



# CHICO RANCHERIA HOUSING CORPORATION

*Tribally Designated Housing Entity and Community Based Development Organization For The  
Mechoopda Indian Tribe of Chico Rancheria, California*

## **General Housing Application**

### **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 circle the housing assistance you are applying for**

*(You may circle more than one)*

**Family Rental Assistance   Student Rental Assistance   Senior Rental Assistance   Low-Income Rental**

**Move-In Assistance   Homebuyers Assistance Program   Lease-To-Own**

## 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: <i>(circle any that apply)</i>	Preferred method of communication: <i>(circle any that apply)</i>
Phone Text Email	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

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## 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been charged with or convicted of a felony or any drug related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US Citizen/ US Permanent Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past seven years, have you declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any credit issues or outstanding judgements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you owned a home within the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a foreclosure or short sale of a home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a co-signer to any loan and/or note?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a party in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever moved from a unit while owing rent or been evicted within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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

**Initial Certification**     
  **Re-certification**     
  **Other**

**Contact Information: Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**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:  Name of Employer  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**

YES	NO		INTEREST RATE	CASH VALUE
<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





