

MOUL HOUSING ASSOCIATION
WIYOT TRIBE
1000 Wiyot Dr, Loleta, CA 95551
Phone 707-733-5055 Fax 707-733-5601



HOUSING APPLICATION

NAME OF APPLICANT: _____ MAIDEN NAME: _____

HOMEADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ WORK NUMBER: _____

DATE of BIRTH _____

IS APPLICANT A TRIBAL MEMBER? YES NO

DO YOU LIVE ON THE RESERVATION? YES NO

TRIBE _____ ENROLLMENT# _____

LAND (PLEASE CHECK ONE)

- OWN LAND
- HAVE AN EXISTING ASSIGNMENT
- NEED TO REQUEST TRIBAL LAND ASSIGNMENT
- OTHER (PLEASE EXPLAIN: _____)

EMPLOYMENT (PLEASE CHECK ONE)

- FULLTIME
- PARTTIME
- UNEMPLOYED

MILES TRAVELED TO WORK? _____ DO YOU PAY FOR CHILDCARE? YES NO HOW MUCH \$ _____

EXISTING LIVING CONDITIONS

PLEASE CHECK ALL THAT APPLY:

- HOMELESS (Please state reason: _____)
- OVERCROWDED
- RENTING Monthly Rent Payment: \$ _____
- OWNHOME

OF ADULTS: _____ # OF CHILDREN: _____ #OF NON-FAMILY MEMBERS LIVING WITH YOU: _____

#OF EXTENDED FAMILY MEMBERS LIVING WITH YOU _____

BEDROOMS IN EXISTING HOME: _____ HOW MANY FAMILIES LIVE IN YOUR EXISTING HOME? _____

CURRENT MONTHLY UTILITY COSTS: \$ _____

ARE YOU ABOUT TO BE HOMELESS? YES NO If yes, state reason: _____

ARE YOU OR WILL YOU BE INVOLUNTARILY DISPLACED? YES NO If yes, state reason: _____

ARE YOU CURRENTLY LIVING IN SUBSTANDARD HOUSING CONDITIONS? YES NO If yes, check all that apply:

- Dwelling is structurally unsafe
- No running water in dwelling
- No useable flushing toilets in dwelling
- No installed useable tub or shower in dwelling
- No operating sink or proper stove connections in dwelling
- Inadequate or no electrical wiring system in dwelling
- Inadequate or unsafe heating in dwelling
- Other (please explain) _____

HAVE YOU EVER HAD A MUTUAL HELP/LOW RENT HOME BEFORE? YES NO TRIBE: _____

HOUSEHOLD INCOME

(INCLUDE INCOME FOR ALL HOUSEHOLD MEMBERS 18 YEARS AND OLDER)

SOURCES OF INCOME INCLUDE:

- SALARY/WAGES
- UNEMPLOYMENT (EDD),
- CALWORKS/TANF
- PERMANENT
- DISABILITY/STATE
- DISABILITY/WORKERS COMP
- PER CAPITA/REVENUE SHARING
- CHILD SUPPORT
- RETIREMENT/PENSION
- SOCIAL SECURITY
- OTHER INCOME

NAME	SOURCE OF INCOME (Include name of Company/Organization)	MONTHLY INCOME	ANNUAL INCOME

TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____

**FOR EACH SOURCE OF INCOME LISTED ABOVE,
PLEASE ATTACH THE REQUIRED INCOME VERIFICATION DOCUMENTS**

- ▶ **SALARY / WAGES**
 - Verification of Employment (see attached)
 - Copy of Pay Check Stubs (last 3 months)
- ▶ **UNEMPLOYMENT (EDD)**
 - Request for Information from Employment Development Department (see attached)
- ▶ **WELFARE/ TANF**
 - Request for Information from Department of CALWORKS/T.A.N.F. (see attached)
- ▶ **DISABILITY/WORKERS COMP AWARD LETTER**
 - Copy of Disability Award Letter
- ▶ **PER CAPITA/ REVENUE SHARING**
 - Verification of Per Capita or Revenue Sharing (see attached)
- ▶ **CHILD SUPPORT**
 - Copy of Order of Support
 - Copy of Support Payments (last 3 months)
- ▶ **RETIREMENT / PENSION**
 - Copy of Retirement/Pension Award Letter
- ▶ **SOCIAL SECURITY**
 - Copy of Social Security Award Letter
- ▶ **OTHER INCOME**
 - Copy of Award of Payment (last 3 months)

FAMILY COMPOSITION

You must complete all information, including Social Security#, for every member of your household.

Name (Include Applicant)	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	OCCUPATION	SSI#
1.	SELF					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

ARE ANY HOUSEHOLD MEMBERS DISABLED/PHYSICALLY HANDICAPPED? YES NO

DO YOU REQUIRE SPECIAL HOUSING REQUIREMENTS? YES NO

If yes, please explain: _____

I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTION TO INQUIRES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN. I REALIZE THAT FALSIFICATION IS AUTOMATIC REASON FOR THE APPLICATION TO BECOME NULL AND VOID, AND THIS APPLICATION WILL BE PLACED INTO AN "IN- ACTIVE" FILE.

ADDITIONALLY, IF SELECTED, I AGREE TO USE THE HOME AS MY PRINCIPLE RESIDENCE (NOT ABANDON, LEASE, RENT), MAINTTAIN ADEQUATE HOMEOWNS' INSURANCE (FIRE AND PROPERTY INSURANCE) WILL BE CARRIED AT THE MY OWN EXPENSE AND PROVIDE TO THE TRIBE CERTIFICATION OF SAID INSURANCE PRIOR TO POSESSION OF THE HOME. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR MAINTENANCE AND UPKEEP OF THE DWELLING AS WELL AS ALL UTILITES. I UNDERSTAND THAT FAILURE TO MAINTAIN THE HOME, DISTRUCTION OF THE HOME OR FAILURE OT FOLLOW THE LAND ASSIGNMENT ORDINANCE WILL RESULT IN A REQUIREMENT TO REPAY THE HOME IN FULL, IF THE VIOLATION OCCURS WITHIN 11-20 YEARS of OCCUPANCY.

SIGNATURE OF APPLICANT

DATE

Employer's Report to the WIYOT TRIBE MOUL ASSOCIATION

Please complete the top section of this form for each household member 18 years and older and return it to WTMA with your application. WTMA will forward this form to your employer.

Applicants Name _____

Employee Name

Employer Name

Employer's Address

I hereby give permission to my employer to release information to the All Mission Indian Housing Authority regarding my employment income.

(Print Name - Employee)

(Signature - Employee)

(Date)

.....
This portion to be completed by Employer

Dear Employer: Federal Regulations mandate that Housing Authority applicants, and their adult household member's income must be verified annually. This information is held in strict confidence and is only used in establishing eligibility.

Please complete the following and submit the information to:

WIYOT TRIBE, MOUL Association 1000 Wiyot Dr, Loleta, CA 95551

Employee Start Date: _____ Hourly Pay Rate: _____

Approximate hours worked per month: _____

Total anticipated gross earnings for the next twelve months: _____

Employer's Signature

Title

Employer's Telephone#

Date

Request for Information from Department of CALWORKS/TANF

Please complete the top section of this form and return it to WTMA with your application. WTMA will forward this form to the U.S. Department of Health and Human Services, California CALWORKS

Case Name: _____ Eligibility Worker: _____

SSN: _____ Date of Birth: _____ Case No. _____

I hereby authorize and request the Department of Public Welfare to furnish the Wiyot Tribe, MOUL Association Indian Housing Authority with information, pursuant to law, regarding my eligibility for Benefits. I understand that the Housing Authority will maintain all information in the strict confidence as authorized by Section 34332(c) of the Health and Safety Code.

Tribal Administrator

Signature of Applicant/Participant

.....
This portion to be completed by Department of HHS Calworks/Tribal TANF

To: Wiyot Tribe Moul Association

RE: Case No: _____

This is to verify that _____ is currently receiving

Aid to Families with Dependent Children

General Relief

Other _____

Number of persons on the grant: _____

Provide last 6 months of grant amount:

Month: _____ Amount: \$ _____

Month: _____ Amount: \$ _____

Month: _____ Amount: \$ _____

Month: _____ Amount: \$ _____

Month: _____ Amount: \$ _____

Month: _____ Amount: \$ _____

Eligibility Worker Signature: _____ Date: _____

Address: _____ Phone#: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

*** Please complete one Authorization for Release of Information
for each Household Member Age 18 and Older***

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish Wiyot Tribe Moul Association and Intellishield and/or its representative's permission and authority to conduct a background check in order to determine my suitability for tenant screening with Wiyot Tribe Moul Association. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of Wiyot Tribe Moul Association and Intellishield regardless of any previous agreement to the contrary.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

Print Applicant's Full Name

Social Security Number

Address

Date of Birth

City, State, Zip Code

Driver's License or I.D. Number

Applicant's Signature

Date