

CHICO RANCHERIA HOUSING CORPORATION
GENERAL HOUSING APPLICATION

2889 Cohasset Rd. #3,
Chico, CA 95973

Phone (530)343-4048 Fax (530)343-4091

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED

APPLICATIONS THAT ARE INCOMPLETE OR MISSING ANY DATES, SIGNATURES, INFORMATION, OR ANY DOCUMENTS LISTED BELOW WILL BE RETURNED.

Submit the Following Items with your Application:

- Complete copy of your most recent Income Tax Return for previous year, including W-2 forms and/or 1099 forms, as applicable. If you didn't file taxes, sign the affidavit where indicated in the application. These records are required for all adult members of the household.
- Employment contact information and copies of two recent pay stubs for all adults over the age of 18. If receiving government assistance, copies of your monthly subsidy from the agency office.
- Copies of bank statements for the past two months - all pages and all accounts including checking and savings.
- Copies of enrollment verification of tribal affiliation.
- Copies of state identification (driver's license or ID card) for all adults.
- Copies of social security cards for all members of the household, minors included.
- Letter from affiliated Tribe or Tribally Designated Housing Entity stating its service area (If not Mechoopda).
- Copies of support orders/ child custody and bankruptcy papers, if applicable.
- Copy of current lease/rental agreement (If applying for Tenant Based Rental Assistance).
- Copies of at least two most recent utility bills (i.e., PG&E) – (Optional if applying for Tenant Based Rental Assistance).

Please check housing assistance you are applying for (*you may check more than one*)

Rental Assistance Student Rental Assistance Senior Rental Assistance Low-Income Rental Program Move-In Assistance
 Homebuyers Assistance Program Lease-To-Own

CHICO RANCHERIA HOUSING CORPORATION

GENERAL APPLICATION

APPLICANT	CO-APPLICANT
Name: _____	Name: _____
SS#: _____ DOB: _____	SS#: _____ DOB: _____
Tribes: _____ Roll # _____	Tribes: _____ Roll # _____
Status: __ Unmarried __ Married __ Divorced __ Separated	Status: __ Unmarried __ Married __ Divorced __ Separated
Number of Dependents: ___ Boys ___ Girls	Number of Dependents: ___ Boys ___ Girls
Phone: () _____ Text ok: __ Yes __ No	Phone: () _____ Text ok: __ Yes __ No
Email: _____	Email: _____
Message Phone: _____	Message Phone: _____
Preferred method of communication: _____ Phone ___ Text ___ Email	Preferred method of communication: _____ Phone ___ Text ___ Email

ADDRESS

Street: _____ City: _____ State: _____ Zip: _____ From (mo./year) _____ To (mo./year) _____ Landlord: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	Street: _____ City: _____ State: _____ Zip: _____ From (mo./year) _____ To (mo./year) _____ Landlord: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Previous Address: _____ _____ From (mo./year) _____ To (mo./year) _____ Landlord: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	Previous Address: _____ _____ From (mo./year) _____ To (mo./year) _____ Landlord: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Previous Address: _____ _____ From (mo./year) _____ To (mo./year) _____ Landlord: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	Previous Address: _____ _____ From (mo./year) _____ To (mo./year) _____ Landlord: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

If you have less than 3 years or no rental history, please explain:

Employment of Applicant	Employment of Co-Applicant
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Company: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____ Dates of employment: (Month/Year) ____/____ to ____/____ Position: _____ Hourly Rate: \$_____ Hrs expected per week: ____ Monthly Gross Income: \$ _____ Do you receive any of the following: <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Tips Is your employment: (check all that apply) <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employment	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Company: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____ Dates of employment: (Month/Year) ____/____ to ____/____ Position: _____ Hourly Rate: \$_____ Hrs expected per week: ____ Monthly Gross Income: \$ _____ Do you receive any of the following: <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Tips Is your employment: (check all that apply) <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employment

PREVIOUS EMPLOYMENT IF LESS THAN 2 YEARS AT CURRENT	
Company: _____ Mailing Address: _____ City: State: _____ Zip: _____ Phone: () _____ Dates of employment: (Month/Year) ____/____ to ____/____ Position: _____ Hourly Rate: \$_____ Hrs expected per week: ____ Monthly Gross Income: \$ _____ Did you receive any of the following: <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Tips Was your employment: (check all that apply) <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employment	Company: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____ Dates of employment: (Month/Year) ____/____ to ____/____ Position: _____ Hourly Rate: \$_____ Hrs expected per week: ____ Monthly Gross Income: \$ _____ Did you receive any of the following: <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Tips Was your employment: (check all that apply) <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employment

Did the applicant and/or co-applicant file taxes for the most current tax period?

Applicant: Yes No*

Co-Applicant: Yes No*

If yes, you must provide a full copy of your tax forms including W2's and 1099's.

***Only complete if you marked NO. If you did not file your most current taxes, read, complete and sign the following statement of filing taxes.**

I, _____, certify under penalties of perjury that I did not make enough income last year to be required to file taxes with the IRS, therefore, I did not file state or federal taxes for the most current tax period. I also understand that providing false representations constitutes an act of fraud.

_____ Date _____

_____ Date _____

Applicant's Signature

Co-Applicant's Signature

BANK ACCOUNTS & ASSETS

Does **anyone** in your household have bank accounts? ___ Yes ___ No

If yes, please list ALL accounts for any household member and provide the last two most current bank statements for each account.

Household Member: _____ Bank Name: _____
 Checking Account #: _____ Balance: _____
 Savings Account #: _____ Balance: _____

Household Member: _____ Bank Name: _____
 Checking Account #: _____ Balance: _____
 Savings Account #: _____ Balance: _____

Household Member: _____ Bank Name: _____
 Checking Account #: _____ Balance: _____
 Savings Account #: _____ Balance: _____

Household Member: _____ Bank Name: _____
 Checking Account #: _____ Balance: _____
 Savings Account #: _____ Balance: _____

CERTIFICATION OF ASSETS

HUD's program, 24 CFR Part 5, Subpart F, describes using income from assets in determining annual income for eligibility in HUD-assisted programs.

I, _____, certify under penalty of perjury that I do not have any assets that should be claimed for the purpose of determining eligibility for any of the housing programs offered by the Chico Rancheria Housing Corporation. I also understand that providing false representations constitutes an act of fraud.

Applicant's Signature

Co-Applicant's Signature

Please be sure to answer the following questions for all adult household members:	Applicant	Co-Applicant
Have you ever violated a previous obligation in connection with a HUD program?	Yes No	Yes No
Do you owe any money to any other housing authority/landlord or property management company?	___ Yes ___ No	___ Yes ___ No
Have you ever been charged with or convicted of a felony or any drug related offense?	___ Yes ___ No	___ Yes ___ No
Are you a US Citizen/ US Permanent Resident?	___ Yes ___ No	___ Yes ___ No
In the past seven years, have you declared bankruptcy?	___ Yes ___ No	___ Yes ___ No
Do you have any credit issues or outstanding judgements?	___ Yes ___ No	___ Yes ___ No
Have you owned a home within the last three years?	___ Yes ___ No	___ Yes ___ No
Have you had a foreclosure or short sale of a home?	___ Yes ___ No	___ Yes ___ No
Are you a co-signer to any loan and/or note?	___ Yes ___ No	___ Yes ___ No
Are you a party in a lawsuit?	___ Yes ___ No	___ Yes ___ No
Have you ever moved from a unit while owing rent or been evicted within the last five years?	___ Yes ___ No	___ Yes ___ No

HOUSEHOLD COMPOSITION

ADULTS	SEX	RELATIONSHIP	SSN	DOB	TRIBAL ROLL #
		SELF			
MINORS	SEX	RELATIONSHIP	SSN	DOB	TRIBAL ROLL #

Under penalties of perjury, I certify that the information presented in this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Read and initial the following:

NOTICE: You are required to notify Chico Rancheria Housing Corporation within 10 days when your household composition or income changes- whether you are currently receiving assistance, in a program, or on a waiting list. (Initial) _____

NOTICE: You are required to notify Chico Rancheria Housing Corporation in writing of any address changes. If we cannot contact you at the address listed, your name may be removed from the waitlist and you will have to re-apply. (Initial) _____

PLEASE
READ

Privacy Act Notice.

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C.3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older.

Purpose: Your income and other information are being collected by HUD and/or the Chico Rancheria Housing Corporation to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD and/or the Chico Rancheria Housing Corporation uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Federal Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, Tribal, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD or the Chico Rancheria Housing Corporation, except as permitted or required by law.

Penalty: You must provide all of the information requested by the Housing Authority (Chico Rancheria Housing Corporation), including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility.

Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

INCOME CERTIFICATION QUESTIONNAIRE

NAME: _____	Phone: _____	Chico Rancheria Housing Corporation 2889 Cohasset Rd., Ste. #3 Chico, CA 95973 (530) 343-4048
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Re-certification <input type="checkbox"/> Other		

INCOME INFORMATION

YES	NO		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I/we am self-employed. (List nature of self employment) _____	(Use <u>net</u> income from business) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;">Name of Employer</div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive retirement social security, disability social security, and/or survivors social security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Public Assistance Income (examples: TANF, AFDC) County of _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am currently receiving child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	If yes, from how many persons do you receive support? _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we am/are currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive alimony/spousal support payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, lottery winnings or Revenue Shares. If yes, list sources: 1) _____ \$ _____ 2) _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive income from real or personal property.	(use <u>net</u> earned income) \$ _____

ASSET INFORMATION

ASSET INFORMATION			INTEREST RATE	CASH VALUE
YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a whole life insurance policy. If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have cash on hand.		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

**Low-Income Rental Program/ Tenant Based Rental Assistance
Self-Sufficiency Requirement**

As a participant in the Low-Income Rental Program or the Tenant Based Rental Assistance Program, your family will be required to comply with the mandatory Family Self-Sufficiency Counseling. A Self-Sufficiency Plan (SSP) is a plan that the head of household develops in consultation with your family and the Chico Rancheria Housing Corporation outlining specific goals and achievements that will prepare your family to sustain without further assistance. Specifically, the plan will increase the family’s income so the family can afford shelter on their own without paying over 30% of their adjusted income on housing over a realistic time frame.

Family Self-Sufficiency counseling includes one-on-one or group sessions on a variety of issues such as: follow up on progress of the Family Self-Sufficiency Plan, program requirements, proper use of the dwelling unit, proper maintenance of the dwelling unit, budgeting, housekeeping, etc.

Failing to perform in accordance with said Family Self-Sufficiency Plan shall result in termination of the Rental Agreement/ rental assistance.

I have read the Self-Sufficiency Counseling requirement and understand that it is strictly for my benefit and that of my family.

Applicant

Date

Co-Applicant

Date

PARTICIPANT'S CONSENT TO THE RELEASE OF INFORMATION

Organization requesting release of information:

Chico Rancheria Housing Corporation
2889 Cohasset Rd #3
Chico, CA 95973

Your signature on this form, and the signature of each member of your household who is 18 years of age or older, authorizes the U.S. Department of Housing and Urban Development (HUD), and the above named organization to obtain employee income information from current and previous employers and wage and claim information from the State Wage Information Collection Agency (SWICA), it may also be used for tribal enrollment verification as it pertains to the eligibility for the following programs:

- Tenant Based Rental Assistance Program (TBRA)
- Move-In Assistance
- Homebuyer Assistance Program
- Lease to Own Program
- Home Rehabilitation Program
- Low Income Rental Program
- Relocation Assistance in accordance with URA
- Any Other Assistance Program administered by Chico Rancheria Housing Corporation

Each adult member of the household must sign this form at the initial application and recertification. Additional signatures must be obtained from new adult members of the household become 18 years of age. A Privacy Act Notice is attached and must be read by applicants and tenants. The consent granted by this form may be used as a basis to collect sensitive information which is protected by the Privacy Act.

Such information will not be disclosed or released outside of HUD ~~except~~ to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

Matching Notice & Consent:

I understand that a HUD or a Public Housing Agency may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Postal Service
- State, County, & Tribal Welfare and Food Stamp Agencies (TANF)
- U.S. Social Security Administration
- U.S. Department of Defense
- State Employment Agencies

The match will be used to verify information supplied by my family.

I also authorize the above named organization and HUD to obtain information about me and my family that is pertinent to employment income information from current and previous employers.

I agree that photocopies of this authorization may be used for the purpose stated above. If I, or any adult members of my family fail to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or tenancy, or both.

I authorize only HUD or a Public Housing Agency to obtain information on wages or unemployment compensation from State Agencies charged with the State unemployment law.

Applicant: _____
Print Signature Date

Co-Applicant: _____
Print Signature Date