



Susanville Indian Rancheria Housing Authority
P.O. Box 970
870 Joaquin Street, Unit G
Susanville, CA 96130
Phone: (530) 257-5033 Fax: (530) 257-5035
Email: housing.specialist@frontier.com

The following is a list of items that are required to be submitted with the Housing Services Application:

1. Proof of Income for all members of household
2. Copy of Social Security card and Tribal Identification for all members of household
3. All adults 18 years of age and older must sign and date the Authorization for Release of Information form
4. If a minor child listed as an occupant with only one parent in the household, the SIRHA BOC requires court ordered custody paperwork or a child support order stating time with non-custodial parent listed.

If the Housing Services Application is incomplete and/or the above items are not attached, your application will not be accepted by SIRHA staff.

If you have questions regarding this notice please contact our office at (530) 257-5033.



Susanville Indian Rancheria Housing Authority Housing Application

RENTAL:	<input type="checkbox"/> Low Rent	<input type="checkbox"/> Elder Springs	<input type="checkbox"/> Recertification	
HOMEOWNERSHIP:	<input type="checkbox"/> Lease/Purchase	<input type="checkbox"/> Mutual Help	<input type="checkbox"/> 184	<input type="checkbox"/> Recertification
MOD/REHAB:	<input type="checkbox"/> Modernization	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Grant Application Assistance	

APPLICANT INFORMATION

Name: _____
 LAST FIRST MIDDLE (MAIDEN, IF ANY)

Mailing Address: _____
 STREET OR PO BOX CITY STATE ZIP CODE

Residence Address: _____
 STREET CITY STATE ZIP CODE

Telephone Number: _____
 HOME WORK CELL OR EMERGENCY

Date of Birth: _____ Social Security Number: _____

Tribe: _____ Roll Number: _____

Marital Status (Please Check One): Married Single Widowed Domestic Partner Other
If you checked "other", please explain: _____

SPOUSE/DOMESTIC PARTNER

Name: _____
 LAST FIRST MIDDLE (MAIDEN, IF ANY)

Date of Birth: _____ Social Security Number: _____

Tribe: _____ Roll Number: _____

Briefly describe your request for housing: _____

FAMILY INFORMATION

LIST EACH PERSON WHO WILL BE LIVING IN THE HOUSEHOLD ON A PERMANENT BASIS. ***PROVIDE PROOF OF SOCIAL SECURITY NUMBER FOR EACH MEMBER**

Name	Date of Birth	Social Security Number	Relationship to Applicant	Tribe/ Roll Number

If more members in household, mark box and continue listing on back of this page
***All persons age 18 or over MUST complete and sign a Release of Information form AND Provide Income Verification**

INCOME INFORMATION

START WITH HEAD OF HOUSEHOLD THEN LIST ALL FAMILY MEMBERS. PROVIDE A COPY OF MOST RECENT WAGE STUB, TAX RETURN, ETC. FOR VERIFICATION

NAME	ANNUAL INCOME	SOURCE OF INCOME

TOTAL ANNUAL INCOME: _____

GENERAL INFORMATION

1. Has any household member received assistance from the US Department of Housing and Urban Development "HUD" or the Bureau of Indian Affairs "BIA" Housing Improvement Program "HIP"? YES NO

If yes, what year and explain _____

2. Does any household member have a severe health problem, handicap, or permanent disability?
 3. YES NO

If yes, provide name and description of disability, handicap, or disability. **Medical documentation is required.** _____

4. Does anyone in your household own any house not occupied by your family? YES NO

If yes, explain _____

5. Has any household member ever been evicted from a residence? YES NO

If yes, explain _____

The SIRHA will contact previous and current landlords in order to verify tenant history. The information collected will assist the SIRHA in determining eligibility for SIRHA housing assistance in accordance with policy and Federal regulations.

PLEASE PROVIDE RESIDENCY INFORMATION FOR THE MOSE RECENT FIVE YEARS

Landlord Name	Address / Phone #	Address of Unit	Rent Owed Yes / No	Dates Lived In Unit

6. Has any household member been convicted of a Felony? YES NO
 7. Is any household member a convicted Sex Offender? YES NO

CURRENT RESIDENCE INFORMATION

Number of people at current residence: _____ Number of bedrooms at current residence _____

CHECK ONE: Own Rent Share Homeless Other

If "Other" please explain _____

If "Own", how long have you owned your home _____

If "Rent" or "Share", what is your monthly rent _____

1. Bathroom Facilities: Flush Toilet Yes No Tub/Shower Yes No

2. Is Electricity Available? Yes No Name of Power Company _____

3. Sewer System: City Sewer Septic System Chemical Toilet Outhouse

4. Water System: City Water Private Well Community Well Other

If "Other", please describe _____

REPAIRS NEEDED TO HOME

Is the home dilapidated, in need of repair, or unsafe: YES NO

If "Yes", please check the following conditions that apply:

Plumbing Defects Electrical Defects Structural Defects

Heating System Defects Porch/Step Defects Unsafe Site Materials

Inadequate Handicap/Elder access No Smoke Detectors Inadequate Weatherization

Overcrowding Other

If "Other", please explain _____

LAND INFORMATION

1. Does any household member own any land? YES NO

2. What is the current status of the land?

Individual Trust Tribal Trust Family Allotment

Fee Simple Tribal Restricted Tribal Fee Simple

3. If you do not own the land, do you have:

- Leasehold Land Use Permit Assignment



APPLICANT CERTIFICATION–Read carefully before you sign and date your application in ink.

I do swear and attest that all the information above about members of my household and myself are true and correct. **I understand that all changes in income or household composition must be reported to the Susanville Indian Rancheria Housing Authority immediately.**

I understand that any misstatements or omissions in this application may result in my being disqualified for housing assistance. Further, I understand that, if assistance is provided, I may be required to repay all program monies expended on my behalf if such misrepresentations are discovered at a later date.

Applicant Signature: _____ **Date:** _____

Spouse/Partner Signature: _____ **Date:** _____

Other Adult Signature: _____ **Date:** _____