



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 APPLICATION CHECKLIST

APPLICANT NAME:

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



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Tribal Rental Program APPLICATION CHECKLIST

CO-APPLICANT NAME:

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



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OTHER ADULT

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



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Tribal Rental Program

APPLICATION

TYPE: ☐ Mesquite Trails Tribal Rental ☐ Lonely Cactus Expansion Tribal Rental

1. APPLICANT INFORMATION

Marital Status:				Gender:	
<input type="checkbox"/> Unmarried				<input type="checkbox"/> Male	
<input type="checkbox"/> Married				<input type="checkbox"/> Female	
<input type="checkbox"/> Divorced				Disabled:	
<input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail				
Email Address				

2. CO-APPLICANT INFORMATION

Marital Status:				Gender:	
<input type="checkbox"/> Unmarried				<input type="checkbox"/> Male	
<input type="checkbox"/> Married				<input type="checkbox"/> Female	
<input type="checkbox"/> Divorced				Disabled:	
<input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> 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?
	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Y <input type="checkbox"/> 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	
		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> 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	
		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> 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	
		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> 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	
		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> 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	
		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> 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	
		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temporary	

3. Do you have any other sources of income?

☐ Y ☐ N**Please check all that apply:**

- | | | |
|--|--|---|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Per Capita | <input type="checkbox"/> Social Security Income |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Land Lease Income | <input type="checkbox"/> Cash Assistance |
| <input type="checkbox"/> 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	
		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> 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	
		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temporary	

3. Do you have any other sources of income?

☐ Y ☐ N**Please check all that apply:**

- | | | |
|--|--|---|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Per Capita | <input type="checkbox"/> Social Security Income |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Land Lease Income | <input type="checkbox"/> Cash Assistance |
| <input type="checkbox"/> Other: _____ | | |

8. BACKGROUND REVIEW QUESTIONNAIRE

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:

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

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