



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

Rehabilitation 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 signed 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).
- ✓ Copy of your Property Deed.
- ✓ Copy of your Homeowner's Insurance & Flood Insurance, if applicable.
- ✓ Copy of your most current property tax statement.

Please circle the housing assistance you are applying for

(You may mark more than one)

☐ Owner-Occupied Rehabilitation

☐ Elder Owner Minor Rehabilitation

**CHICO RANCHERIA HOUSING CORPORATION
REHABILITATION ASSISTANCE APPLICATION**

**1920 Alcott Ave, Chico, CA 95928
Phone (530) 343-4048 Fax (530) 899-8517 ATTN: Housing**

Please Submit the Following Items with your Application:

“Applicant” is all persons listed as owner on the title to the property for which you are requesting assistance.

APPLICANT/OWNER NAME:		DOB:	Tribal Roll #:	SS#
Current Contact Information: Home Phone: _____ Work Phone: _____		Email:		
APPLICANT/OWNER NAME:		DOB:	Tribal Roll #:	SS#
Current Contact Information: Home Phone: _____ Work Phone: _____		Email:		
PROPERTY STREET ADDRESS:				
Mailing Address, if different:				
CITY:	COUNTY:	STATE:	ZIP CODE:	
ASSESSOR’S PARCEL NO.	YEAR BUILT:	YEAR PURCHASED:	PURCHASE COST:	
No. Bedrooms:		No. Baths:		Outbuildings:
Property Insurance Company:	Insurance Policy No:	Amount of Coverage:	Agent’s Name/Phone:	
Is the property in a 100-year flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If “Yes,” and you have a flood insurance policy please provide Insurance Company and Policy No:		Agent’s Name/Phone:	
Summary description of the rehabilitation, repairs, or improvements you are requesting:				
Do you own any other real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” please provide address:				

CHICO RANCHERIA HOUSING CORPORATION REHABILITATION ASSISTANCE APPLICATION

Employment of Applicant				Employment of Co-Applicant			
Must Include 2 years of employment history							
Company		Phone		Company		Phone	
Mailing Address				Mailing Address			
City/State/Zip				City/State/Zip			
Dates(From/To)		Years		Dates(From/To)			
Title		Type of Business		Title		Type of Business	
Number of Months worked/yr		Hours/Wk		Number of Months worked/yr		Hours/Wk	
Monthly Gross Income				Monthly Gross Income			
Base	Overtime	Bonus	Commission	Base	Overtime	Bonus	Commission
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Hourly Rate\$ _____		Total\$ _____		Hourly Rate\$ _____		Total\$ _____	
__ Seasonal		__ Full-Time		__ Seasonal		__ Full-Time	
__ Part-Time		__ Self		__ Part-Time		__ Self	

PREVIOUS EMPLOYMENT IF LESS THAN 2 YEARS AT CURRENT
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Company		Phone		Company		Phone	
Mailing Address				Mailing Address			
City/State/Zip				City/State/Zip			
Dates(From/To)		Years		Dates(From/To)			
Title		Type of Business		Title		Type of Business	
Number of Months worked/yr		Hours/Wk		Number of Months worked/yr		Hours/Wk	
Monthly Gross Income				Monthly Gross Income			
Base	Overtime	Bonus		Base	Overtime	Bonus	
Commission				Commission			
\$ _____	\$ _____	\$ _____		\$ _____	\$ _____	\$ _____	
\$ _____				\$ _____		\$ _____	
Hourly Rate\$ _____		Total\$ _____		Hourly Rate\$ _____		Total\$ _____	
__ Seasonal		__ Full-Time		__ Seasonal		__ Full-Time	
__ Part-Time		__ Self		__ Part-Time		__ Self	

CHICO RANCHERIA HOUSING CORPORATION REHABILITATION ASSISTANCE APPLICATION

APPLICANT		BANK ACCOUNTS		CO-APPLICANT	
Bank Name				Bank Name	
Checking Acct#	Balance	Checking Acct#	Balance	Checking Acct#	Balance
Savings Acct#	Balance	Savings Acct#	Balance	Savings Acct#	Balance
Name(s) on Account				Name(s) on Account	
Bank Address				Bank Address	
City/State/Zip				City/State/Zip	

MONTHLY EXPENSES		(applicant and co-applicant information needed)	
Rent Payment	\$ _____	Do you have permanent US Resident Status?	_____
Utilities	\$ _____	In the past seven years, have you declared bankruptcy?	_____
_____	\$ _____	Have you had property foreclosed upon or given title/deed in lieu thereof?	_____
_____	\$ _____	Are you a co-maker or endorser on a note?	_____
_____	\$ _____	Are you a party in a lawsuit?	_____
_____	\$ _____	Are you obligated to pay alimony, child support or separate maintenance?	_____
_____	\$ _____	Is any income listed on this application likely to be reduced?	_____
_____	\$ _____	Do you have any outstanding judgments?	_____
_____	\$ _____	Have you owned a home within the last 3 years?	_____
_____	\$ _____		
_____	\$ _____		

DEBTS			
List all credit cards, loans, etc. IF more than 3 debtors, attach a list to this application.			
Creditor Name/address	Account #	Monthly payment	Balance

Please be sure to provide the above information for co-applicants as well as applicant.

Have you ever violated a previous obligation in connection with a HUD program? ___Yes___No

Have you ever engaged in a felonious act or use or possess drugs? ___Yes___No

Do you owe any money to any other Housing Authority? ___Yes___No

CHICO RANCHERIA HOUSING CORPORATION REHABILITATION ASSISTANCE APPLICATION

HOUSEHOLD COMPOSITION

ADULTS	SEX	RELATIONSHIP	SSN	DOB	INCOME SOURCE	TRIBAL ROLL #
(LAST/FIRST/MI)						
		SELF				
MINORS	SEX	RELATIONSHIP	SSN	DOB	SCHOOL	TRIBAL ROLL#

You are required to notify the Housing Corporation at anytime when your Household composition or income changes—whether you are currently receiving assistance, in a program, or on a waiting list.

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

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

CHICO RANCHERIA HOUSING CORPORATION REHABILITATION ASSISTANCE APPLICATION

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.

CHICO RANCHERIA HOUSING CORPORATION REHABILITATION ASSISTANCE APPLICATION

INCOME CERTIFICATION QUESTIONNAIRE

NAME:

TELEPHONE NUMBER:

INITIAL CERTIFICATION

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: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____ \$ _____
<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 periodic 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)	\$ _____
<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. 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: _____	\$ _____

CHICO RANCHERIA HOUSING CORPORATION REHABILITATION ASSISTANCE APPLICATION

<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 net earned income) \$ _____

			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) _____	_____ % _____ %	\$ _____ \$ _____

CHICO RANCHERIA HOUSING CORPORATION REHABILITATION ASSISTANCE APPLICATION

<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

CHICO RANCHERIA HOUSING CORPORATION REHABILITATION ASSISTANCE APPLICATION

PARTICIPANT'S CONSENT TO THE RELEASE OF INFORMATION

Organization requesting release of information:

Chico Rancheria Housing Corporation
1920 Alcott Ave
Chico, CA 95928

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
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Co-Applicant:

Print	Signature	Date
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CHICO RANCHERIA HOUSING CORPORATION REHABILITATION ASSISTANCE APPLICATION

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 penalties 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

Date

Applicant's Signature

Date

Statement of Filing Taxes

Only Sign if you did not file taxes

I certify under penalties of perjury that I did not make enough income for the year 2021 to be required to file taxes with IRS and that I did not file taxes with the IRS. I also understand that providing false representations constitutes an act of fraud.

Applicant's Signature

Date

Applicant's Signature

Date