



ANTICIPATED MONTHLY NATURAL GAS EXPENSE: \$ \_\_\_\_\_  
 ANTICIPATED MONTHLY HEATING FUEL/OTHER: \$ \_\_\_\_\_  
 ANTICIPATED HEATING FUEL/OTHER EXPENSE: \$ \_\_\_\_\_  
 ANTICIPATED MONTHLY TELEPHONE EXPENSE: \$ \_\_\_\_\_  
  
 TOTAL MONTHLY RENTAL AMOUNT: \$ \_\_\_\_\_  
 TOTAL ANTICIPATED MONTHLY UTILITY EXPENSE: \$ \_\_\_\_\_  
 OTHER MONTHLY UTILITY EXPENSES: \$ \_\_\_\_\_  
  
 GRAND TOTAL ANTICIPATED RENT & UTILITY EXPENSE: \$ \_\_\_\_\_

**INCOME**

LIST ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER:

<u>NAME</u>	<u>SOURCE OF INCOME &amp; WAGE</u>	<u>MONTHLY GROSS</u>
_____	EMPLOYER: _____ \$ _____ HR	\$ _____
_____	EMPLOYER: _____ \$ _____ HR	\$ _____
_____	EMPLOYER: _____ \$ _____ HR	\$ _____
_____	EMPLOYER: _____ \$ _____ HR	\$ _____
_____	SOCIAL SECURITY	
\$ _____		
_____	SOCIAL SECURITY	
\$ _____		
_____	SSI BENEFITS	\$ _____
_____	SSI BENEFITS	\$ _____
_____	VETERANS BENEFITS	\$ _____
_____	PENSION(S)/RETIREMENT	\$ _____
_____	PENSION(S) RETIREMENT	\$ _____
_____	UNEMPLOYMENT COMPENSATION	\$ _____
_____	UNEMPLOYMENT COMPENSATION	\$ _____
_____	AFDC AID FOR DEPENDENT CHILDREN	\$ _____
_____	AFDC/OTHER WELFARE PAYMENTS	
\$ _____		
_____	CHILD SUPPORT/ALIMONY	\$ _____
_____	CHILD SUPPORT/ALIMONY	\$ _____
_____	FULL-TIME STUDENT INCOME (18 YRS/ORLDER)	\$ _____
_____	OTHER MONTHLY INCOME	\$ _____
_____	REVENUE SHARING MONTHLY INCOME	\$ _____
TOTAL GROSS MONTHLY INCOME		\$ _____

TOTAL GROSS ANNUAL INCOME  
 (BASE ON MONTHLY AMOUNT LISTED ABOVE AND X12)  
 \$ \_\_\_\_\_

DO YOU ANTICIPATE ANY CHANGES IN THIS INOCME IN THE NEXT 12 MONTHS ? Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 IF YES, EXPLAIN \_\_\_\_\_

**ASSETS**

CHECKING ACCOUNTS: # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
 # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

SAVINGS ACCOUNTS: # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
# \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
MONEY MARKETS # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
TRUST ACCOUNTS # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
CERTIFICATES OF DEPOSIT # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
IRA (S) # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
SAVINGS BONDS # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
WHOLE LIFE INSURANCE POLICY # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

REAL PROPERTY: DO YOU OWN ANY PROPERTY ? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, WHAT TYPE OF PROPERTY? \_\_\_\_\_  
LOCATION: \_\_\_\_\_, CURRENT MARKET VALUE \$ \_\_\_\_\_  
OUTSTANDING MORTGAGE BALANCE: \$ \_\_\_\_\_

HAVE YOU SOLD/DISPOSED OF ANY BUSINESS, PROPERTY OR OTHER ASSETS IN THE LAST 2 YEARS? \_\_\_\_\_  
IF YES, STATE TYPE OF BUSINESS, PROPERTY OR ASSET \_\_\_\_\_  
DATE OF SALE OR DISPOSITION. \_\_\_\_\_ AMOUNT SOLD FOR: \_\_\_\_\_

DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (I.E. RECREATIONAL VEHICLE OR MOBILE HOME, DO NOT INCLUDE PERSONAL PROPERTY)  
\_\_\_\_\_

**OTHER INFORMATION**

DO YOU WISH TO HAVE PRIORITY STATUS BASED ON ELDERLY HOUSEHOLD STATUS, HANDICAPPED OR DISABLED STATUS ? \_\_\_\_\_

ARE YOU A VETERAN, IF YES , STATE DIVISION AND YEARS SERVED ? \_\_\_\_\_

DO YOU HAVE A LETTER OF PRIORITY ISSUED BY ANY AGENCY DUE TO DISPLACEMENT FROM YOUR CURRENT OR PREVIOUS RENTAL PROPERTY ? \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED FROM ANY TYPE OF HOUSING? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, EXPLAIN: \_\_\_\_\_

ARE YOU CURRENTLY A USER OF AN ILLEGAL CONTROLLED SUBSTANCE ? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A DRUG VIOLATION (I.E., USE, ATTEMPTED USE, POSSESSION, MANUFACTURE, SALE OR DISTRIBUTION) ? IF YES, PLEASE GIVE DATE OF CONVICTION: \_\_\_\_\_

HAVE YOU SUCCESSFULLY COMPLETED A CONTROLLED SUBSTANCE ABUSE RECOVERY PROGRAM OR PRESENTLY ENROLLED IN SUCH A PROGRAM ? IF YES, PROVIDE VERIFICATION OF ENROLLMENT OR SUCCESSFUL RELEASE FROM AN ACCREDITED PROGRAM \_\_\_\_\_

ARE YOU NOW, OR WILL YOU BECOME A PART TIME OR FULL TIME STUDENT PRIOR TO MOVE-IN ? \_\_\_\_\_  
WHERE WILL YOU (ARE YOU) A STUDENT, PLEASE PROVIDE VERIFICATION OF ENROLLMENT FROM SCHOOL OR INSTITUTION? \_\_\_\_\_

**CERTIFICATION**

I/WE HEREBY CERTIFY THAT THE ASSISTANCE APPLIED FOR WILL SECURE THIS HOUSEHOLD PERMANENT RESIDENCE.

I/WE FURTHER CERTIFY THAT I/WE DO/WILL NOT MAINTAIN A RENTAL UNIT OR HOME IN ANOTHER LOCATION.

I/WE UNDERSTAND THAT THE SECURITY DEPOSIT AND ANY INTEREST THAT MAY ACCRUE ON THAT DEPOSIT WILL BE REFUNDED DIRECTLY TO THE GREENVILLE RANCHERIA, GREENVILLE, CA. I/WE UNDERSTAND THAT MY/OUR ELIGIBILITY FOR THIS ASSISTANCE WILL BE BASED ON THE INFORMATION PROVIDED AND THAT MY INCOME MUST BE CONSIDERED TO BE LOW-INCOME ACCORDING TO MEDIAN INCOME FOR THIS AREA.

I/WE UNDERSTAND THAT MY/OUR ELIGIBILITY OF THIS ASSISTANCE WILL BE BASED ON THE FORMULA OF THE MONTHLY RENTAL EXPENSES NOT EXCEED 65% OF MY TOTAL MONTHLY INCOME.

I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO IMMEDIATE CANCELLATION OF THIS APPLICATION OR TERMINATION AND REPAYMENT OF ANY ASSISTANCE AMOUNT THAT MAY HAVE BEEN OBTAINED THROUGH THIS APPLICATION.

**SIGNATURES:**

\_\_\_\_\_  
**APPLICANT**

\_\_\_\_\_  
**CO-APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

**AUTHORIZATION**

I/We do hereby authorize the Greenville Rancheria and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our application for this move-in Assistance in programs administered by the Greenville Rancheria.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date