



**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

## HOUSING SERVICES RECERTIFICATION APPLICATION

Select One:

Rental Recertification

Lease to Purchase Recertification

### **LEASE HOLDER INFORMATION**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE (MAIDEN, IF ANY)

Residence Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Mailing Address: \_\_\_\_\_  
(If different) STREET CITY STATE ZIP CODE

Telephone Number: \_\_\_\_\_  
HOME CELL WORK 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: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
HOME CELL WORK OR EMERGENCY

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**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**

| <b>Name</b> | <b>Date of Birth</b> | <b>Social Security Number</b> | <b>Relationship to Applicant</b> | <b>Tribe/<br/>Roll Number</b> |
|-------------|----------------------|-------------------------------|----------------------------------|-------------------------------|
|             |                      |                               |                                  |                               |
|             |                      |                               |                                  |                               |
|             |                      |                               |                                  |                               |
|             |                      |                               |                                  |                               |
|             |                      |                               |                                  |                               |
|             |                      |                               |                                  |                               |
|             |                      |                               |                                  |                               |

- 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

| <b>NAME</b> | <b>ANNUAL INCOME</b> | <b>SOURCE OF INCOME</b> |
|-------------|----------------------|-------------------------|
|             |                      |                         |
|             |                      |                         |
|             |                      |                         |
|             |                      |                         |
|             |                      |                         |
|             |                      |                         |

**TOTAL ANNUAL INCOME:** \_\_\_\_\_

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**GENERAL INFORMATION**

**Are any adult household members full time students?**

YES                       NO

**Does the Head of Household/Spouse have child care costs or excess mileage?**

YES                       NO

**PET INFORMATION**

1. Do own or have a pet in the home?                       YES                       NO

2. If yes, has pet registration been completed and deposit paid?

YES                       NO

**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:** \_\_\_\_\_

**Other Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_