# Salt River Pima-Maricopa Indian Community
## Community Tribal Housing Program
10005 East Osborn Road, Scottsdale, AZ 85256
**P:** (480) 362-7600 /**F:** (480) 362-6710 /**E:** HousingInfo@srpmic-nsn.gov

### Tribal Rental Program
### OVERVIEW

**PURPOSE:** To provide enrolled Salt River Pima-Maricopa Indian Community ("SRPMIC") members with affordable rental housing options that are not income restricted.

- **Mesquite Trails Rentals:** Provide a tribally funded affordable rental option for SRPMIC members and their family that is not income restricted.
- **Lonely Cactus Expansion:** Provide a tribally funded affordable rental option for SRPMIC members that is not income restricted.  Lonely Cactus expansion is designated for disabled and/or elderly SRPMIC members and their family.

**ELIGIBILITY:** The minimum eligibility requirements for the Tribal Rental Program are:

- **ENROLLED SRPMIC MEMBER:**
  - ✓ Age 18 years of age or older
- **QUALIFYING INCOME TO RENT RATIO:**
  - ✓ **Mesquite Trails Rentals:** Qualifying monthly income must be a minimum of $3,000 (gross) or annual income must be a minimum of $36,000 (Gross).
  - ✓ **Lonely Cactus Expansion Rentals:** Qualifying monthly income must be a minimum of $1,500 (gross) or annual income must be a minimum of $18,000 (Gross).
  - o **What is Qualifying Income?**
    Qualifying Income is your total gross annual income (or monthly).  Can be a combination of earned income and unearned income (i.e. Wages, Self-Employment, Per Capita, Child Support, etc.).
    Qualifying Income to Rent Ratio is the amount of Gross Income per month compared to the Monthly Rent.  The standard ratio is 3 times.
  - o **What is the purpose of having a Qualifying Income to Rent Ratio?**
    To ensure a household can pay their monthly rent and have money left over for food/groceries, gas, utilities, car payments, etc.
- **BACKGROUND REVIEW:**
  - Consent to a Background Review
  - Current/Pending Charges is not an automatic disqualifier.
  - Cannot have a lifetime registration requirement under any jurisdictions sex-offender registration program OR been convicted of manufacturing any type of illegal drugs.  **These are lifetime prohibitions.**
- **HOUSEHOLD SIZE: PER COMMUNITY BUILDING CODES**
  - **Adults:** Maximum of 1-2 per bedroom
  - **Children:** Maximum of 2 minors per bedroom
- **LANDLORD VERIFICATION/PREVIOUS LANDLORD VERIFICATIONS:**
  - In lieu of credit checks, will require verifications from past residences to determine if rent was paid timely and whether or not there are other risk factors that should be considered.
- **LONELY CACTUS:  ONLY ELDERLY/DISABLED CAN QUALFITY**

## APPLICATION REQUIREMENTS

- **Complete Tribal Rental Program Application:** All adults in the household must provide the following, and for each dependent listed on the application.
  - ✓ Completed and signed Tribal Rental Program Application and Release of Information Authorization.
  - ✓ Copy of Driver's License or State ID
  - ✓ Copy of SRPMIC Tribal ID
  - ✓ Copy of Social Security Card
  - ✓ Copy of Birth Certificate
  - ✓ Verification of Income Form(s), Verification of Student Status, and/or Other Verification Form(s) as required.
- **Income Verification:** Must sign any necessary Verification Forms and provide the last two (2) months of income (i.e. pay stubs, quarterly statements, award letters, etc.)
- **Background Check:** Must sign and submit Authorization for Background Check.

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**Tribal Rental Program**
**APPLICATION CHECKLIST**

**APPLICANT NAME:**

| REQUIREMENTS: | COMPLETED | ATTACHED | INITIAL(S) |
|---|---|---|---|
| **Application** | | | |
| 1) Tribal Rental Program Application | ☐ Y ☐ N | ☐ Y ☐ N | |
| **Identification** | | | |
| 1) Copy of Driver's License or State ID *(front only)* | | ☐ Y ☐ N | |
| 2) Copy of SRPMIC Tribal ID *(front only)* | | ☐ Y ☐ N | |
| 3) Copy of Social Security Card *(front only)* | | ☐ Y ☐ N | |
| 4) Copy of Birth Certificate | | ☐ Y ☐ N | |
| **Authorization Form(s):** | | | |
| 1) Resident (Tenant) Release and Consent | ☐ Y ☐ N | ☐ Y ☐ N | |
| 2) Authorization for Background Check | ☐ Y ☐ N | ☐ Y ☐ N | |
| **Other Verification Form(s):** | | | |
| 1) Landlord Verifications | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| 2) Verification of Public Assistance | ☐ Y ☐ N | ☐ Y ☐ N | |
| 3) Verification of Student Status | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
|    a. Current class schedule | | ☐ Y ☐ N ☐ N/A | |
| **Income Verification Form(s):** | | | |
| 1) Verification of Employment | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
|    a. Last 2 months of pay stubs | | ☐ Y ☐ N ☐ N/A | |
| 2) Verification of Unemployment Benefits | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
|    a. Last 2 months of pay stubs | | ☐ Y ☐ N ☐ N/A | |
| 3) Verification of Child Support and/or Alimony | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
|    a. Copy of current Court Order | | ☐ Y ☐ N ☐ N/A | |
|    b. Last 12 months pay history | | ☐ Y ☐ N ☐ N/A | |
| 4) Verification of Social Security Benefits | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
|    a. Debit Express Card Verification | | ☐ Y ☐ N ☐ N/A | |
| **Other Sources of Income:** | | | |
| *(List and attach 2 months of pay stubs, award letter, etc.)* | | | |
| _____ | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| _____ | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| _____ | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| **Affidavit/Certification Form(s):** | | | |
| 1) Unemployed Applicant's Affidavit | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| 2) Affidavit of Per Capita | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| 3) Child Support and/or Alimony Affidavit | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| 4) Zero Income Certification | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |

### Tribal Rental Program
### APPLICATION CHECKLIST

**CO-APPLICANT NAME:**

| REQUIREMENTS: | COMPLETED | ATTACHED | INITIAL(S) |
|---|---|---|---|
| **Application** | | | |
| 2) Tribal Rental Program Application | ☐ Y ☐ N | ☐ Y ☐ N | |
| **Identification** | | | |
| 5) Copy of Driver's License or State ID *(front only)* | | ☐ Y ☐ N | |
| 6) Copy of SRPMIC Tribal ID *(front only)* | | ☐ Y ☐ N | |
| 7) Copy of Social Security Card *(front only)* | | ☐ Y ☐ N | |
| 8) Copy of Birth Certificate | | ☐ Y ☐ N | |
| **Authorization Form(s):** | | | |
| 3) Resident (Tenant) Release and Consent | ☐ Y ☐ N | ☐ Y ☐ N | |
| 4) Authorization for Background Check | ☐ Y ☐ N | ☐ Y ☐ N | |
| **Other Verification Form(s):** | | | |
| 4) Landlord Verifications | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| 5) Verification of Public Assistance | ☐ Y ☐ N | ☐ Y ☐ N | |
| 6) Verification of Student Status | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
|    a. Current class schedule | | ☐ Y ☐ N ☐ N/A | |
| **Income Verification Form(s):** | | | |
| 5) Verification of Employment | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
|    a. Last 2 months of pay stubs | | ☐ Y ☐ N ☐ N/A | |
| 6) Verification of Unemployment Benefits | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
|    a. Last 2 months of pay stubs | | ☐ Y ☐ N ☐ N/A | |
| 7) Verification of Child Support and/or Alimony | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
|    a. Copy of current Court Order | | ☐ Y ☐ N ☐ N/A | |
|    b. Last 12 months pay history | | ☐ Y ☐ N ☐ N/A | |
| 8) Verification of Social Security Benefits | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
|    a. Debit Express Card Verification | | ☐ Y ☐ N ☐ N/A | |
| **Other Sources of Income:** *(List and attach 2 months of pay stubs, award letter, etc.)* | | | |
| _____ | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| _____ | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| _____ | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| **Affidavit/Certification Form(s):** | | | |
| 5) Unemployed Applicant's Affidavit | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| 6) Affidavit of Per Capita | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| 7) Child Support and/or Alimony Affidavit | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| 8) Zero Income Certification | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |

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**Tribal Rental Program**
**APPLICATION CHECKLIST**

| OTHER ADULT |
|---|
|  |

| REQUIREMENTS: | COMPLETED | ATTACHED | INITIAL(S) |
|---|---|---|---|
| **Application** | | | |
| 3) Tribal Rental Program Application | ☐ Y ☐ N | ☐ Y ☐ N | |
| **Identification** | | | |
| 9) Copy of Driver's License or State ID *(front only)* | | ☐ Y ☐ N | |
| 10) Copy of SRPMIC Tribal ID *(front only)* | | ☐ Y ☐ N | |
| 11) Copy of Social Security Card *(front only)* | | ☐ Y ☐ N | |
| 12) Copy of Birth Certificate | | ☐ Y ☐ N | |
| **Authorization Form(s):** | | | |
| 5) Resident (Tenant) Release and Consent | ☐ Y ☐ N | ☐ Y ☐ N | |
| 6) Authorization for Background Check | ☐ Y ☐ N | ☐ Y ☐ N | |
| **Other Verification Form(s):** | | | |
| 7) Landlord Verifications | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| 8) Verification of Public Assistance | ☐ Y ☐ N | ☐ Y ☐ N | |
| 9) Verification of Student Status | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| a. Current class schedule | | ☐ Y ☐ N ☐ N/A | |
| **Income Verification Form(s):** | | | |
| 9) Verification of Employment | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| a. Last 2 months of pay stubs | | ☐ Y ☐ N ☐ N/A | |
| 10) Verification of Unemployment Benefits | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| a. Last 2 months of pay stubs | | ☐ Y ☐ N ☐ N/A | |
| 11) Verification of Child Support and/or Alimony | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| a. Copy of current Court Order | | ☐ Y ☐ N ☐ N/A | |
| b. Last 12 months pay history | | ☐ Y ☐ N ☐ N/A | |
| 12) Verification of Social Security Benefits | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| a. Debit Express Card Verification | | ☐ Y ☐ N ☐ N/A | |
| **Other Sources of Income:** *(List and attach 2 months of pay stubs, award letter, etc.)* | | | |
| _____ | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| _____ | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| _____ | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
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| 9) Unemployed Applicant's Affidavit | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| 10) Affidavit of Per Capita | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| 11) Child Support and/or Alimony Affidavit | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |
| 12) Zero Income Certification | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A | |

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### Tribal Rental Program
### APPLICATION CHECKLIST

| OTHER ADULT |
|---|
|  |

| REQUIREMENTS: | COMPLETED | ATTACHED | INITIAL(S) |
|---|---|---|---|
| **Application** |  |  |  |
| 4) Tribal Rental Program Application | ☐ Y ☐ N | ☐ Y ☐ N |  |
| **Identification** |  |  |  |
| 13) Copy of Driver's License or State ID *(front only)* |  | ☐ Y ☐ N |  |
| 14) Copy of SRPMIC Tribal ID *(front only)* |  | ☐ Y ☐ N |  |
| 15) Copy of Social Security Card *(front only)* |  | ☐ Y ☐ N |  |
| 16) Copy of Birth Certificate |  | ☐ Y ☐ N |  |
| **Authorization Form(s):** |  |  |  |
| 7) Resident (Tenant) Release and Consent | ☐ Y ☐ N | ☐ Y ☐ N |  |
| 8) Authorization for Background Check | ☐ Y ☐ N | ☐ Y ☐ N |  |
| **Other Verification Form(s):** |  |  |  |
| 10) Landlord Verifications | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |
| 11) Verification of Public Assistance | ☐ Y ☐ N | ☐ Y ☐ N |  |
| 12) Verification of Student Status | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |
| a. Current class schedule |  | ☐ Y ☐ N ☐ N/A |  |
| **Income Verification Form(s):** |  |  |  |
| 13) Verification of Employment | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |
| a. Last 2 months of pay stubs |  | ☐ Y ☐ N ☐ N/A |  |
| 14) Verification of Unemployment Benefits | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |
| a. Last 2 months of pay stubs |  | ☐ Y ☐ N ☐ N/A |  |
| 15) Verification of Child Support and/or Alimony | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |
| a. Copy of current Court Order |  | ☐ Y ☐ N ☐ N/A |  |
| b. Last 12 months pay history |  | ☐ Y ☐ N ☐ N/A |  |
| 16) Verification of Social Security Benefits | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |
| a. Debit Express Card Verification |  | ☐ Y ☐ N ☐ N/A |  |
| **Other Sources of Income:** |  |  |  |
| *(List and attach 2 months of pay stubs, award letter, etc.)* |  |  |  |
| _____ | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |
| _____ | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |
| _____ | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |
| **Affidavit/Certification Form(s):** |  |  |  |
| 13) Unemployed Applicant's Affidavit | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |
| 14) Affidavit of Per Capita | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |
| 15) Child Support and/or Alimony Affidavit | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |
| 16) Zero Income Certification | ☐ Y ☐ N ☐ N/A | ☐ Y ☐ N ☐ N/A |  |

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### Tribal Rental Program
### APPLICATION

## 1. APPLICANT INFORMATION

**Marital Status:**
☐ Unmarried
☐ Married
☐ Divorced
☐ Other

**Gender:**
☐ Male
☐ Female

**Disabled:**
☐ Yes ☐ No

First Name _____ Middle _____ Last Name _____

Physical Address _____ City _____ State _____ ZIP Code _____

Mailing Address _____ City _____ State _____ ZIP Code _____

( ) _____
Phone Number

Date of Birth _____ Social Security Number _____ SRPMIC Tribal ID # _____

( ) _____
Alt. Phone Number

**What is your preferred method of contact?**
☐ Phone ☐ Email ☐ Mail

_____
Email Address

## 2. CO-APPLICANT INFORMATION

**Marital Status:**
☐ Unmarried
☐ Married
☐ Divorced
☐ Other

**Gender:**
☐ Male
☐ Female

**Disabled:**
☐ Yes ☐ No

First Name _____ Middle _____ Last Name _____

Physical Address _____ City _____ State _____ ZIP Code _____

Mailing Address _____ City _____ State _____ ZIP Code _____

( ) _____
Phone Number

Date of Birth _____ Social Security Number _____ SRPMIC Tribal ID # _____

( ) _____
Alt. Phone Number

**What is your preferred method of contact?**
☐ Phone ☐ Email ☐ Mail

_____
Email Address

## 3. EMERGENCY CONTACT INFORMATION

( ) _____
First Name _____ Last Name _____ Relationship to Applicant _____ Phone Number

( ) _____
Street Address _____ City _____ State _____ ZIP Code _____ Alt. Phone Number

## 4. HOUSEHOLD COMPOSITION

| Name | Date of Birth | Relationship to Applicant |
|------|---------------|---------------------------|
| | | **Head of Household (HOH)** |
| | | **Co-Head** |
| | | |
| | | |
| | | |

## 5. GENERAL QUESTIONS

**A.** Are you currently receiving any type of services or assistance from other SRPMIC programs?  ☐ Y ☐ N
*If "Y", please provide the following information:*

| Type of Assistance | Dates Received | Type of Assistance | Date Received |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |

**B.** Do you currently owe any money to the SRPMIC? (Example: HHS, Education – Higher Ed., etc.)  ☐ Y ☐ N
*If "Y", please explain below?*

_____

_____

_____

**C.** Do you require any accessibility features in your home?  ☐ Y ☐ N
*If "Y", please explain below?*

_____

_____

_____

## 6. HOUSING HISTORY

| Street Address, City, State, ZIP Code | Rent or Owned? | # of Years | Monthly Payment | Eviction or Foreclosure? |
|---|---|---|---|---|
|  | ☐ Rent ☐ Owned |  |  | ☐ Y ☐ N |
|  | ☐ Rent ☐ Owned |  |  | ☐ Y ☐ N |
|  | ☐ Rent ☐ Owned |  |  | ☐ Y ☐ N |
|  | ☐ Rent ☐ Owned |  |  | ☐ Y ☐ N |

**A.** Have you received any kind of prior housing assistance from the SRPMIC?  ☐ Y ☐ N
*If "Y", please provide the following information:*
1) Type of housing assistance, and 2) Approximate dates received.

_____

**B.** Have you ever been evicted from a rental home/apartment for violation of a lease?  ☐ Y ☐ N
*If "Y", please provide the following information:*
1) Approximate date of eviction, and 2) Reason for eviction.

_____

**C.** Have you ever abandoned a rental home/apartment without terminating the lease?  ☐ Y ☐ N
*If "Y", please provide the following information:*
1) Approximate date of abandonment, and 2) Reason for abandonment.

_____

**D.** Do you owe any money to the SRPMIC Community Tribal Housing Program (CTHP) formerly the SR Community Housing Division (SRCHD), or any apartment or property management company?  ☐ Y ☐ N
*If "Y", please provide the following information:*
1) Type of debt, 2) Amount of debt, and 3) Is the debt currently delinquent.

_____

_____

## 7. EMPLOYMENT AND INCOME

### A. Applicant /Head of Household

**1.** Are you currently employed? ☐ **Y** ☐ **N**
*If "Y", please provide the following information:*

| Name of Employer | Address (Street, City, State, Zip Code |  |
|---|---|---|
| Phone Number | Supervisor's Name |  |
| Length of Employment: | Job Title: | Employment Status<br>☐ FT  ☐ PT  ☐ Temporary |

**2.** Are you currently participating in any job training programs? ☐ **Y** ☐ **N**
*If "Y", please provide the following information:*

| Name of Program | Address (Street, City, State, Zip Code |  |
|---|---|---|
| Phone Number | Supervisor's Name |  |
| Length of Program: | Type of Program | Employment Status<br>☐ FT  ☐ PT  ☐ Temporary |

**3.** Do you have any other sources of income? ☐ **Y** ☐ **N**
*Please check all that apply:*

☐ Unemployment ☐ Per Capita ☐ Social Security Income
☐ Child Support ☐ Land Lease Income ☐ Cash Assistance
☐ Other: _____

### B. Co-Applicant /Co-Head

**1.** Are you currently employed? ☐ **Y** ☐ **N**
*If "Y", please provide the following information:*

| Name of Employer | Address (Street, City, State, Zip Code |  |
|---|---|---|
| Phone Number | Supervisor's Name |  |
| Length of Employment: | Job Title: | Employment Status<br>☐ FT  ☐ PT  ☐ Temporary |

**2.** Are you currently participating in any job training programs? ☐ **Y** ☐ **N**
*If "Y", please provide the following information:*

| Name of Program | Address (Street, City, State, Zip Code |  |
|---|---|---|
| Phone Number | Supervisor's Name |  |
| Length of Program: | Type of Program | Employment Status<br>☐ FT  ☐ PT  ☐ Temporary |

**3.** Do you have any other sources of income? ☐ **Y** ☐ **N**
*Please check all that apply:*

☐ Unemployment ☐ Per Capita ☐ Social Security Income
☐ Child Support ☐ Land Lease Income ☐ Cash Assistance
☐ Other: _____

## C. Other Adult Household Member

**1.** Are you currently employed? □ **Y** □ **N**

*If "Y", please provide the following information:*

| Name of Employer | Address (Street, City, State, Zip Code | |
|---|---|---|
| Phone Number | Supervisor's Name | |
| Length of Employment: | Job Title: | Employment Status<br>□ FT □ PT □ Temporary |

**2.** Are you currently participating in any job training programs? □ **Y** □ **N**

*If "Y", please provide the following information:*

| Name of Program | Address (Street, City, State, Zip Code | |
|---|---|---|
| Phone Number | Supervisor's Name | |
| Length of Program: | Type of Program | Employment Status<br>□ FT □ PT □ Temporary |

**3.** Do you have any other sources of income? □ **Y** □ **N**

*Please check all that apply:*

□ Unemployment     □ Per Capita     □ Social Security Income

□ Child Support     □ Land Lease Income     □ Cash Assistance

□ Other: _____

_____

_____

## D. Other Adult Household Member

**1.** Are you currently employed? □ **Y** □ **N**

*If "Y", please provide the following information:*

| Name of Employer | Address (Street, City, State, Zip Code | |
|---|---|---|
| Phone Number | Supervisor's Name | |
| Length of Employment: | Job Title: | Employment Status<br>□ FT □ PT □ Temporary |

**2.** Are you currently participating in any job training programs? □ **Y** □ **N**

*If "Y", please provide the following information:*

| Name of Program | Address (Street, City, State, Zip Code | |
|---|---|---|
| Phone Number | Supervisor's Name | |
| Length of Program: | Type of Program | Employment Status<br>□ FT □ PT □ Temporary |

**3.** Do you have any other sources of income? □ **Y** □ **N**

*Please check all that apply:*

□ Unemployment     □ Per Capita     □ Social Security Income

□ Child Support     □ Land Lease Income     □ Cash Assistance

□ Other: _____

_____

_____

## 8. BACKGROUND REVIEW QUESTIONAIRRE

These questions must be answered for all adult household members.  If you answer "Y" to any question please identify which household member and then provide the requested information.

**A.** Have you ever been convicted of any of the following?  ☐ **Y** ☐ **N**
   **1)** Violent criminal activity?     **3)** Criminal sexual conduct, including any sex offenses?
   **2)** Drug related criminal activity?  **4)** Any other crime?
   ***If "Y", please explain:***

_____
_____
_____
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_____

**B.** Are you currently on parole or probation?  ☐ **Y** ☐ **N**
   ***If "Y", please explain and provide your parole/probation officer  contact information:***

_____
_____
_____

**C.** Do you have any outstanding warrants? ***If "Y", please explain:***  ☐ **Y** ☐ **N**

_____
_____

**D.** Do you have any pending court dates? ***If "Y", please explain:***  ☐ **Y** ☐ **N**

_____
_____

**E.** Are you subject to lifetime sex offender registration? ***If "Y", please explain:***  ☐ **Y** ☐ **N**

_____
_____

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I **UNDERSTAND** that this APPLICATION is made part of the qualification procedure to determine eligibility for residency in the SRPMIC Community Tribal Housing Program and that any misrepresentation herein will be considered a material breach of the Residential Space Lease Agreement, subjecting me to immediate eviction.

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge.  The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.  False, misleading, or incomplete information may result in my ineligibility for the SRPMIC Community Tribal Housing Program.

| Signature: | Date |
|---|---|
| Signature: | Date |
| Signature: | Date |
| Signature: | Date |