



# 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](mailto:HousingInfo@srpmic-nsn.gov)

## Tribal Rental Program APPLICATION CHECKLIST

|                        |
|------------------------|
| <b>APPLICANT NAME:</b> |
|------------------------|

| REQUIREMENTS:   | COMPLETED  | ATTACHED   | INITIAL(S) |
|---|--|--|------------|
| <b>Application</b> <ul style="list-style-type: none"> <li>Tribal Rental Program Application</li> </ul>  | <input type="checkbox"/> Y <input type="checkbox"/> N  | <input type="checkbox"/> Y <input type="checkbox"/> N  |            |
| <b>Identification</b> <ul style="list-style-type: none"> <li>Copy of Driver's License or State ID (<i>front only</i>)</li> <li>Copy of SRPMIC Tribal ID (<i>front only</i>)</li> <li>Copy of Social Security Card (<i>front only</i>)</li> <li>Copy of Birth Certificate</li> </ul>   |  | <input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N   |            |
| <b>Authorization Form(s):</b> <ul style="list-style-type: none"> <li>Resident (Tenant) Release and Consent</li> <li>Authorization for Background Check</li> </ul>   | <input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N   |            |
| <b>Other Verification Form(s):</b> <ul style="list-style-type: none"> <li>Landlord Verifications</li> <li>Verification of Public Assistance</li> <li>Verification of Student Status</li> <li>Current class schedule</li> </ul>  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N<br><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<br><input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A  |            |
| <b>Income Verification Form(s):</b> <ul style="list-style-type: none"> <li>Verification of Employment               <ul style="list-style-type: none"> <li>Last 2 months of pay stubs</li> </ul> </li> <li>Verification of Unemployment Benefits               <ul style="list-style-type: none"> <li>Last 2 months of pay stubs</li> </ul> </li> <li>Verification of Child Support and/or Alimony               <ul style="list-style-type: none"> <li>Copy of current Court Order</li> <li>Last 12 months pay history</li> </ul> </li> <li>Verification of Social Security Benefits               <ul style="list-style-type: none"> <li>Debit Express Card Verification</li> </ul> </li> </ul> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><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<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |            |
| <b>Other Sources of Income:</b><br><i>(List and attach 2 months of pay stubs, award letter, etc.)</i><br><hr/> <hr/> <hr/>  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><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<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A   |            |
| <b>Affidavit/Certification Form(s):</b> <ul style="list-style-type: none"> <li>Unemployed Applicant's Affidavit</li> <li>Affidavit of Per Capita</li> <li>Child Support and/or Alimony Affidavit</li> <li>Zero Income Certification</li> </ul>  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><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<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A   |            |



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## Tribal Rental Program APPLICATION CHECKLIST

|   |
|---|
| <b>Complete and attach separate checklist for each co-applicant on the rental application</b> |
| <b>CO-APPLICANT NAME:</b>   |

| REQUIREMENTS:  | COMPLETED  | ATTACHED   | INITIAL(S) |
|--|--|--|------------|
| <b>Application</b>   |  |  |            |
| <ul style="list-style-type: none"> <li>Tribal Rental Program Application</li> </ul>  | <input type="checkbox"/> Y <input type="checkbox"/> N  | <input type="checkbox"/> Y <input type="checkbox"/> N  |            |
| <b>Identification</b>  |  |  |            |
| <ul style="list-style-type: none"> <li>Copy of Driver's License or State ID (<i>front only</i>)</li> <li>Copy of SRPMIC Tribal ID (<i>front only</i>)</li> <li>Copy of Social Security Card (<i>front only</i>)</li> <li>Copy of Birth Certificate</li> </ul>  |  | <input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N   |            |
| <b>Authorization Form(s):</b>  |  |  |            |
| <ul style="list-style-type: none"> <li>Resident (Tenant) Release and Consent</li> <li>Authorization for Background Check</li> </ul>  | <input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N   |            |
| <b>Other Verification Form(s):</b>   |  |  |            |
| <ul style="list-style-type: none"> <li>Landlord Verifications</li> <li>Verification of Public Assistance</li> <li>Verification of Student Status</li> <li>Current class schedule</li> </ul>  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N<br><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<br><input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A  |            |
| <b>Income Verification Form(s):</b>  |  |  |            |
| <ul style="list-style-type: none"> <li>Verification of Employment               <ul style="list-style-type: none"> <li>a. Last 2 months of pay stubs</li> </ul> </li> <li>Verification of Unemployment Benefits               <ul style="list-style-type: none"> <li>a. Last 2 months of pay stubs</li> </ul> </li> <li>Verification of Child Support and/or Alimony               <ul style="list-style-type: none"> <li>a. Copy of current Court Order</li> <li>b. Last 12 months pay history</li> </ul> </li> <li>Verification of Social Security Benefits               <ul style="list-style-type: none"> <li>a. Debit Express Card Verification</li> </ul> </li> </ul> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><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<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |            |
| <b>Other Sources of Income:</b>  |  |  |            |
| <i>(List and attach 2 months of pay stubs, award letter, etc.)</i><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><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<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A   |            |
| <b>Affidavit/Certification Form(s):</b>  |  |  |            |
| <ul style="list-style-type: none"> <li>Unemployed Applicant's Affidavit</li> <li>Affidavit of Per Capita</li> <li>Child Support and/or Alimony Affidavit</li> <li>Zero Income Certification</li> </ul>   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><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<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A   |            |



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### Tribal Rental Program APPLICATION CHECKLIST

**Complete and attach separate checklist for each adult resident on the rental application**

**OTHER ADULT NAME:**

| REQUIREMENTS:  | COMPLETED   | ATTACHED   | INITIAL(S) |
|--|---|--|------------|
| <b>Identification</b> <ul style="list-style-type: none"><li>Copy of Driver's License or State ID (<i>front only</i>)</li><li>Copy of SRPMIC Tribal ID (<i>front only</i>)</li><li>Copy of Social Security Card (<i>front only</i>)</li><li>Copy of Birth Certificate</li></ul> |   | <input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N<br><input type="checkbox"/> Y <input type="checkbox"/> N |            |
| <b>Authorization Form(s):</b> <ul style="list-style-type: none"><li>Authorization for Background Check</li></ul>   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N  |            |