



HOUSING APPLICATION

Applications MUST be Updated Annually

Please Check One:

- New Applicant
 Updated Application

NAME OF APPLICANT: _____ MAIDEN NAME: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

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

EMAIL ADDRESS: _____

PHONE NUMBER: _____ WORK NUMBER: _____

DATE of BIRTH _____ AGE: _____ SEX Of APPLICANT: MALE FEMALE

IS APPLICANT A TRIBAL MEMBER? YES NO DO YOU LIVE ON THE RESERVATION? YES NO

TRIBE _____ ENROLLMENT # _____

LAND (PLEASE CHECK ONE)

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

(PLEASE INCLUDE COPY OF TRIBAL RESOLUTION OR SIGNED LETTER GIVING YOU LAND TO CONSTRUCT HOME)

EMPLOYMENT (PLEASE CHECK ONE)

- FULL TIME
 PART TIME
 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: \$ _____
- OWN HOME

OF ADULTS: _____ # OF CHILDREN: _____ # OF NON-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: _____

ALL MISSION INDIAN HOUSING AUTHORITY

27368 Via Industria, Suite 113, Temecula, CA 92590

Phone 951-760-7390 Fax 951-760-7394 www.amiha.org

HOUSEHOLD INCOME

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

SOURCES OF INCOME INCLUDE:

SALARY/WAGES
UNEMPLOYMENT (EDD),
WELFARE/TANF
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**
 - AMIHA Verification of Employment (see attached)
 - Copy of Pay Check Stubs (last 3 months)
- **UNEMPLOYMENT (EDD)**
 - AMIHA Request for Information from Employment Development Department (see attached)
- **WELFARE / TANF**
 - AMIHA Request for Information from Department of Public Welfare/T.A.N.F. (see attached)
- **DISABILITY/WORKERS COMP AWARD LETTER**
 - Copy of Disability Award Letter
- **PER CAPITA / REVENUE SHARING**
 - AMIHA 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)

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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 DURING THE TERM OF THE LEASE PURCHASE AGREEMENT

SIGNATURE OF APPLICANT

DATE

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Employer's Report to the All Mission Indian Housing Authority

(Waiting List Department)

Please complete the top section of this form for each household member 18 years and older and return it to AMIHA with your application. AMIHA 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 applicant's 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:

AMIHA, 27368 Via Industria, Suite 113, Temecula, CA 92590

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 _____

ENROLLMENT VERIFICATION FORM
(Waiting List Department)

Please complete the top section of this form and return it to AMIHA with your application. AMIHA will forward this form to the tribe for verification.

I, the undersigned, am applying for New Housing Non-HUD rehab. I further understand that to qualify for this benefit I must be an enrolled tribal member. I hereby give permission to my tribe to release information to the All Mission Indian Housing Authority that certifies I am an enrolled member with the _____ Indian Tribe.

(Print Name - Applicant)

(Signature - Applicant)

(Date)

.....
This portion to be completed by Tribe

Dear Authorized Tribal Official: Please put the following information on tribal letter head and submit the information to:

AMIHA, 27368 Via Industria, Suite 113, Temecula, CA 92590

I, the undersigned, do hereby certify that _____ is an enrolled member with the _____ Indian Tribe.

His/Her enrollment number is: _____

(Print Name - Authorized Tribal Official)

(Title)

(Signature - Authorized Tribal Official)

(Date)

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Verification of Per Capita/Revenue Sharing Income

Please complete the top section of this form for all household members 18 years and older and return it to AMIHA with your application. AMIHA will forward this form to your Tribe.

Applicants Name: _____

Tribe: _____

Tribe's Address: _____

I hereby authorize the _____ Tribe to release information relating to my income to the All Mission Indian Housing Authority.

Applicant/Participant Signature

Date

.....
To whom it may concern:

Federal Regulations mandate that income for the Housing Authority residents be verified annually. The information received is held in strict confidence for use only in establishing monthly charges.

Abriana Soto

All Mission Indian Housing Authority Representative

.....
This portion to be completed by your tribe.

Please complete the following information and return to our office at:

AMIHA, 27368 Via Industria, Suite 113, Temecula, CA 92590

Total anticipated Per Capita/Revenue Sharing for the next 12 months: _____

Signature

Title

Telephone Number

Date

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Request for Information from Department of Public Welfare/T.A.N.F.

Please complete the top section of this form and return it to AMIHA with your application. AMIHA will forward this form to the Dept. of Public Welfare/T.A.N.F.

Case Name: _____ Eligibility Worker: _____

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

I hereby authorize and request the Department of Public Welfare to furnish the All Mission Indian Housing Authority with information, pursuant to law, regarding my eligibility for Welfare 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.

Dave Shaffer, Executive Director
All Mission Indian Housing Authority

Signature of Applicant/Participant

This portion to be completed by the Dept. of Public Welfare/T.A.N.F

To: The All Mission Indian Housing Authority

Re: Case No: _____

This is to verify that _____ is currently receiving Welfare/T.A.N.F. benefits.

Type of Benefit:

- Aid to Families with Dependent Children \$ _____
- General Relief \$ _____
- Other, Specify _____ \$ _____

Number of persons on grant: _____

If grant varies please indicate last 6 months of grant amount:

Month:	_____	Amount:	\$ _____
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
		6 Months Total	\$ _____

Eligibility Worker Signature: _____ Date: _____

Address: _____ Phone #: _____

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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 ALL MISSION INDIAN HOUSING AUTHORITY and MAXIMUM REPORTS, INC., and/or its representative's permission and authority to conduct a background check in order to determine my suitability for tenant screening with ALL MISSION INDIAN HOUSING AUTHORITY. 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 ALL MISSION INDIAN HOUSING AUTHORITY and MAXIMUM REPORTS, INC., regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

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