

# **HABEMATOLEL Pomo of Upper Lake**

**375 E. HWY. 20, Ste. I ~ Upper Lake, CA 95485  
Tel: (707) 275-0737 Fax: (707) 275-0757**

## **APPLICATION**

### **Student Rental Assistance Program**

**Administrative Plan  
For the**

### **Habematolel Indian Housing Service Department**

**Approved by the  
Interim Tribal Council  
April 25 ~ 2003**

# HABEMATOLEL Indian Housing Services Department

## Student Rental 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 punishable by a fine and imprisonment.**

#### A. APPLICATION INFORMATION:

1. Name:

\_\_\_\_\_

<b>Last</b>	<b>First</b>	<b>MI</b>	<b>Maiden</b>
-------------	--------------	-----------	---------------

2. Current Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

<b>City</b>	<b>State</b>	<b>Zip</b>
-------------	--------------	------------

3. Residential Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

<b>City</b>	<b>State</b>	<b>Zip</b>
-------------	--------------	------------

4. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Tribal Affiliation:

\_\_\_\_\_

5. Telephone Number: ( ) _____	Cell Number: ( ) _____	Name of Tribe
--------------------------------	------------------------	---------------

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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tribal  
Affiliation: \_\_\_\_\_

Name of Tribe

Student Rental Assistance Program  
Revised: March 2011

Page 2 of 8

**B. STUDENT 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:**

Applicants must maintain a minimum monthly income to qualify for student rental assistance. Minimum income will depend on the location of the housing and the monthly rental amount.

- **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 then list all permanent members of household that have an earned income. **Attach current pay stubs for each person earning an income.**

Name Annual Earned Income Source of Income

		<b>Name:</b> <b>Address:</b> <b>Phone No.</b>
		<b>Name:</b> <b>Address:</b> <b>Phone No.</b>
		<b>Name:</b> <b>Address:</b> <b>Phone No.</b>

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 *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
		<b>Name:</b> <b>Address:</b> <b>Phone No:</b>
		<b>Name:</b> <b>Address:</b> <b>Phone No:</b>
		<b>Name:</b> <b>Address:</b> <b>Phone No:</b>

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

**Total Unearned Income**  
\$ \_\_\_\_\_

**12. Total Combined Annual Income:**  
\$ \_\_\_\_\_

**D. SCHOOL OF HIGHER LEARNING THAT YOU WILL BE OR ARE ATTENDING:**

\_\_\_\_\_ Telephone  
No: \_\_\_\_\_

Name of College, Vocational or University

---

Address of College, Vocational or University

***All assistance given for monthly rent is paid directly to the Landlord, Manager or College. First come, first serve. Assistance is for a total of four years, exceptions will be considered.***

13. Are you currently a student?  Yes  No

14. If so, give name, address and telephone number of school.

---

15. You must maintain a grade point average of 2.0 to continue this program. Quarterly grades required.

16. You must be a full time student and carry 12 or more units.

17. Have you ever received assistance from the HABEMATOLEL Indian Housing Services Department for the Student Rental Program?  Yes  No

If yes, WHEN?

---

**HABEMATOLEL Indian Housing Service Department**  
375 E Hwy 20, Ste I ~ P O Box 516  
Upper Lake, CA 95485

**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 Services Department any information of materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the LowIncome Indian Housing Program Native American Housing Assistance and SelfDetermination 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 of future landlords. This includes records on my payment history, and any violations of my lease of *Housing Services Department's 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     |
| Courts and Post Offices                                | Welfare Agencies               |
| School and Colleges                                    | State Unemployment Agencies    |
|  | Social Security Administration |

- |  |  |
|--|--|
| <b>Law Enforcement Agencies</b>            | <b>Medical and Child Care Providers</b>      |
| <b>Support and Alimony Providers</b>       | <b>Veterans Administration</b>               |
| <b>Retirement Systems</b>                  | <b>Bank and other Financial Institutions</b> |
| <b>Credit Providers and Credit Bureaus</b> | <b>Utility Companies</b>                     |

**Computer Matching Notice and Consent:**

I understand and agree that HUD or the *Housing Services Department* may conduct computermatching 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:**



Los Angeles	39,300	45,000	50,600	56,200	60,700	65,200	69,700	74,200
Mendocino	35,800	40,900	46,000	51,100	55,200	59,300	63,400	67,500
Sacramento	45,800	52,300	58,900	65,400	70,600	75,900	81,100	86,300
San Francisco	66,500	76,000	85,500	95,000	102,600	110,200	117,800	125,400
Sonoma	52,600	60,100	67,600	75,100	81,100	87,100	93,100	99,100
Yolo	43,300	49,500	55,700	61,900	66,900	71,800	76,800	81,700

**Service 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.*

**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) 2009

**For additional information, please call**

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