



## **SUPPORTING DOCUMENTS REQUIRED**

### **CHECKLIST**

1. Copy of Applicant Tribal Enrollment Card
2. Copy of Applicant Social Security Cards
3. Copy of Applicant Birth Certificate
5. Applicant's Proof of Income
6. Copy of Bank Statements
7. Criminal Record (Completed by CITC)
8. Copy of official sealed high school or sealed college transcripts (to include GPA)
9. Copy of registration form from college/university listing all funding received. (Grants, loans, and scholarships)
10. Copy of billing for housing from university or lease agreement from landlord

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***ALL DOCUMENTS MUST BE GIVEN AT TIME OF SUBMISSION OF APPLICATION.  
IF NOT, APPLICATION CAN NOT BE ACCEPTED.***

\*\*Application will not be processed until **ALL** documents are obtained by the Housing Department  
\*\*APPLICATIONS ARE TAKEN ON MONDAY – FRIDAY 9AM-4PM

**APPLICATIONS ARE DUE BACK APRIL 7, 2023, by 5pm**



## COHARIE TRIBE STUDENT HOUSING VOUCHER APPLICATION

### HOUSING INFORMATION

Applicant's Name	Date of Application
	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 INCOME: \$ \_\_\_\_\_

\*\*\*\*\*

This section to be completed by Fiscal Officer/ Housing Coordinator

Income tax return \_\_\_\_\_  
Four weeks of income \_\_\_\_\_

Total Amount of Income: \$ \_\_\_\_\_ Per year \_\_\_\_\_

**If student is over 18 years old, we only count students income**

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(10) HOUSING CONDITIONS

Do you live on campus at university? \_\_\_\_ Yes \_\_\_\_ No

Do you live at home with parents? \_\_\_\_ Yes \_\_\_\_ No

Are you paying more than 50% of family income for rent                      Yes \_\_\_\_ No \_\_\_\_

Monthly Amount Now Paid for Utilities      \$ \_\_\_\_\_

Monthly Amount Now Paid for Rent              \$ \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_

11) ASSETS

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 \_\_\_\_\_

Have you received any of the following with CITC within the last 3 years? Circle Yes or No  
 (if Yes, please check services that you received and year)

_____ NAHASDA Down Payment Assistance	_____ Year
_____ NAHASDA Rehabilitation Assistance	_____ Year
_____ NAHASDA Homeownership Assistance	_____ Year
_____ NAHASDA Emergency Assistance	_____ Year

_____ Emergency Rental Assistance	_____ Year
_____ Homeowners Assistance Program	_____ Year

(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 \_\_\_\_\_

(14) Awarded Scholarships:

Please list awarded scholarships and amount of each scholarship

Scholarship	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Total Amount of Awarded Scholarships: \$ \_\_\_\_\_

## 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



**COHARIE INTRA TRIBAL COUNCIL INC**  
**7531 North US 421 HWY**  
**Clinton, NC 28328**  
**Phone: 910-564-6909**  
**Fax: 910-564-2701**  
**Website: coharietribe.org**

Ref: NAHASDA Housing Program Criminal Background Check

**Please check **ONE** of the following:**

\_\_\_\_\_ I will provide a criminal background check with a raised seal from the courthouse for \$25.

**OR**

\_\_\_\_\_ I approve for the Coharie Intra Tribal Council Housing Coordinator to implement a background check for housing purposes.

\_\_\_\_\_  
Applicant Name (PRINTED)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
DATE



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**AUTHORIZATON FORM**

I, \_\_\_\_\_, do hereby authorize Coharie Intra Tribal Council Inc. Program and its staff to:

1. Release any information from my records to any agency or individual that I have contacted seeking assistance of financial aid.
2. Obtain any information from my records from any agency or individual that I contacted a seeking assistance or financial aid.
3. Verify my enrollment and academic status as needed with any college or university.
4. Verify Employment

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date