# GREENVILLE RANCHERIA EMERGENCY ASSISTANCE APPLICATION

TRIBAL MEMBER/APPLICANT NAME:		
SOCIAL SECURITY NO.# OF APPLICANT:	SEX:	_DATE OF IRTH:
TELEPHONE NUMBER OR CONTACT TELEPHONE UMBER:		
WORK TELEPHONE NUMBER AND IMMEDIATE UPERVISOR:		
APPLICANT MARITAL STATUS: # OF TRIBAL ME	EMBER(S) IN HOUSI	EHOLD:
NUMBER OF OCCUPANTS THAT WILL RESIDE IN THIS RENTAL	UNIT:	
NAMES & DATE OF BIRTH AND SOCIAL SECURITY NUM	BER, OF EACH HO	USEHOLD MEMBER THAT WILL
RESIDE AT THIS ADDRESS: NAME D.O.B.	S.S.#	TRIBAL MEMBER
ARE YOU A HOMEOWNER ? IF YES, WHERE IS YOUR HOME L	OCATED 9	
ARE YOU A HOMEOWNER ? IF TES, WHERE IS YOUR HOME I	OCATED ?	
ARE YOU HOMELESS ? CURRENT ADDRE ARRANGEMENT:	ss, City ,	STATE AND LIVING
PROSPECTIVE LANDLORD/PROPERTY MANAGEMENT COMPA		
CONTACT NAME:		
TELEPHONE NUMBER:		
LOCATION OF RENTAL UNIT:		
DEPOSITS & EXPENSE		
SECURITY DEPOSIT OF RENTAL UNIT	\$	
TOTAL REFUNDABLE AMOUNT	\$	
MONTHLY RENTAL AMOUNT	\$	
OTHER MONTHLY FEES		
(WATER/SEWER, GARBAGE REMOVAL, FEES, AND DUES):	\$	
UTILITY DEPOSITS DUE FOR: ELECTRIC:	\$	
GAS:	\$	
ANTICIPATED MONTHLY ELECTRICITY BILLS:	\$	

ANTICIPATED MONTHLY NATURAL GAS EXPENSE: ANTICIPATED MONTHLY HEATING FUEL/OTHER: ANTICIPATED HEATING FUEL/OTHER EXPENSE: ANTICIPATED MONTHLY TELEPHONE EXPENSE:	\$ \$ \$
TOTAL MONTHLY RENTAL AMOUNT: TOTAL ANTICIPATED MONTHLY UTILITY EXPENSE: OTHER MONTHLY UTILITY EXPENSES:	\$ \$ \$
GRAND TOTAL ANTICIPATED RENT & UTILITY EXPENSE:	\$

# INCOME

LIST ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER:

NAME	SOURCE OF INCOM	ME & WAGE		<u>Monthly</u> Gross
	EMPLOYER:	\$	HR	\$
	L'and a sum	\$	HR	\$
	EMPLOYER:	\$	HR	\$
	Ex (D) OVED	\$	HR	\$
		<i>ĭ</i>		
\$				
	SOCIAL SECURITY	<i>I</i>		
\$				
	SSI BENEFITS			\$
	SSI BENEFITS			\$
	VETERANS BENEI	FITS		\$
	PENSION(S)/RETI	REMENT		\$
	PENSION(S) RETI	REMENT		\$
	UNEMPLOYMENT	COMPENSATION	ſ	\$
	UNEMPLOYMENT	COMPENSATION	ſ	\$
	AFDC AID FOR D	PEPENDENT CHIL	DREN	\$
	AFDC/OTHER WI	ELFARE PAYMEN	TS	
\$				
	CHILD SUPPORT/A	ALIMONY		\$
	CHILD SUPPORT/A	ALIMONY		\$
	FULL-TIME STUD	Full-time Student Income (18 yrs/orlder) Other Monthly income Revenue Sharing Monthly income		
	REVENUE SHARIN			
TOTAL GROSS MONTHLY	Y INCOME			\$
TOTAL GROSS ANNUAL I	NCOME			
	OUNT LISTED ABOVE AND X12	2)		
		·		
\$				
\$				
	 CHANGES IN THIS INOCME IN	THE NEXT 12 M	ONTHS ? Y	
DO YOU ANTICIPATE ANY	CHANGES IN THIS INOCME IN			'ES
DO YOU ANTICIPATE ANY	CHANGES IN THIS INOCME IN			'ES
DO YOU ANTICIPATE ANY	CHANGES IN THIS INOCME IN			'ES
Do you anticipate any No If Yes, explain	CHANGES IN THIS INOCME IN			'ES
DO YOU ANTICIPATE ANY	CHANGES IN THIS INOCME IN			ES Balance \$

SAVINGS ACCOUNTS:	#	BANKAANA_AANAAANAAANAAANAAANAAANAAANAAANAAANAAAANAANAANAAANAAANAAANAAANAAANAAANAAANAAANAAANAAANAAANAAANAAANAAANAANAAAA	BALANCE \$
	#	BANK	BALANCE \$
MONEY MARKETS	#	BANK	BALANCE\$
TRUST ACCOUNTS #		BANK	BALANCE \$
CERTIFICATES OF DEPOSI	т #	BANK	BALANCE \$
IRA (s) #		BANK	BALANCE \$
SAVINGS BONDS #		BANK	BALANCE \$
WHOLE LIFE INSURANCE	POLICY #	BANK	BALANCE \$

 Real Property: Do you own any property ? Yes \_\_\_\_\_ No \_\_\_\_\_

 IF yes, what type of property? \_\_\_\_\_\_

 Location: \_\_\_\_\_\_, Current Market Value \$\_\_\_\_\_\_

 Outstanding Mortgage Balance: \$

HAVE YOU SOLD/DISPOSED OF ANY BUSINESS, PROPI	ERTY OR OTHER ASSETS IN THE LAST 2 YEARS?
IF YES, STAE TYPE OF BUSINESS, PROPERTY OR ASSE	Γ
DATE OF SALE OR DISPOSITION.	AMOUNT SOLD FOR:

DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (I.E. RECREATIONAL VEHICLE OR MOBILE HOME, DO NOT INCLUDE PERSONAL PROPERTY)

#### **OTHER INFORMATION**

DO YOU WISH TO HAVE PRIORITY STATUS BASED ON ELDERLY HOUSEHOLD STATUS, HANDICAPPED OR DISABLED STATUS ?\_\_\_\_\_

ARE YOU A VETERAN, IF YES , STATE DIVISION AND YEARS SERVED ?\_\_\_\_\_

DO YOU HAVE A LETTER OF PRIORITY ISSUED BY ANY AGENDA DUE TO DISPLACEMENT FROM YOUR CURRENT OR PREVIOUS RENTAL PROPERTY ?

HAVE YOU EVER BEEN EVICTED FROM ANY TYPE OF HOUSING? YES \_\_\_\_\_ NO\_\_\_\_\_ IF YES, EXPLAIN:

ARE YOU CURRENTLY A USER OF AN ILLEGAL CONTROLLED SUBSTANCE ?

HAVE YOU EVER BEEN CONVICTED OF A DRUG VIOLATION (I.E., USE, ATTEMPTED USE, POSSESSION, MANUFACTURE, SALE OR DISTRIBUTION) ? IF YES, PLEASE GIVE DATE OF CONVICTION:

HAVE YOU SUCCESSFULLY COMPLETED A CONTROLLED SUBSTANCE ABUSE RECOVERY PROGRAM OR PRESENTLY ENROLLED IN SUCH A PROGRAM ? IF YES, PROVIDE VERIFICATION OF ENROLLMENT OR SUCCESSFUL RELEASE FROM AN ACCREDITED PROGRAM

ARE YOU NOW, OR WILL YOU BECOME A PART TIME OR FULL TIME STUDENT PRIOR TO MOVE-IN ? \_\_\_\_\_\_ WHERE WILL YOU (ARE YOU) A STUDENT, PLEASE PROVIDE VERIFICATION OF ENROLLMENT FROM SCHOOL OR INSTITUTION?

## **CERTIFICATION**

I/WE HEREBY CERTIFY THAT THE ASSISTANCE APPLIED FOR WILL SECURE THIS HOUSEHOLD PERMANENT RESIDENCE.

I/WE FURTHER CERTIFY THAT I/WE DO/WILL NOT MAINTAIN A RENTAL UNIT OR HOME IN ANOTHER LOCATION.

I/WE UNDERSTAND THAT THE SECURITY DEPOSIT AND ANY INTEREST THAT MAY ACCRUE ON THAT DEPOSIT WILL BE REFUNDED DIRECTLY TO THE GREENVILLE RANCHERIA, GREENVILLE, CA. I/WE UNDERSAND THAT MY/OUR ELIGIBLITY FOR THIS ASSISTANCE WILL BE BASED ON THE INFORMATION PROVIDED AND THAT MY INCOME MUST BE CONSIDERED TO BE LOW-INCOME ACCORDING TO MEDIAN INCOME FOR THIS AREA.

I/We understand that my/our eligibility of this assistance will be based on the formula of the monthly rental expenses not exceed 65% of my total monthly income.

I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO IMMEDIATE CANCELLATION OF THIS APPLICATION OR TERMINATION AND REPAYMENT OF ANY ASSISTANCE AMOUNT THAT MAY HAVE BEEN OBTAINED THROUGH THIS APPLICATION.

SIGNATURES:

APPLICANT

CO-APPLICANT

DATE

DATE

## **AUTHORIZATION**

I/We do hereby authorize the Greenville Rancheria and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our application for this move-in Assistance in programs administered by the Greenville Rancheria.

Applicant

Co-Applicant

Date