

Yomba Shoshone Tribe

Housing Department
HC 61 Box 6305
Austin, Nevada 89310
Phone: 775) 964-2463
Fax: 775) 964-2443

Date Stamped & Signed When Received
by YST Housing Department

Housing Application

NAME: _____ DATE: _____
Co-Applicant: _____ DATE: _____
Address: _____ City, State, & Zip: _____
PHONE: _____ Email (optional): _____

OFFICE USE ONLY: Project No: _____ Unit No. _____ Unit Size: _____
LEASE: Effective Date: _____ Payment Amount: _____

Have you or has any member of your immediate household ever had housing with any Indian Housing Authority? Yes _____ If yes, which one? _____
Street Address of Previous HUD Unit _____

I. FAMILY COMPOSITION:(list persons who will be living in home)

Family No.	Name of Family Member	Relationship	Date of Birth	Age	Sex	Occupation
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Are you enrolled with the Yomba Shoshone Tribe of Nevada? Yes _____ No _____ If yes, enrollment number: _____

In the event of an emergency, please contact the following listed person:

Name: _____ Telephone #: (_____) _____

Mailing Address: _____

Relationship to Applicant: _____

II. DISABILITY:

1. Family Member Disabled or Handicapped: _____

Nature and Extent of Disability: _____

III. HOUSING CONDITIONS AND NEED:

1. Present Housing Conditions and Need: _____
 - a. Without Housing: Yes _____ No _____
 - b. Reason: _____
 - c. Present Living Arrangements: _____
2. About to be Without Housing: Yes _____ No _____
 - a. Reason: _____
3. Other Conditions and Factors of Housing Needs (specify): _____
4. Monthly Amount Now Paid for Rent and Utilities: \$ _____
5. Address of Previous Landlord: _____

IV. MILITARY SERVICE

Has a member of your immediate household ever served or is currently serving in the armed forces?

Yes _____ No _____ Relationship to Head of Household: _____

Branch of Service: _____ Date of Service: From _____ No _____

Additional Information: _____

V. CURRENT HOUSING STATUS

Total number of persons residing in home: _____

This home has: Water _____ Sewer _____ number of bedrooms _____

Is this home rented by you or an immediate member of your household? Yes _____ No _____

If the home in which you now reside does not belong to you, to whom does it belong? _____

VI. ASSET INFORMATION

Assets include, but are not limited to: recreational vehicles or boats that are not used for daily transportation needs, stocks, bonds, mutual funds and property or livestock.

Do you have any assets? Yes _____ No _____ Please list all assets below:

VII. SOCIAL HISTORY

Social (Criminal) History includes, but is not limited to: disturbing the peace, destroying private or public property, violent behavior, domestic violence, fraud, alcohol abuse, assault, robbery, drug related offenses, offenses of a sexual nature, misuse of firearms, etc... (A background check will be conducted.)

Have you ever been arrested and convicted for any offenses other than minor traffic violations?

Yes _____ No _____ if yes, please list types and dates: _____

VIII. CURRENT INCOME STATUS

List all sources of income including the mailing address of the source of income for all household members who are eighteen (18) years of age and older. NOTE: If unemployed, please make where indicated.

1. Head of Household: _____ Presently unemployed _____
Employer Name/Source of Income: _____ Amount: \$ _____
Employer's Mailing Address: _____
Employer's Telephone Number: (____) _____ Full time: _____ Part time: _____
2. Spouse/Significant Other: _____ Presently unemployed _____
Employer Name/Source of Income: _____ Amount: \$ _____
Employer's Mailing Address: _____
Employer's Telephone Number: (____) _____ Full time: _____ Part time: _____
3. Adult Household Member: _____ Presently unemployed _____
Employer Name/Source of Income: _____ Amount: \$ _____
Employer's Mailing Address: _____
Employer's Telephone Number: (____) _____ Full time: _____ Part time: _____

Do you foresee any income or household changes in the near future? Yes _____ No _____ If yes, please explain: _____

IX. LANDLORD HISTORY (Please provide information for the past five (5) years.)

Name of Current Landlord: _____
Mailing Address for Landlord: _____
Telephone #: (____) _____ Length of Occupancy: Years _____ Months _____
Monthly rent amount paid is: \$ _____ Does the rent include utilities? Yes _____ No _____
Have you ever been evicted from a housing unit? Yes _____ NO _____ If yes, please explain: _____

Name of Most Recent Landlord: _____
Mailing Address for Landlord: _____
Telephone #: (____) _____ Length of Occupancy: Years _____ Months _____
Monthly rent amount paid is: \$ _____ Does the rent include utilities? Yes _____ No _____
Have you ever been evicted from a housing unit? Yes _____ NO _____ If yes, please explain: _____

Name of Past Landlord: _____
Mailing Address for Landlord: _____
Telephone #: (____) _____ Length of Occupancy: Years _____ Months _____
Monthly rent amount paid is: \$ _____ Does the rent include utilities? Yes _____ No _____
Have you ever been evicted from a housing unit? Yes _____ NO _____ If yes, please explain: _____

Name of Past Landlord: _____
Mailing Address for Landlord: _____
Telephone #: (____) _____ Length of Occupancy: Years _____ Months _____
Monthly rent amount paid is: \$ _____ Does the rent include utilities? Yes _____ No _____
Have you ever been evicted from a housing unit? Yes _____ NO _____ If yes, please explain: _____

X. ADDITIONAL INCOME SOURCES

Do you receive any additional income from any of the following? List Monthly Amounts Received Below, and attach verification documents for any of the following:

Social Security Benefits	\$ _____
Supplemental Security Income	\$ _____
Welfare/TANF Benefits	\$ _____
Indian General Assistance Benefits	\$ _____
Disability Benefits	\$ _____
Pension/Retirement Funds	\$ _____
Child Support	\$ _____
Veterans/Service Benefits	\$ _____
Unemployment	\$ _____
Other: _____	\$ _____

Please state your reason (s) for applying for our housing program and briefly describe your present living arrangement in the area provided below: _____

Please list any questions or comments you may have in the area provided below so they can be discussed with a counselor at your convenience: _____

XI. LIST 3 REFERENCES: (Do not use family or relatives)

1. Name: _____ Contact Number: _____
Address, City, State, and Zip _____
Number of Years Known: _____

2. Name: _____ Contact Number: _____
Address, City, State, and Zip _____
Number of Years Known: _____

3. Name: _____ Contact Number: _____
Address, City, State, and Zip _____
Number of Years Known: _____

CERTIFICATION

I/We have provided the requested information for the housing application to the best of my/our knowledge and do understand that the information provided is subject to third party verification. Any deliberate omission or willful misrepresentation of any information provided may be used as grounds to deem ineligible for any housing program under management of the Yomba Shoshone Tribe Housing Department. I/We also understand that this is not a contract and does not bind either party. I/We further authorize all inquiries necessary to verify the information provided and also give my consent for the Yomba Shoshone Tribe Housing Department to investigate my credit, payment, criminal history. I/We have read the Yomba Shoshone Tribe Housing Department Application Packet in its entirety and I/We fully understand its requirements and my/our obligations.

SIGNATURE OF APPLICANT

DATE

Signature of CO-APPLICANT

DATE

Household Occupant 18 and over

DATE

Household Occupant 18 and over

DATE

PLEASE REMEMBER: It is the applicant's sole responsibility to update and or make corrections to application every six (6) months from the date of submission of application, failure to update an application within the required time is grounds for placing the applicant in an inactive file and removing the family from the waiting list. Attach all required copies of photo ID(s), have all household occupants who are eighteen (18) years of age & older sign and date the Certification (above). Attach 2 forms of identification for family members six (6) years of age and older. Sign and complete all areas of the Housing Application.

OFFICE USE ONLY

1. DETERMINATIONS:

- a. Priority-(insert 1, 2, or 3) _____
- b. Housing Conditions and Need:
 - 1. Report on Housing Conditions Verified: _____
 - 2. Without Housing: _____
 - 3. Substandard Housing: _____
 - 4. Other Factors: _____
- c. Assets: _____
- d. Eligible: Yes _____ No _____

2. CERTIFICATION:

On the Basis of the Determination set forth above, the family names herein has been found to be:

Eligible for Admissions: Yes _____ No _____

Ineligible for Admissions: _____

Signed: _____ Title: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____
(Social Security Number)

I, _____, have applied for Housing Admission/Re-certification through the Yomba Shoshone Tribe Housing Department for housing. As part of the process, Yomba Shoshone Tribe Housing Department may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to Yomba Shoshone Tribe Housing Department for Verification purposes the following applicable information:

For Past or Present employment or income records, any asset balances, Past and Present Landlord references, General Assistance from Public agencies.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq... Yomba Shoshone Tribe Housing Department is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my application will be available to Yomba Shoshone Tribe Housing Department without further notice or authorization, but will not be disclosed or released by Yomba Shoshone Tribe Housing Department to another Government agency or department or used for another purpose without my consent, except as required or permitted by law.

The information Yomba Shoshone Tribe Housing Department obtains is only to be used in the processing of my request for assistance for housing.

A COPY OF THIS AUTHORIZATION MAYBE ACCEPTED AS AN ORIGINAL.

Your prompt reply is appreciated.

Signature

Date