



Hopland Band of Pomo Indians

3000 Shanel Rd., Hopland, California 95449 Phone (707) 472-2100 Fax (707) 744-1506

HOUSING APPLICATION

Name:		Phone Number:	
Mailing Address:		E-mail:	
City & Zip Code:		Tribal Affiliation:	

Family Composition: Complete the fields below for EACH person who will reside in your home					
Name and relationship		Sex		Birthdate	Social Security Number
1.	Head	<input type="checkbox"/> M	<input type="checkbox"/> F		
2.	Spouse	<input type="checkbox"/> M	<input type="checkbox"/> F		
3.	Child	<input type="checkbox"/> M	<input type="checkbox"/> F		
4.	Child	<input type="checkbox"/> M	<input type="checkbox"/> F		
5.	Child	<input type="checkbox"/> M	<input type="checkbox"/> F		
6.	Child	<input type="checkbox"/> M	<input type="checkbox"/> F		
7.	Child	<input type="checkbox"/> M	<input type="checkbox"/> F		

Applicant Data: Check YES or NO			Please explain all YES answers below		
1. Elderly (62 years or older)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2. Handicapped or Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
3. Veteran-Branch and Year Served	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
4. Have you ever received housing assistance before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
5. Do you have any outstanding debts with the Hopland tribe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Housing Data: Check all that apply		Please explain all checked answers below	
SUBSTANDARD HOUSING: If you are living in substandard housing, indicate the conditions that make your present dwelling substandard below.			
6. Structurally unsafe	<input type="checkbox"/>		
7. No drinking or running water	<input type="checkbox"/>		
8. No usable flush toilet	<input type="checkbox"/>		
9. No usable tub or shower	<input type="checkbox"/>		
10. No kitchen (but should have)	<input type="checkbox"/>		



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Housing Data: Continued		Please explain all checked answers below
11. Inadequate or unsafe electrical wiring	<input type="checkbox"/>	
12. Inadequate or unsafe heating source	<input type="checkbox"/>	
13. Overcrowded conditions? Please explain	<input type="checkbox"/>	
HOMELESSNESS:		
14. Living in a homeless shelter: Name/Location	<input type="checkbox"/>	
15. Living in a motel for temporary shelter: Name/Location	<input type="checkbox"/>	
16. Other: Please explain	<input type="checkbox"/>	
INVOLUNTARY DISPLACEMENT:		
17. Present dwelling was destroyed by natural disaster	<input type="checkbox"/>	
18. Displaced by federal or local	<input type="checkbox"/>	
19. Government action	<input type="checkbox"/>	
20. Owner of present dwelling unit has issued an order to vacate beyond your control (property sold, etc.)	<input type="checkbox"/>	
21. Displaced from actual or threatened physical violence	<input type="checkbox"/>	
HANDICAPPED DATA: If you or a member of your family is handicapped, please explain the nature of the handicap and all accessibility needs (wheelchair ramp, hand rails, etc.)		
22. Disability: if disabled, identify type of disability (permanent or temporary)	<input type="checkbox"/>	
23. Are you receiving benefits for your disability? (include benefits under Other Income section)	<input type="checkbox"/>	
Housing Data: Check all that apply		Please explain all checked answers below
1. Do you travel more than 25 miles (1 way) for work, school, or medical reasons?	<input type="checkbox"/>	
2. Do you pay for childcare? What is your <i>annual</i> expense?	<input type="checkbox"/>	



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Based on information from the previous pages, please provide any specific needs below



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Income Information			
Please complete this section as thoroughly as possible. All information is kept confidential and subject to verification. If the HBPI Housing Committee is unable to verify the information being provided, your application will be considered "Incomplete" and returned to you.			
EMPLOYMENT: Complete the fields below for EACH person who will reside in your home and is employed			
1. Household Member Name:			
Employer Name:		Employer Phone:	
Employer Address:		Employer Fax:	
City & Zip Code:		Employer Email:	
2. Household Member Name:			
Employer Name:		Employer Phone:	
Employer Address:		Employer Fax:	
City & Zip Code:		Employer Email:	
3. Household Member Name:			
Employer Name:		Employer Phone:	
Employer Address:		Employer Fax:	
City & Zip Code:		Employer Email:	
OTHER INCOME: TANF, SSI, SSB, Veterans, UIB, Tribal Per Capita and other			
1. Household Member Name:		Income Type:	
Agency Name:		Agency Phone:	
Agency Address:		Agency Fax:	
City & Zip Code:		Worker Email:	
2. Household Member Name:		Income Type:	
Agency Name:		Agency Phone:	
Agency Address:		Agency Fax:	
City & Zip Code:		Worker Email:	
3. Household Member Name:		Income Type:	
Agency Name:		Agency Phone:	
Agency Address:		Agency Fax:	
City & Zip Code:		Worker Email:	



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Please FAX, E-Mail, or Mail to:

Fax (707) 744-1506

Email: _____@hoplandtribe.com

Subject Line: ATTENTION Housing Committee

Mail: Hopland Band of Pomo Indians
3000 Shanel Road
Hopland, CA 95449

Applicant's Signature and Acknowledgment of Factual Data:

I declare under penalty of perjury that I have fully, completely and accurately answered all of the questions contained in this consent form and that all of the information contained in this consent form is true and correct. I agree that if I fail to disclose requested information or if any of the information provided herein is inaccurate or incomplete, by omission or commission, the Hopland Band of Pomo Indians shall have the right to eliminate me from consideration for on-site housing.

Applicant's Signature

Date

Print Name