

HABEMATOLEL Indian Housing Services Department

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

Homebuyers 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

A. APPLICATION INFORMATION:

1. Name: _____
Last First MI Maiden

2. Current Mailing Address: _____

3. Residential Address: _____
City State Zip

4. Date of Birth: _____ / _____ / _____ **City State Zip**
Tribal Affiliation: _____ **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: _____
Last First MI Maiden

9. Date of Birth: _____ / _____ / _____ **City State Zip**
Tribal Affiliation: _____ **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.

10. **Earned Income:** Start with applicant, and then list all permanent members of household that have earned income. SF 1040 (Income Tax Return) **is required** or if you were not required to file, provide W-2 Forms, wage stubs, etc. for earned income verification.

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 earned income such as *Social Security, retirement, disability, UBI, AFDC, Child support, alimony, royalties, per capita, interest, etc.* Provide check stubs, statements, Individual Indian Money (IIM) ledgers, etc. for verification.

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 \$ _____

12. **Total Combined Annual Household Income:** \$ _____

13. **Describe in detail your current living arrangements:**

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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 Activity	

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 are not limited to:

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

**Support and Alimony Providers
Retirement Systems
Credit Providers and Credit Bureaus**

**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.

Signatures:

Applicant or Head of Household	Print Name	Date
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Spouse	Print Name	Date
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