

YOMBA SHOSHONE TRIBE

HOUSING DEPARTMENT

H 61 BOX 6305
AUSTIN, NV. 89310
PHONE: (775) 964-2463 EXT 121
FAX: (775) 964-2443

Date Stamped & Signed When
Received by YST Housing Department

APPLICATION FOR RE-CERTIFICATION

NAME: _____ DATE: _____
C/O TENANT NAME: _____
ADDRESS: _____ STATE & ZIP CODE: _____
PHONE: _____

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

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.						

B. Anticipated changes in the family composition: _____

II. INCOME: (Total Income) Please attach copies of income verification.

Family No.	Source, Rate and Type of Income	Income Past 12 Months	Income Next 12 Months
		\$	\$
		\$	\$
		\$	\$
		\$	\$

TOTAL FAMILY INCOME: \$ _____

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III. DISABILITY:

1. Family Member Disabled or Handicapped: _____

Nature and Extent of Disability: _____

IV. 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: _____

CERTIFICATION

I certify that the information provided is full, true, and complete to the best of my knowledge. I have no objection to the inquiries being made for the purpose of verifying the statements made herein. Incorrect information upon verification can be cause of rejection of application and/or ineligible for continued occupancy.

Signature of Applicant

Date

OFFICE USE ONLY

1. DETERMINATIONS:

a. Priority-(insert 1,2, or3) _____

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: _____

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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, and 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.

Tenant Signature

Date