



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

STUDENT TENANT BASED RENTAL ASSISTANCE

The following is the list of documents required before we can approve you for eligibility for the Student Based Rental Assistance:

- ___ CRHC Application completed and signed by the student.
- ___ Most recent Income Tax Return, including W-2 forms and/or 1099 forms OR statement of not-filing signed.
- ___ Two recent pay stubs for all earned income.
- ___ If receiving government assistance, copies of your monthly subsidy from the agency office. (Financial aid, TANF, SSA, SSI, etc.)
- ___ 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).
- ___ Copies of social security cards for applicants.
- ___ Letter from affiliated Tribe or Tribally Designated Housing Entity stating its service area (If not Mechoopda)
- ___ Copy of Semester Schedule (Current and or future if new)
- ___ Copy of Signed Education Plan
- ___ Transcript with grades and GPA (following the Spring Semester)
- ___ Copy of current lease/rental agreement

Please note: There may be additional items requested after initial review of your application.

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

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

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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	I/we receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	I/we receive retirement social security, disability social security, and/or survivors social security payments.	\$ _____
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	I/we receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Public Assistance Income (examples: TANF, AFDC) County of _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I/we am currently receiving child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, from how many persons do you receive support? _____	
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	I/we receive alimony/spousal support payments	\$ _____
<input type="checkbox"/>	<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"/>	<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

**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	Co-Applicant
Date	Date

**Student Tenant Based Rental Assistance (TBRA)
Self Sufficiency Waiver**

As a Student TBRA applicant, you are not required to meet with the ROSS Coordinator. By signing below you acknowledge the exemption and understand that the resource is available if needed.

Applicant	Co-Applicant
Date	Date

