



Salt River Pima-Maricopa Indian Community
Community Tribal Housing Program
10005 East Osborn Road, Scottsdale, AZ 85256
P: (480) 362-RENT (7368) /F: (480) 362-6710 /E: HousingInfo@srpmic-nsn.gov

AFFIDAVIT OF PER CAPITA

Date: _____

Applicant Name: _____

Please complete this form and deliver with your completed application to:
Salt River Pima-Maricopa Indian Community
ATTN: CDD/Resident Resources & Services Division
10005 E. Osborn Road
Scottsdale, AZ 85256
F: (480) 362-6710

In connection with review of my Application for eligibility /residency with the SRPMIC Community Tribal Housing Program (CTHP), I confirm that:

☐ I **DO NOT** receive per capita income from any source and do not anticipate receiving it in the next twelve (12) months.

☐ I **DO** receive per capita distributions as income.

Approximate amount: \$ _____ per quarter

☐ My quarterly per capita distributions are subject to scheduled garnishments, deferrals, or deductions.

Identify all amounts garnished, deferred, or deducted from quarterly per capita distributions below:

Amount (\$): _____

Paid to: _____

Total Obligation (\$): _____

Describe the purpose of the quarterly deduction:

Amount (\$): _____

Paid to: _____

Total Obligation (\$): _____

Describe the purpose of the quarterly deduction:

Amount (\$): _____

Paid to: _____

Total Obligation (\$): _____

Describe the purpose of the quarterly deduction:

*Please attach additional sheets, if needed

I UNDERSTAND that this affidavit 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 CTHP programs.

Signature: _____

Date: _____



CHILD SUPPORT AND/OR ALIMONY AFFIDAVIT

Date: _____

Applicant Name: _____

Please complete this form and deliver with your completed application to:

Salt River Pima-Maricopa Indian Community
ATTN: CDD/Resident Resources & Services Division
10005 E. Osborn Road
Scottsdale, AZ 85256
F: (480) 362-6710

In connection with review of my Application for eligibility/residency with the SRPMIC, Community Tribal Housing Program, I confirm the following information:

PART I

Type of Support Ordered	Amount (\$)	Frequency
<input type="checkbox"/> Child Support (Current)	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
<input type="checkbox"/> Child Support (Arrears)	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
<input type="checkbox"/> Alimony /Spousal Support	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____

PART II

Case ID #: _____ **Jurisdiction:** _____

Name of Court: _____ ☐ State /County Court ☐ Tribal Court

Name of person ordered to receive support: _____ **Support ordered for whom (child /children)?** _____

Name of person ordered to pay support: _____

PART III

- 1) Are the **FULL** court ordered **payments being received**? ☐ Yes ☐ No
- 2) If **FULL** court ordered payments are **not being received**, are you making **efforts to collect any amounts owed to you**? ☐ Yes ☐ No
- If you answered "**Yes**" to 2) above, **please provide an explanation of what efforts you are making below:**

*Please attach additional sheets, if needed

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Signature: _____

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SOCIAL SECURITY INCOME VERIFICATION

Date: _____

Applicant Name: _____

THIS SECTION TO BE COMPLETED BY APPLICANT

I am an applicant for a housing program requesting verification of Social Security Income. I authorize release of the information requested below for the purpose of determining program eligibility. Your timely response is essential and greatly appreciated.

Applicant/Tenant Please Sign and Date Below:

Sign/Date

Please provide this form to the office of Social Security Administration and deliver with your completed application to:
Salt River Pima-Maricopa Indian Community
ATTN: CDD/Resident Resources & Services Division
10005 E. Osborn Road
Scottsdale, AZ 85256
F: (480) 362-6710

THIS SECTION TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

PART I

Gross Amount of Monthly Social Security Benefit \$ _____
Amount Deducted for Medicare \$ _____
Net Amount of the Social Security Check \$ _____ P /Month Effective Date: _____
(MM /YYYY)

Amount of Supplemental Security Income (SSI) \$ _____ P /Month Effective Date: _____
(MM /YYYY)

Are any changes in benefits expected within the next twelve (12) months? ☐ Yes ☐ No

If Yes, please explain: _____

PART II

Complete only if you are unable to verify the information requested:

- ☐ Claim still pending ☐ No record based on identifying information
☐ Other – Explain: _____

Signature of Authorized Representative

Date

Print Name & Title

Telephone

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Signature of Applicant: _____

Date: _____