BVR HOUSING DEPARTMENT
2018 HOUSING REHAB & REPAIR APPLICATION
CHECK OFF LIST

1. ☐ Application completely filled out, signed, and dated.
2. ☐ Release of Information signed and dated.
3. ☐ Birth Certificates
4. ☐ Social Security Cards
5. ☐ Tribal Verification
6. ☐ State Identification and/or Tribal I.D.
7. ☐ Annual Income Verification: 1099s, W-2s, SSI, TANF/Welfare, Unemployment

****These documents apply to everyone on your application****

2726 Mission Rancheria Rd. Lakeport, CA 95453 Phone: 707-263-3924 Fax: 707-533-2941

Month	Day	Year

Date of Application

Big Valley Band of Pomo Indians
2018 Housing Rehab and Repair Application

* All questions in this application must be answered. The requested information is self-explanatory.
*The estimated time to complete this application is averaged to be 30 minutes, including the time for reviewing instructions, gathering, and maintaining data.

PART A: APPLICANT INFORMATION

1. Applicant/Head of Household: _____ _____ _____
Last First Middle

Maiden Name (if any): _____

2. Current Address: _____ _____
Street Address P.O. Box (if any)

_____ _____ _____
City State Zip Code

3. Telephone Number: ( ) _____

4. Date of Birth: _____ **5. Social Security #:** _____

6. Tribe: _____ **7. Roll #:** _____

8. Marital Status: ☐ ☐ ☐ ☐
Married Single Widowed Other

**If you checked "Other," please explain: _____

Information about Spouse:

9. Name: _____ _____ _____
Last First Middle

10. Date of Birth: _____ **11. Social Security #:** _____

12. Tribe _____ **13. Roll #:** _____

PART B. FAMILY INFORMATION

14. List all other persons who are residing with the applicant in the housing on a permanent basis. Start with the oldest and provide Name, Social Security Number, Date of Birth, Relationship to Applicant, and Tribe/Roll Number.

Name	Social Security #	D.O.B.	Relationship to Applicant	Tribe/Roll #

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

List two relatives or friends who know how to contact you.

Name	Address	Phone #

PART C. INCOME INFORMATION

15. Earned Income: Start with Applicant, then list all permanent family members that currently occupy the housing needing repair, including all who are listed under Parts A and B, and have earned income. Provide signed copy SF-1040 (income tax return), W-2 forms, wage stubs, etc., for verification.

Name	Annual Earned Income	Source of Income

***Total annual earned income: $** _____

16. Unearned Income: Start with applicant, then list all permanent family members that currently occupy the housing needing repair, including all who are listed under Parts A and B and have unearned income such as Social Security, Retirement, Disability and Unemployment benefits, 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

***Total annual unearned income: $** _____

17. APPLICANT'S TOTAL HOUSEHOLD ANNUAL INCOME (earned + unearned):

$ _____

18. List everyone living in your current residence:

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

PART D. HOUSING INFORMATION

19.	Provide a brief description of the problems you are experiencing with your current housing unit (Example: Overcrowded, No Electricity, No Running Water, Leaking Roof, Etc.)
20.	Do you OWN or RENT this Housing Unit? If renting, does the owner give permission to do the needed work? YES NO If yes, provide name of owner and phone#:
21.	Is electricity available? YES ☐ NO ☐ If Yes, provide name of electric company:
22.	Water Source: City Water Private Well Community Water Tank Don't Know Other (Please Describe)
23.	Sanitation: City Sewer Septic Tank Chemical Toilet Outhouse
24.	Number of Bedrooms:
25.	Number of Bathroom facilities in existing housing unit:
26.	Housing unit size (square feet)

PART E. LAND INFORMATION

27.	Do you own the land on which your current housing unit sits on? YES NO If No, provide the name of the Owner(s):						
28.	What is the current status of the land?	☐	Fee	☐	Tribal Fee	☐	Native/Restricted
		☐	Individual Trust	☐	Tribal Trust	☐	Public Domain
		☐	Individually Restrict	☐	Tribally Restricted	☐	Other

PART F. GENERAL INFORMATION

29.	Do you own any other housing units not occupied by your family? YES NO If Yes, state where the unit is located and who occupies it.
30.	Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicapped, and/or a permanent disability? YES NO If yes, provide the name of the family member: _____ Please give a brief description of the condition. (Your servicing housing office will advise you, that you must provide statements of condition for two sources. Which may include a Physician's Certification, Social Security or Veterans Affairs determination, or similar determination.)

PART G. APPLICANT CERTIFICATION

(Read this carefully before you sign and date your application. Sign in ink.)

I certify that all the answers and information given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the Housing Program or other Federal agency requiring it in the performance of their duties.

Applicant's Signature: _____ **Date:** _____

Spouse's Signature (if applicable): _____ **Date:** _____

Important:

Applicants are responsible for updating all the information on this application annually in writing. Applicants are also responsible for notifying the Housing Office of any changes within 30 days. Applicants who do not follow these guidelines will be deemed Inactive.

Ask Housing for a Release of Information (ROI) form - Required with application or download from:

http://www.bvrancheria.com/housing