



Low- Income Rental Application

The Mesa Grande Indian Housing Authority has low-rental units. Rent is based on annual adjusted income. There is a waiting list for all of our housing sites. Timeliness of selection depends on the availability of housing. Unfortunately, we are unable to offer emergency housing.

We require that you update your application every (12) months. If there are changes in address, income or family composition it must be reported immediately. The application will be filed inactive and removed from the waiting list if it is not updated.

The application must be completed before it will be considered for selection. All questions must be answered. The application must be turned into the Housing Office **seven (7) days prior** to Selection Meeting in order for it to be considered.

Items that you need to complete your application:

- Social Security cards for all family members.
- Updated Tribal cards for all Tribal Members.
- Earned income information: such as W2's, check stubs and or wage statements.
- Unearned income information: such as child support, FIP, Social Security, Per Cap etc.
- Driver's license/State ID for all family members eighteen (18) years of age or older.
- Completed and signed release of information agreement. A criminal background check will be completed on all applicants and family members eighteen (18) years of age or older.
- Two landlord references from your most recent landlords. If you have ever rented from a HUD subsidized program, a reference from them must be provided.
- If you have never rented or can only supply one Landlord Reference, two (2) personal references from professional people such as Social Workers, Case Workers, Teachers, Counselors, etc., must be submitted. **Personal References will not be accepted if you have rented in the past. References must be in written form.**

When a unit becomes available, the Board of Commissioners review the completed applications for that bedroom size and site. Tenant selection is based on the following criteria:

- Income Eligibility
- The need for housing
- Tribal Membership
- Native American Heritage
- Satisfactory Criminal background check
- Acceptable landlord references
- All situation being equal on the application, the date and time of application will be the deciding factor

If you have any questions or need help completing the application, you can contact the Housing Office @ (760) 782-9144. Return your application to the Housing Authority @ P.O Box 267 Santa Ysabel, Ca 92070.

Rental Application

Please Print Clearly

Received by _____
Date _____
Time _____

Applicant Name _____
Current Address _____
City, State, Zip code _____
Home Phone # _____ Work # _____
Place of Employment _____

Co- Applicant Name _____
Current Address _____
City, State, Zip Code _____
Home Phone # _____ Work # _____
Place of Employment _____

Household composition: List the Head of Household first and all other members who will reside in the home.

Member Name	Relationship	Date of Birth	Sex	Social Security Number	Tribal Affiliation

Is there an absent parent? If yes, please give the absent parent(s) name and address:

Do you expect the absent parent to live in the home? If yes, When? _____

Will all the household members reside in the home year round? **Circle YES / NO**
Do you anticipate any changes in the household within the next year? If yes, please state:

Why are you looking for housing with the Mesa Grande Band of Indians Housing Authority?

How many adults live in the home now? _____ How many children? _____

Are you or have you ever been evicted? **Circle YES / NO**
If yes, please explain in detail:

IF yes, you must provide a copy of the eviction notice.

What is your current monthly rent amount? _____
What are your monthly cost for all utilities **except** cable and telephone? _____
Name and address of Utility Companies:
Electric: _____
Gas: _____
Water & Sewer: _____

Are you now or have you ever lived in goverment-subsidized housing? _____
If yes, when and where _____
What is your current housing condition? **Please explain in detail.**

Please list your previous address for the past five (5) years starting with your most current.

1.	From:	To:
2.	From:	To:
3.	From:	To:
4.	From:	To:
5.	From:	To:

List Names, Address and Phone Number of two relatives or friends who generally know how to contact you:

Name & Relationship	Address:	Phone:
1.		
2.		

Do you own a car? **Circle Yes / No**

1. Make:_____ Model:_____ Year:_____

2. Make:_____ Model:_____ Year:_____

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from this source during the next Twelve (12) months.

Members Name	Source of Income and Type	Monthly Amount

Has any household member ever been convicted of any crime other than traffic violations? _____

If yes, who?_____ When?_____ Where?_____

Are you or your spouse a veteran?_____

What branch of service?_____ Service Date?_____

Please provide discharge papers.

Do you or any household member have any current legal proceeding pending?_____

If yes please explain:_____

Has any household member ever used any name(s) or Social Security number other than the one currently being used? If yes, who and what name? This would include maiden or a name from a previous marriage?

Please answer “yes” or “no” to each of the following questions
For each “yes” answer provide details.

Applicant Co-Applicant

1. Is any member of your household employed full time
Part time or seasonally? _____
2. Does any member of your household work for someone
Who pays them cash or is self employed? _____
3. Does any member of your household receive regular pay
From the armed forces? _____
4. Does any member of your household receive workers
Compensation? _____
5. Does any member of your household expect to work
For any period during the next twelve (12) months? _____
6. Is any member of your household on leave of absence
From work due to lay off, medical, maternity or military leave? _____
7. Does any member of your household now receive, or
Expect to receive unemployment benefits or severance pay? _____
8. Does any member of your household receive child
Support? (Note: you must answer this question yes if you have a court order even if you
are not receiving the full amount awarded) _____
9. Does any member of your household receive alimony/
spousal maintenance? _____
10. Does any member of your household now receive or
Expect to receive welfare assistance or general assistance? _____
11. Does any member of your household receive or expect
To receive Social Security Benefits? (including unearned income of minor children) _____
12. Does any member of your household receive disability
Benefits including social security disability? _____
13. Does any member of your household receive regular
Payments from retirement benefits? _____
14. Does any member of your household receive payments
From death benefits? _____

15. Does any member of your household receive regular _____
Payments from inheritance, insurance settlement, lottery winnings etc?
16. Does any member of your household receive payments _____
From Tribal per caps?
17. Does any member of your household receive or expect _____
To receive income from a pension, life insurance, dividends or annuity?
18. Does any member of your household now receive _____
Regular cash contributions from individuals not living in the unit or form agencies?
19. Does any member of your household receive income _____
From assets including interest in checking or saving accounts, interest and dividends
from certificates of deposit, stocks or bonds, or income from rental property?
20. Do you or any member own a home or there Real estate? _____

If yes, what is the market value of the home/real estate? _____
21. Have you or any member of your household sold or given _____
Away real property or other assets in the past two(2) years?

If yes, what was the market value? _____

Household Asset Information

Program regulations require that all assets be disclosed in order to determine qualification. Does any household member including minor children have money held in the following?

YES	NO		Current Balance
		Checking accounts (6 month average balance).....	\$
		Savings account.....	\$
		Stocks.....	\$
		Capital investment.....	\$
		Bonds.....	\$
		Trust.....	\$
		Securities.....	\$
		Whole life insurance policy (do not include term life)...	\$
		401K.....	\$
		IRA/KOEGH Accounts.....	\$
		Certificate of deposit.....	\$
		Pension/retirement/annuity accounts.....	\$
		Money market funds.....	\$
		Treasury bills.....	\$
		Safety deposits box.....	\$
		Lump sum payment(inheritance, insurance settlement, lottery winnings, capital gains).....	\$
		Are any accounts jointly held with someone not in the unit?	
		Which accounts?_____ and with whom?_____	\$
		Other.....	\$

Include trust,401K etc. Only if accounts are accessible to the household prior to the termination of employment, retirement or death. If you are unsure, list the account, and it will be verified

If you have additional information that you would like to add to your application,please use an additional sheet.

I understand the information given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility and suitability for housing programs. I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I understand that my selection for housing may be contingent upon the Housing Authority being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of the information by me can result in my eviction from any dwelling obtained from the Housing Authority and possibly prosecution under the law. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

Warning: Section 1001 of Title 18 of the U.S code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

APPLICATION CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment will be my principle residence and that I will not obtain duplicated Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

COOPERATION

I know I am to cooperate in supplying all information needed to determine my eligibility level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meeting and completing and signing needed forms. I understand that failure or refusal to do so may result in delays or termination of assistance and/or eviction.

CRIMINAL AND ADMINISTRATIVE ACTION FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

Applicant Signature: _____ Date: ____/____/____

Co-Applicant Signature: _____ Date: ____/____/____

RELEASE OF INFORMATION AGREEMENT

DO NOT ALTER THIS DOCUMENT: Failing to sign this form in its original condition could jeopardize your eligibility for housing assistance.

Personal Information

Name: Last: _____ Middle: _____

First: _____ Maiden: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Driver's License #: _____ State Issued: _____

Address: _____

City, State, Zip Code: _____

I hereby authorize confidential information to be release between the agencies listed in this agreement.

AGENCIES RELEASING INFORMATION TO EACH OTHER

Mesa Grande Indian Housing Authority
P.O. Box 267
Santa Ysabel, CA 92070

School and Colleges
Support and Alimony Providers
Child Care Providers
Retirement Systems
Courts and Post Offices

Current Employers
Previous Employers
Social Security Administration
Tribal Social Services
Utility Companies
Law Enforcement Agencies
Credit Providers/Bureaus
Current and Previous Landlords
Family Independence Agency

Applicant/Client Signature: _____ Date _____ / _____ / _____

Co-Applicant/ Client Signature: _____ Date: _____ / _____ / _____

LANDLORD REFERENCE QUESTIONNAIRE

Current or Previous Landlord

Date: ____/____/____

RE: _____

Address of rental:

Dear Sir or Madam,

We are asking for your cooperation in supplying information on the tenant history on the family listed above. This information will only be used only in determining whether the family can be accepted for admission to our program. Your prompt return will be appreciated. If you have any questions, please call me at (760) 782-9144.

Thank you,

Housing Representative

I hereby authorize the release of the information requested below.

Signature of Applicant

Circle one: CURRENT LANDLORD – PREVIOUS LANDLORD – OTHER

Is this a subsidized Unit? _____
Date of applicant’s tenancy: From: _____ To: _____
Are you a friend or relative? Friend _____ Relative _____

RENTAL PAYMENT

Monthly rent amount? \$ _____
Is (was) applicant current on rent? _____

If no please explain: _____
Does this applicant still owe money? _____ How much? \$ _____

CARING FOR THE UNIT

Does (did) the applicant keep the unit clean? _____
Has (had) the applicant damaged the unit? _____
If so please describe: _____
How expensive: \$ _____ How often: _____
Has (had) the applicant paid for the damages? _____
Will you (did you) keep any of the security deposit? _____

DRUG FREE HOUSHOLD STATEMENT

I, the undersigned, do hereby attest that myself and all members of my household do not use any illegal drug(s).

I further attest that myself and all members of my household are not involved in selling, possession or use of any illegal drug, and that my household is a drug free household.

I further understand that if myself, members of my household, or guest(s) of my household use, sell or are in possession of illegal drug(s), that I am subject to immediate eviction.

I understand that his statement will remain in effect for the entire length of my tenancy with the Mesa Grande Band of Indian Housing Authority.

ALL PERSONS 18 AND OVER SHALL SIGN THIS STATEMENT

Signature

_____/_____/_____
Date:

Signature

_____/_____/_____
Date:

Signature

_____/_____/_____
Date:

Signature

_____/_____/_____
Date:

Signature

_____/_____/_____
Date: