Bear River Band of the Rohnerville Rancheria
Tish Non Village
Homeownership Housing Application

NOTE: **A separate form** is to be completed for each individual family (including single individuals who are over 18 years of age). For the purposes of this survey, a "family" will consist of a single adult, a single adult and associated dependents, or adult partners and associated dependants. Dependants listed on the application must be biological lineal descendants or be assigned legal custody through a court of law to the adults listed on the form. Do not include in the family composition minor children of the household adults who are in the custody of someone else.

Identification Information: Please identify the Tribal Member Head of Household (applicant) in this section.

Name (Head of Household)_____

Address (Mailing) _____

City _____ State____ / Country____ ZIP Code_____ County_____

Telephone (_____)_____ [__] This is a Message Phone / [__] No Phone

Income: Provide the combined annual income for all members of your immediate family - $_____per month. Revenue Sharing Trust Fund distributions for every family member must be included. Also all forms of public assistance including food stamps. Income information will be verified prior to final admissions to the Homeownership Housing or Assisted Living Programs. **Income data must be provided for your application to be accepted and rated/ranked.**

Provide indicate all sources contributing to family income:

[___] Employment
[___] Unemployment Insurance
[___] Welfare - Transitional Assistance
  [___] TANF / AFDC or related program
  [___] General Assistance
[___] Social Security
[___] Foster Care Funding
[___] No Income Source

[___] S.S.I. (Supplemental)
[___] Retirement, Pensions, Survivor
[___] Veterans / Other Government Ret.

[X] Tribal Per-Capita Payments
[___] Interest, Dividends, Estate, Trust
[___] Other _____

Handicap / Disability: Complete this section for all family members included in the family composition having a permanent disability and receiving State or Federal assistance as a result of the condition. You will be required to show proof of permanent disability evidenced by governmental agency determination.

Head: Disabled [__] Handicap. [__] Percentage [%___] Details _____

Spouse/Partner: Disabled [__] Handicap. [__] Percentage [%___] Details _____

Child: Disabled [__] Handicap. [__] Percentage [%___] Details _____

Child: Disabled [__] Handicap. [__] Percentage [%___] Details _____

Other: Disabled [__] Handicap. [__] Percentage [%___] Details _____

Family Composition: Complete this section for all immediate family members including yourself and domestic partners. For Native Americans or Alaskan/Canadian Natives, identify their specific tribal affiliation as well as their blood/culture affiliation. Example: Bear River Band of Rohnerville Rancheria (BRBRR) / Wiyot.

1. Name _____ DOB ___/___/___ Male [__] Female [__]
   * Head [X] Spouse [__] Dependant Child [__] Custodial Child [__] Non-Married Partner [__] Other [__]
   * Tribal Affiliation:_____ Cultural/Blood Affiliation:_____ / _____
   * Tribally Enrolled-This Tribe [__] / Other Tribe [__] / Not-Tribally Enrolled [__] Tribal Roll Num. _____
   * Veteran [__] Currently Enlisted [__]
   * Social Security Number_____

2. Name _____ DOB ___/___/___ Male [__] Female [__]
   * Head [__] Spouse [__] Dependant Child [__] Custodial Child [__] Non-Married Partner [__] Other [__]
   * Country/Tribal Affiliation:_____ Cultural/Blood Affiliation:_____
   * Tribally Enrolled-This Tribe [__] / Other Tribe [__] / Not-Tribally Enrolled [__] Tribal Roll Num. _____
   * Veteran [__] Currently Enlisted [__]
   * Social Security Number_____

3. Name _____ DOB ___/___/___ Male [__] Female [__]
   * Head [__] Spouse [__] Dependant Child [__] Custodial Child [__] Non-Married Partner [__] Other [__]
   * Tribal Affiliation:_____ Cultural/Blood Affiliation:_____ / _____
   * Tribally Enrolled-This Tribe [__] / Other Tribe [__] / Not-Tribally Enrolled [__] Tribal Roll Num. _____
   * Veteran [__] Currently Enlisted [__]
   * Social Security Number_____

4. Name _____ DOB ___/___/___ Male [__] Female [__]
   * Head [__] Spouse [__] Dependant Child [__] Custodial Child [__] Non-Married Partner [__] Other [__]
   * Tribal Affiliation:_____ Cultural/Blood Affiliation:_____ / _____
   * Tribally Enrolled-This Tribe [__] / Other Tribe [__] / Not-Tribally Enrolled [__] Tribal Roll Num. _____
   * Veteran [__] Currently Enlisted [__]
   * Social Security Number_____

5. Name _____ DOB ___/___/___ Male [__] Female [__]
   * Head [__] Spouse [__] Dependant Child [__] Custodial Child [__] Non-Married Partner [__] Other [__]
   * Tribal Affiliation:_____ Cultural/Blood Affiliation:_____ / _____
   * Tribally Enrolled-This Tribe [__] / Other Tribe [__] / Not-Tribally Enrolled [__] Tribal Roll Num. _____
   * Veteran [__] Currently Enlisted [__]
   * Social Security Number_____

6. Name _____ DOB ___/___/___ Male [__] Female [__]
   * Head [__] Spouse [__] Dependant Child [__] Custodial Child [__] Non-Married Partner [__] Other [__]
   * Tribal Affiliation:_____ Cultural/Blood Affiliation:_____ / _____
   * Tribally Enrolled-This Tribe [__] / Other Tribe [__] / Not-Tribally Enrolled [__] Tribal Roll Num. _____
   * Veteran [__] Currently Enlisted [__]
   * Social Security Number_____

7. Name _____ DOB ___/___/___ Male [__] Female [__]
   * Head [__] Spouse [__] Dependant Child [__] Custodial Child [__] Non-Married Partner [__] Other [__]
   * Tribal Affiliation:_____ Cultural/Blood Affiliation:_____ / _____
   * Tribally Enrolled-This Tribe [__] / Other Tribe [__] / Not-Tribally Enrolled [__] Tribal Roll Num. _____
   * Veteran [__] Currently Enlisted [__]
   * Social Security Number_____

Complete this section for children of participating families that are in the custody of others. Do not include children who are in the custody of others in the "family composition" section of this survey form or your application will be screened for false information:

Number of children [____] Names _____ /_____ /_____/
_____ /_____ /_____ /_____

Explain:_____
_____

Employment Situation:

	Head	Spouse/Partner
Full-time Employed	[__]	[__]
Part-time Employed	[__]	[__]
Seasonally Employed	[__]	[__]
Unemployed	[__]	[__]
Retired	[__]	[__]
Self Employed	[__]	[__]
Other (_____)	[__]	[__]

Occupancy Status:

Complete this section based on your present occupancy status - *Owner, Renter or Non-Owner/Non-Renter*

[__] Own or Buying the Dwelling You Reside In (ownership disqualifies you from HUD assisted Tish Non home):

[__] Renting the Dwelling You Reside In:

Monthly Rent Amount $_____ Dwelling Type: [__] House, [__] Apartment, [__] Mobile, [__] Other

Complete this section if rent payment exceeds 30%/50% of family monthly income [__] over 30% / [__] over 50%

If this rental unit is publically subsidized, indicate here:
[__] Basayo Village [__] Other Public Housing Authority [__] Section 8 subsidized

[__] Neither Own nor Rent (Do not have a current residence - Homeless):

[__] Living with extended family [__] Living in available shelter [__] Not living in residence

Present "Non-Owner/Non-Renter" Circumstances: Provide a description of circumstances (Example-"Living with Parents in a single-wide trailer, overcrowded and dilapidated)
Explain:_____

_____

If a non-owner/non-renter, please list the general reason:
[__] Unemployed, [__] Under-employed and unable to afford home purchase or independent quarters
Student [__] full time / [__] Part time, [__] Institutionalized, [__] Other _____

Overcrowding: Note: Overcrowding is defined as two or more family units living in a single residential unit. A family unit is defined as: Individual adults (over 18) or adult cohabitants and their dependants. Note that multiple "family units" may reside at one residence. Example: *A grandmother living with her daughter, son-in-law and 12 year old grandson,* In this example, two "family units" are residing in one dwelling.

Is this dwelling "overcrowded" [__] Yes / [__] No (See "Definition of Overcrowding above)
Are there multiple "family units" living in this dwelling? [__] Yes / [__] No How many family units? _____

Certification:

Signature of Tribal Member Head of Household _____ Date ____/____/201_
Tribal Member Signature required