



**SUPPORTING DOCUMENTS REQUIRED
FOR NAHASDA PROGRAMS
(FOR ALL HOUSEHOLD MEMBERS)**

TRIBAL CARD

BIRTH CERTIFICATE

SOCIAL SECURITY CARD

CRIMINAL RECORD (with raised seal /16 yrs. and older)
We can do Criminal Record at Center with your permission

VERIFICATION OF INCOME
(Income Tax Return and 1 Month Prior To Returning Application)

COPY OF CHECKING/SAVING ACCOUNT BACK STATEMENT
(if applicable)

PROOF OF OWNERSHIP
(COPY OF RECORDED DEED OR RECORDED LIFE ESTATE)

ALL DOCUMENTS MUST BE GIVEN AT TIME OF SUBMISSION OF APPLICATION.

IF NOT, APPLICATION CAN NOT BE ACCEPTED.

COHARIE TRIBE HOUSING APPLICATION

HOUSING INFORMATION

_____ Down Payment Assistance Program (DPA)
 _____ Rehabilitation Program (Rehab)
 _____ Emergency Assistance (EA)

Date of Application

Applicant's Name

_____ First time receiving NAHASDA Housing assistance
 _____ I have received NAHASDA Housing assistance in the past

Address

City, State, Zip

Telephone

Telephone Alt Number

Email

FAMILY COMPOSITION

1 Family Member #	2 Family Member Name Social Security Number	3 Relation to Family Head	4 Date of Birth	5 Age	6 Sex	7 Occupation
1	_____ SSN _____	Head (Tribal Card Holder)	_____	_____	_____	_____
2	_____ SSN _____	_____	_____	_____	_____	_____
3	_____ SSN _____	_____	_____	_____	_____	_____
4	_____ SSN _____	_____	_____	_____	_____	_____
5	_____ SSN _____	_____	_____	_____	_____	_____
6	_____ SSN _____	_____	_____	_____	_____	_____
7	_____ SSN _____	_____	_____	_____	_____	_____

(8) Are there any anticipated changes in family composition? Yes _____ No _____
 If Yes, please explain _____

INCOME

Family Member #	Employer	Estimated Income	
		Monthly	Yearly
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

TOTAL FAMILY INCOME: _____

This section to be completed by Fiscal Officer or Housing Coordinator

Income tax return _____
Four weeks of income _____

Total Amount of Income: \$ _____ Per year _____

(10) HOUSING CONDITIONS

Present Housing Conditions and Needs:

Involuntarily displaced (if Yes, check reason) Yes _____ No _____
 Disaster, such as fire or flood that resulted in uninhabitability of applicant's unit _____
 Activity by government agency in connection with public improvement _____
 Activity by housing owner beyond applicant's ability to control – not an increase _____

Substandard housing (if Yes, check conditions present) Yes _____ No _____
 Is dilapidated _____
 Does not have operable indoor plumbing _____
 Does not have a usable flush toilet inside the unit for the exclusive use of family _____
 Does not have a usable bathtub or shower inside the unit for the exclusive use of family _____
 Does not have electricity, or has inadequate or unsafe electrical service _____
 Does not have a safe or adequate source of heat _____
 Should, but does not have a kitchen _____
 Has been declared unfit for habitation by an agency or unit of government _____

Paying more than 50% of family income for rent Yes _____ No _____

Monthly Amount Now Paid for Rent and Utilities \$ _____

Landlord's Name _____
Landlord's Address _____
Telephone Number: _____

(11) ASSETS

Page 3 of 4

Checking Account	Yes _____ No _____	Value \$ _____
Savings Account	Yes _____ No _____	Value \$ _____
Stocks	Yes _____ No _____	Value \$ _____
Bonds	Yes _____ No _____	Value \$ _____
Real Property	Yes _____ No _____	Value \$ _____

Have you ever disposed of any assets during the last two years for less than fair market value?
Yes _____ No _____. If Yes, please explain _____

(12) PREVIOUS HOUSING

Have you ever lived in federally assisted housing?

Yes _____ No _____. If Yes, when _____
Address _____
City _____

DISPLACED, DISABLED, HANDICAPPED DATA: Circle Yes or No (if Yes, please answer A,B,C)

A. Displaced by Urban Renewal or Low-Rent Project or Other Public Action:

1. Address when displaced _____
2. Notified by _____
3. Date notified _____
4. Date moved _____

B. Disabled Head, Spouse, or Single-Person Applicant:

1. Member disabled _____
2. Nature and extent of disability _____

C. Physically Handicapped Head, Spouse, or Single-Person Applicant:

1. Member handicapped _____
2. Nature and extent of handicap _____

(13) MILITARY SERVICE: Circle Yes or No (If Yes, please answer 1 – 10)

1. Name of family member who has been or is in military service _____
2. Relationship to Head _____
3. At home _____
4. Absent _____
5. Period of Service _____
6. "C" No. _____
7. Discharged – Date: _____ Type: _____
8. Disabled Yes or No
9. Deceased Yes or No
10. If currently in service: Rank _____ Serial # _____ Branch _____ Title _____

Coharie Tribe Acknowledgement

I understand that this is not a contract and does **NOT** bind either party. I understand that it is against the law for me to make false statements as a result to receive services for which I am not eligible. I understand I am subject to prosecution if I do. I certify that the information I have provided on this application is true to the best of my knowledge. I understand that this information may be checked by a state or federal reviewer, and I agree to this review. I give Coharie Intra- Tribal Council Inc. permission to verify any income and assets to determine my eligibility.

_____ Date: _____
(Name of Applicant)

INTERVIEWED BY: _____
Housing Coordinator