

**GREENVILLE RANCHERIA**

**APPLICATION FOR 14-MONTH RENTAL ASSISTANCE PROGRAM**

Tribal Member/Applicant Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, County, State, Zip Code: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Message Phone#: \_\_\_\_\_

**Household Composition**

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the tribal member/head of household)

Name	Greenville Tribal Member	Relationship	Age	Sex	Social Security #	Relationship

**Preference Information**

You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please check and explain those that apply to your current situation.

Are you currently homeless or living in substandard housing? If yes, please explain: \_\_\_\_\_

Have you been (or are you about to be) displaced from your home? If yes please explain: \_\_\_\_\_

Is any member of your household handicapped? If yes, please explain: \_\_\_\_\_

**Current Rental Information**

Current Monthly Rent: \_\_\_\_\_ Are you Current with your Rent?: \_\_\_\_\_

How long have you rented this unit? \_\_\_\_\_ Who's name is the lease agreement in? \_\_\_\_\_

Address of Rental: \_\_\_\_\_

Number of People living in the home: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

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

Landlord's Mailing Address: \_\_\_\_\_

Landlord's Mailing Address: \_\_\_\_\_

Landlord's Telephone: \_\_\_\_\_

**Income Information**

What is the total annual income of all household members? (Include wages, salaries and tips and any other income such as per-capita, revenue sharing, alimony, child support, Social Security, or other Benefits)

Name	Source of Income	Monthly Amount	Annual Income

**Asset Information**

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Name	Type and Source of Asset	Cash Value of Asset	Annual Income From Asset

**Expense Information**

Does your household have unreimbursed medical expenses in excess of 3% of annual income? \_\_\_\_\_

Does your household pay childcare expenses for children under the age of 13 that enable a family member to work or go to school? \_\_\_\_\_

Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work? \_\_\_\_\_

**Application Certification**

I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Greenville Rancheria to verify all information provided on this application.

\_\_\_\_\_  
Tribal Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member

\_\_\_\_\_  
Date