

Summit Lake Paiute Tribe

Application for Admissions

Type of Assistance: Check all that apply.

Rental Assistance (Section 8): Down Payment/Closing Cost Assistance: Rehabilitation:

Applicant Information:

Applicant Name: _____
 Mailing Address: _____ City, State, Zip: _____
 Phone: _____ Alt Phone: _____ Email: _____

Family Composition: List ALL individual who will be residing in the household.

Household Members Name (Last, First, M.I.)	Relationship	Marital Status	Date of Birth	Social Security Number	Tribal Roll #
	Head of Household				

Please list any additional family members on a separate sheet of paper

Income:

Household Member	Name of Employer	Address of Employer	Phone & Fax of Employer	Rate of Pay	Frequency of Pay	Total Annual Income

Please include all earned income, unearned income, general assistance, unemployment, family support, child support, TANF, SSI, SSA, etc. and provide proof of income received (ex. pay checks, award letters, court orders, etc.). If you have no income please complete the Self-Certification/Statement of No Income included

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General Information:

1. Are you enrolled member of Summit Lake Paiute Tribe? Yes No
2. Are you a Veteran? Yes No
3. Are you or is anyone in your family Disabled/Handicapped? Yes No
If yes, please indicate type of disability (must provide proof): _____
4. Does anyone in your household own any house not occupied by your family? Yes No
If yes, please explain: _____
5. Do you own any residential property? Yes No
If yes, as the property inherited? Yes No
If yes, describe the property? _____
6. Has anyone in your household been evicted from a residence? Yes No
If yes, please explain: _____
7. Have you ever lived in Public Housing? Yes No
Tribal Housing? Yes No
Private Subsidized Housing? Yes No
Received a Housing Choice Voucher (Section 8)? Yes No
If yes to any of the above, with which entity and when: _____

8. Does anyone in your household owe money to any federal housing program? Yes No
If yes, who owes and to which federal housing program: _____
9. Has anyone in your household been convicted of a felony within five (5) years? Yes No
If yes, who and what agency is the conviction: _____
10. Is anyone in your household a convicted Sexual Offender? Yes No

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Deductions: Please list any child care deductions, allowable deductions and excessive mileage.

1. Do you pay for child care that enables family members to work or go to school? Yes No

Child Care Provider Information

Name: _____ Phone No: _____

Mailing Address: _____ Fax No: _____

City _____ State _____ Zip code _____ Weekly cost: _____

Is child care subsidized by Children's Cabinet? Yes No

2. A \$480 deduction is given for each minor under the age of 18; or full-time students over age 18. Do you wish to claim this deduction? Yes No

3. A \$400 deduction is given for an elderly/disabled family. Do you wish to claim this deduction? Elderly is defined as over the age of 55. Yes No

4. A deduction is given for excessive mileage/travel to work or school. Do you travel more than 60 miles round trip daily? Yes No

If yes, please explain for work or school (include address): _____

Rental Assistance (Section 8): Please complete if asking for Rental Assistance. Disregard section if not applicable.

1. Have you fully read the SLPT's Rental Assistance Policy? Yes No

2. Are you or anyone in your household currently receiving HUD Section 8? Yes No

If yes, who and with what agency: _____

3. Are you or anyone in your household currently living in subsidized housing? Yes No

If yes, who and with what agency: _____

4. Does your current landlord accept Section 8? Yes No

5. Do you need assistance in finding a residence that accepts Section 8? Yes No

6. I understand that if I am approved for rental assistance; I am still responsible for the remainder of my monthly rent that the rental assistance will not cover. Yes No

7. How much is your currently monthly rent? _____

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Down Payment/Closing Cost Assistance: Please complete if asking for Down Payment/Closing Cost Assistance.

Disregard section if not applicable.

1. Have you fully read the SLPT's Down Payment/Closing Cost Assistance Policy? Yes No

2. Have you started the homeownership loan process? Yes No

If yes, with which bank (include address, number, contact person): _____

3. Have you completed Pathways: Native American Homeownership Booklet? Yes No

4. Do you know your current credit score? Yes No

If yes, please provide proof from one (1) of the three (3) major credit bureaus.

5. Do you need additional training in Credit Management? Yes No

6. Do you have any current debts? (Including active and delinquent accounts) Yes No

If yes, please detail them below.

Creditor Name/Address	Account #	Monthly Payment	Balance Remaining

**Please list any additional accounts on a separate sheet of paper*

7. In the past seven (7) years, have you declared bankruptcy? Yes No

8. Have you had property foreclosed upon or given title/deed in lieu thereof? Yes No

9. Are you a co-maker or endorser on a note? Yes No

10. Are you a party in a lawsuit? Yes No

11. Do you have any outstanding judgements? Yes No

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Rehabilitation: Please complete if asking for Rehab Assistance. Disregard section if not applicable. In order to qualify for this program, you must own your home.


1. Have you fully read the SLPT's Rehabilitation Policy? Yes No
2. How long have you owned your home? _____ Year Purchased: _____
3. Do you have proof of ownership? Yes No
If no, please explain: _____
4. Physical Address (if different from mailing): _____

5. Assessor's Parcel No.: _____ Year Build: _____
Purchase Cost: _____
6. Property Insurance Company: _____
Insurance Policy No: _____ Amount of Coverage: _____
Agent's Name and Phone Number: _____
7. Is the property you're asking assistance for in the 100-year flood plain? Yes No
If yes, do you have a flood insurance policy? Yes No
If yes, please provide the Insurance Company and Policy: _____
8. House Size: _____ # of Bedrooms: _____ # of Bathrooms: _____
9. Are you in need of accessibility such as?
Shower grab bars? Yes No Handicap ramp? Yes No
10. Do you own any other real estate property? Yes No
If yes, please provide address: _____

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Self-Certification/Statement of No Income

I, _____, certify that I have no income and therefore, I submit the following statement of how I am presently living with no income:



Signature: _____ **Date:** _____

Applicant Certification:

I CERTIFY that the information given to the Summit Lake Paiute Tribe Housing Department including family composition, income and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law and that it may result in my being disqualified for housing assistance. Further, I understand that if assistance is provided, I may be required to repay all program monies expended on my behalf if such misrepresentations are discovered at a later date.

Signature: _____ Date: _____

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Authorization for Release of Information

Organization requesting Release of Information: (Full Address of requestor and telephone)

Summit Lake Paiute Tribe
1001 Rock Blvd.
Reno, NV 89431
Phone: (775) 827-9670 Fax: (775) 827-9678

You are required to sign a consent form authorizing: (1) The Summit Lake Paiute Tribe (SLPT) to request verification of salary and wages from current or previous employers; (2) SLPT to request wage and unemployment compensation claim information from the state agency responsible for those benefits including online sources; (3) Any other agency or other entity which SLPT may request information regarding your application/unit or, i.e. BIA, IHS, Tribal Entities, and any other Public Entities as required and if necessary (4) SLPT to request a copy of your income tax return from the US Internal Revenue Service. The law also requires independent verification of income information. Therefore, SLPT may request information from financial institutions to verify your eligibility and level of benefits. (5) As required by Section 208 of the Native American Housing Assistance and Self-Determination Act (NAHASDA) (codified at 25 U.S.C. § 4138), Indian tribes or TDHEs are permitted to obtain criminal history records of current and prospective tenants of housing assisted with grant amounts provided to such tribes or TDHEs under this Act for purposes of applicant screening, lease enforcement, and eviction.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever member of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination from the assisted housing program. Denial of eligibility or termination of benefits is subject to the SLPT's grievance procedures or informal hearing procedures.

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends), (c) criminal history records thru police departments, other law enforcement agencies and tribal court.

I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last five years when I have received assisted housing benefits and any other agency or entity regarding my unit.

Consent: I consent to allow Summit Lake Paiute Tribe to request and obtain criminal history and income information from the sources listed on this form for the purpose of verifying my eligibility or continued participation in the SLPT's programs. I understand that SLPT receives income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed, _____ Date

Required Signature(s):

Date

Head of Household Signature

Social Security Number (Head of Household)

Other Adult Family Member Signature

Social Security Number (Other Family Member)

Other Adult Family Member Signature

Social Security Number (Other Family Member)

Other Adult Family Member Signature

Social Security Number (Other Family Member)