



HOUSING AUTHORITY

**DAMON DUNBAR
EXECUTIVE DIRECTOR**

Mutual-Help Housing Application Packet

Complete each page in this packet thoroughly and submit all information marked below if it applies to your household.



- (X) **TRIBAL ID CARDS OR CERTIFICATE DEGREE OF INDIAN BLOOD:** For all persons listed in your household composition.
- (X) **SOCIAL SECURITY CARDS:** Copies for all persons listed in your household composition. (Please do not send originals)
- (X) **MARRIAGE LICENSE or DIVORCE DECREE:** Copy, if legally married.
- (X) **EMPLOYMENT VERIFICATION:** Copy of most recent check stubs for household members who are employed.
- (X) **GOVERNMENT INCOME (TANF, SSA, SSI, VA, etc.):** If applicable for all household members who receive these funds. Award Letter or copy of check.
- (X) **12 MONTHS' IIM STATEMENT from AGENCY:** For all who receive IIM listed on your household composition. You can request a printout of disbursements only.
- (X) **CHILD SUPPORT:** Documentation of how much you receive in child support if applicable.
- (X) **LAST YEAR'S INCOME TAX RETURN:** If applicable.
- (X) **SIGNATURES ON APPLICATION:** For all listed on your family composition 18 years and older.
- (X) **OTHER:** Have all people listed on your household composition 18 years and older sign over other family member over age 18. If you are not legally married, have your significant other sign also as other family member over age 18, also do not have them sign as spouse if not legally married. On page 3, relationship to applicant, list them as other adult.

Respectfully,

A handwritten signature in black ink that reads "Eileen Pedro".

*Eileen Pedro,
Housing Specialist*



HOME OWNERSHIP CHECKLIST



The following is a list of items that are needed in order to process your Cheyenne-Arapaho Housing Authority Home Ownership Application. Your Cheyenne-Arapaho Home Ownership Application will not be presented to the Board of Commissioners for approval until copies of these items are received. Please send copies of all items that apply to your application.

<< Check everything that applies to your application >>

- _____ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS TRIBAL ID CARDS
- _____ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS SOCIAL SECURITY CARDS
- _____ ENCLOSE COPY OF MARRIAGE LICENSE OR DIVORCE DECREE
- _____ ENCLOSE COPIES OF MOST RECENT PAYSTUBS FOR ALL HOUSEHOLD MEMBERS THAT ARE EMPLOYED
- _____ ENCLOSE COPIES OF IIM CHECKS FOR LAST THREE (3) MONTHS
- _____ ENCLOSE COPIES OF SSI CHECKS FOR THE LAST THREE (3) MONTHS

HOMEBUYER CERTIFICATION:

I/We certify that the above and attached information are complete and accurate to the best of **my/our** knowledge and belief. **I/We** understand that false statements or information are grounds for termination of housing assistance and residency.

Head of Household Signature

Date

Spouse or Other Adult Signature

Date





HOME OWNERSHIP PROGRAM FEATURES:



WE SERVE THE FOLLOWING 3 PRIORITIES:

- 1st:** Enrolled C-A Tribal Members;
- 2nd:** Enrolled C-A Tribal minor(s), with Non-Enrolled custodial parents or guardians;
- 3rd:** All other Tribal Members. (*3rd Priority will only be served when there are no longer any C-A Tribal members needing housing*).

The following are requirements when applying for and purchasing a home through this program:

How to apply:

- Complete a Mutual-Help Application and be placed on the Waiting List;
- Every year after your placement on the Waiting List, you must submit an Annual **UPDATE Form** to remain on the Mutual-Help Housing Authority Waiting List. You will receive a Reminder Letter and Update form by mail to the address you last stated. Completely fill out the form and submit copies of current employment pay stubs, IIM letters, SSI letters etc. in order to keep your file up to date and to make sure you qualify to remain on the Mutual-Help Housing Waiting List.

If offered a home to become a new homeowner, please be advised:

- You must qualify on all Admission requirements listed in policies.
- You must pay a contribution fee prior to Admission to program.
- You must sign a Lease Agreement.
- You will be in a probationary period for (1) one year after admission into the program and any infractions will terminate your Lease Agreement.
- You will perform all maintenance on home and pay for any damage beyond normal wear & tear.
- You will be responsible for keeping the home safe & sanitary at all times.
- You must keep your utilities on at all times. Failure to do so could be considered as abandonment of home.
- You will be responsible for making your house payments in advance of the first of each month.
- You will recertify your household composition & income every (2) two years. Failure to do so will terminate your lease agreement.
- You will have your home inspected annually by the Housing Authority Inspectors. Failure to do so will terminate your Lease Agreement.

I understand the above requirements and responsibilities of the Mutual-Help Housing Program and I am submitting an application:

NAME: _____ DATE: _____



Mutual-Help Housing Application



DATE: ____/____/____

APPLICANT NAME: _____ D.O.B.: ____/____/____

S.S.N.: _____ TRIBE: _____ ROLL NO.: _____

MAILING ADDRESS: _____ PHONE #: (____) _____

_____ MSG Ph. #: (____) _____

LANDLORD'S NAME: _____ PHONE #: (____) _____

LANDLORD'S ADDRESS: _____

STREET/PO BOX # CITY STATE ZIP

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS INCLUDING SPOUSE

Please list everyone that currently resides in the home. Attach a **copy** of all household members' social security cards, valid CDIB cards, Valid State ID or DL.

NAME	RELATION TO APPLICANT	D.O.B.	SOCIAL SECURITY NUMBER	TRIBE	ROLL #

Please include most recent pay stubs, **AWARD LETTERS** or **STATEMENTS** from **EMPLOYERS** with your application.

PERSON WITH INCOME	TYPE OF INCOME	MONTHLY AMOUNT



EMPLOYER INFORMATION:

APPLICANT	NAME OF EMPLOYER	MAILING ADDRESS	Phone#
SPOUSE	NAME OF EMPLOYER	MAILING ADDRESS	Phone #
OTHER ADULT	NAME OF EMPLOYER	MAILING ADDRESS	Phone #

OTHER INCOME:

SS/SSI _____ VA _____ IIM _____ CHILD SUPPORT _____
 PENSION _____ UNEMPLOYMENT _____ OTHER _____

NAME OF PERSON RECEIVING OTHER INCOME: _____



PLEASE READ & ANSWER THE FOLLOWING QUESTIONS AS BEST AS YOU CAN:

Have you ever lived in a PUBLIC/INDIAN Housing Authority project? **YES** **NO**

If YES, Where? _____

Do you own or are you purchasing a HOME? **YES** **NO**

Do you own REAL ESTATE? **YES** **NO**

Is anyone listed on this application HANDICAPPED or DISABLED? **YES** **NO**

If YES, Who and What type? _____

Has anyone listed on this application ever been convicted of a Felony? **YES** **NO**

If YES, Who and What type? _____

Must list three (3) towns where you want to reside. (Must also be in our 11 County Service area) See map for

[1] _____ [2] _____ [3] _____

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING:

- | | I certify that the information on this application is true and complete to the best of my knowledge.
- | | I understand that the information provided is used to determine eligibility and does not necessarily qualify me for the program.
- | | I further understand that false information may disqualify me.
- | | I know that it is my responsibility to UPDATE my application every year and if I fail to do so, I will be removed from the WAITING LIST.

APPLICANT'S SIGNATURE: _____ Date: _____

SPOUSE'S SIGNATURE: _____ Date: _____