential and is subject to verification. If *Housing Services Department* is unable to verify the information, your application will be considered **incomplete** and returned to you.

- **Attach last years SF-1040 (Income Tax Return). If you did not file a tax return, then complete the following #10-Earned Income, #11-Unearned Income and #12-Total combined annual income.**

10. Earned Income: Start with applicant and list all permanent members of household that have earned income. **Attach current pay stubs for each person earning an income.**

| Name | Annual Earned Income | Source of Income |
|------|----------------------|--------------------------------|
| | | Name: Address Phone No. |
| | | Name: Address: Phone No. |
| | | Name: Address: Phone No. |

If you need more space, use a blank sheet of paper.

Total Earned Income: \$ _____

11. **Unearned Income:** Start with applicant, then list all permanent family members of household that have **unearned** income such as *Social Security, retirement, disability, UBI, AFDC, Child support, alimony, royalties, per capita, interest, etc.*

Attach check stubs, statements, Individual Indian Money (IIM) ledgers, etc. for unearned income verification **unless** you have attached your most recent IRS Form 1040.

| Name | Annual Unearned Income | Source of Income |
|------|------------------------|---|
| | | Name: Address: Phone No: |
| | | Name: Address: Phone No: |
| | | Name: Address: Phone No: |

If you need more space, use a blank sheet of paper.

Total Unearned Income: \$ _____

Total **Combined** Earned and Unearned Annual Household Income: \$ _____

Landlords

12. Name, address and phone number of **new** Landlord: _____

13. Name, address and phone numbers of previous Landlords for the **past** 3 years:

**HABEMATOLEL Pomo of Upper Lake
Indian Housing Service Department**

**375 E. Hwy 20, Ste I ~ P O Box 516, Upper Lake, CA 95485
(707) 275-0737 ~ FAX: (707) 275-0757**

Authorization for Release of Information

Consent:

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to the HABEMATOLEL Indian Housing Service Department any information of materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Low-Income Indian Housing Program Native American Housing Assistance and Self-Determination Act, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the *Housing Services Department* to release information from my file about my rental history to HUD, Credit Bureaus, and Collection Agencies or future landlords. This includes records on my payment history, and any violations of my lease of *Housing Services Department* Policies.

Information Covered:

I understand that depending on program policies and requirements, previous or current information regarding my household maybe needed. Verification and inquires that may be requested include but are not limited to:

| | |
|--------------------------------------|----------------------------------|
| Identity and Marital Status | Employment, Income and Assets |
| Residences and Rental Activity | Medical or Child Care Allowances |
| Credit and Criminal Background Check | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

Group of Individuals That May be asked:

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but is not limited to:

| | |
|---|---|
| Previous landlords (including Public Housing Agencies) Courts and Post Offices School and Colleges | Past and Present Employers Welfare Agencies State Unemployment Agencies Social Security Administration |
|---|---|

Law Enforcement Agencies
Support and Alimony Providers
Retirement Systems
Credit Providers and Credit Bureaus

Medical and Child Care Providers
Veterans Administration
Bank and other Financial Institutions
Utility Companies

Computer Matching Notice and Consent:

I understand and agree that HUD or the *Housing Services Department* may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the *Housing Services Department* may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense; Office of Personal Management; the US Postal Services; the Social Security Agency; and, State Welfare and Food Stamps Agencies.

Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of the authorization is on file with the *Housing Services Department* and will stay in effect for **a year and one month from the date signed**. I understand I have a right to review my file and correct any information that I can prove is incorrect. Housing Services may request additional information.

NOTICE! Applications for Emergency Rental Assistance must be completed in full. Incomplete applications will be returned to the applicant with a 30-day grace period to complete and return. If application is not returned in thirty days, the application becomes null and void. The applicant must reapply.

SIGNATURES:

Applicant or Head of Household Print Name Date

Spouse Print Name Date

I hereby testify that all information submitted on pages 1 – 5 of this application is true.

Signature of Applicant Date

Signature of Spouse or Joint Applicant Date

**Program Income Limits
HABEMATOLEL Indian Housing Service Area
Based on updated HUD Guidelines 2011-12**

Adjusted Income Limits based on 80% of median income

Number of Persons in Family

| Counties | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Lake | 39,950 | 41,050 | 46,200 | 51,350 | 55,450 | 59,600 | 63,000 | 67,100 |

Area: The HABEMATOLEL Indian Housing service area is Upper Lake Rancheria, THEN, the counties of: *Lake, Mendocino, Sacramento, Sonoma, Butte, Yolo, Contra Costa, Alameda, San Francisco, Humboldt, Los Angeles County in general, and the remainder of the State of California and the USA.*

Definition of Low Income: Low income is 80% of the United States median income limits for the given year. The Income Limits under the NAHASDA of 1996 is based on the updated HUD Guidelines (FY) 2011-12.

For additional information, please call

**HABEMATOLEL Housing Services Department
Telephone: 707/275-0737
Cathy Berton, Ext. 15**

U. S. CODE COLLECTION

TITLE 18 – CRIMES AND CRIMINAL PROCEDURE

§ 1001. Statements or entries generally

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact. Or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both. (June 25, 1948. Ch. 645, 62 Stat. 749.)

NOTICE: No check will be issued before Housing receives a completed Rental Agreement and a signed W-9 form from the Landlord..

**Attachment A –
Emergency Housing Assistance Program Application
August 2006**