



# Northern Circle Indian Housing Authority

694 Pinoleville Drive, Ukiah, CA 95482

◆ 707-468-1336

Fax ◆ 707-468-5615

## HOUSING REHAB APPLICATION

<b>Name:</b>		<b>Phone Number</b>	
<b>Mailing Address:</b>		<b>E-mail</b>	
<b>City &amp; Zip Code</b>		<b>County</b>	
<b>Tribal Affiliation:</b>		<b>Tribal Enrollment #</b>	
<b>Enrolled Family Member if Applicant is Not a Member</b>			

### Family Composition: Enter the following information for each member of your household

Name	Relation to Head	Gender	Birth date	Social Sec #	Veteran	Disabled	Handicap	Student <sup>1</sup>	Elderly <sup>2</sup>
	Head				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Student is someone taking 12 or more units at a Community College or University, and/or attending a vocational training school.

2. Elderly is persons 62 years of age, or older.

Check If Yes	Explain If Necessary Use Extra Space on Page 3 if Needed
<input type="checkbox"/> Do you own your home? <i>If no, you are not eligible for our home rehab program</i>	
<input type="checkbox"/> Do you currently have homeowner's insurance? <i>If no, you are not eligible for our home rehab program.</i>	
<input type="checkbox"/> Is your home a manufactured home?	
<input type="checkbox"/> Is your home on your Rancheria or Reservation?	
<input type="checkbox"/> Have you ever received Housing REHAB assistance from NCIHA before? Please explain if Yes.	
<input type="checkbox"/> Do you have any outstanding Debts with NCIHA or your Tribe? Please explain if Yes.	
<input type="checkbox"/> Do you live in a home that is owned by your Tribal government, or that has been remodeld or constructed with BIA Housing Improvement Program (HIP), funding within the last 5 years?	

What year was your home build? \_\_\_\_\_

**Conflict of Interest**

Yes  Is the applicant, spouse, natural or adoptive child, parent, grandparent, grandchild, or sibling related to any member of the NCIHA Board of Commissioners or staff? If yes, whom are your related to and what is the relationship?

No



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## Housing Data

### Substandard Housing

Structurally Unsafe	No drinking water or running water
No usable flush toilet	No usable tub or shower
No Kitchen	Inadequate or unsafe electrical wiring
Inadequate or unsafe heating source	Over-crowded conditions

Indicate if the items listed below are: Good, Needs Improvement, or Needs Replacement

Good	Needs Improvement	Needs Replacement	Explain if Necessary
			Plumbing
			Septic System/Sewer
			Electrical
			Heating System
			Foundation
			Interior Walls
			Exterior Siding/Paint
			Roof
			Floors
			Floor Coverings
			Windows
			Insulation



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Based on the information provided on the previous page, do you believe your home is a candidate for replacement? If so, please explain in the box below.

Use the Space below to expand on your responses from Page 1 if Necessary

I declare under penalty of perjury that I have fully, completely and accurately answered all of the questions contained in this application, and that all of the information contained in this application are true and correct. I understand that if I fail to disclose requested information or if any of the information provided herein is inaccurate or incomplete, by omission or commission, NCIHA shall have the right to eliminate me from consideration for housing rehab assistance for a period of at least one year and if I have already been selected for housing rehab assistance, to rescind my agreement and I will be responsible for repaying the program for all completed work.

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Applicant Signature

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Date



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## APPLICANT CERTIFICATION AND ACKNOWLEDGMENT

### 1. Giving True And Complete Information.

I certify all the information provided on this application is accurate and complete to the best of my knowledge. I have reviewed all applicable NCIHA forms and certify the information shown is correct.

### 2. Reporting Changes In Income Or Household Composition

I understand I am required to report changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors, and when I must report anyone who is staying with me.

### 3. Reporting On Prior Housing Assistance

I certify I have disclosed where and when 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.

### 4. No Duplicate Residences Or Assistance

I certify the house or apartment will be my principle residence, and I will not obtain duplicate federal housing assistance while I am in this current program.

### 5. No Ownership Interest In Another Home Which I Could Use As A Residence

I certify I do not own any interest in a house, condominium, cooperative, or building which I could use as a residence, and that I am currently in need of decent, safe, and sanitary housing. If I acquire an ownership interest in a residence while I am renting a house or apartment from NCIHA, I agree to notify NCIHA immediately. Further, I understand NCIHA may terminate my lease based on my ownership interest in a residence. I agree to vacate the house or apartment I am renting from NCIHA immediately if NCIHA terminates my lease because I have acquired an interest in a residence.

### 6. Cooperation

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

### 7. 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.

### 8. Tribal Membership

I certify that I, or a member of my household, is a current member of one of the NCIHA consortium tribes. If applying for on-site housing or Tribe specific assistance, I certify that I, or a member of my household, is a current member of the applicable Tribe.

### 9. No Outstanding Debts

I certify I do not have any outstanding debts with NCIHA or my Tribe. Any outstanding debts must be resolved before I am eligible for assistance with NCIHA.

## CERTIFICATION OF APPLICANT FAMILY MEMBERS

*All Adult (18 Years or Older) Members of Household Required to Sign Below*

I certify I have read and understand the declarations listed above. I also certify the information I have provided is true to the best of my knowledge, and understand that any misrepresentations of information or false statements shall be grounds for termination of Lease/MHOA.

_____	_____	_____	_____
Head of Household	Date	Spouse or Partner	Date
_____	_____	_____	_____
Household Member Over 18 Years	Date	Household Member Over 18 Years	Date
_____	_____	_____	_____
Household Member Over 18 Years	Date	Household Member Over 18 Years	Date



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Income Information	The income data provided in this section will determine which housing programs you may qualify for. All information is kept confidential and is subject to verification. IF NCIHA is unable to verify the information, your application will be considered "incomplete" and returned to you. To avoid delaying your application, please complete this section as thoroughly as possible.
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Income From Work	Employer Information for Each Employed Family Member
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1. Name of family member employed: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name of family member employed: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_

Email: \_\_\_\_\_

3. Name of family member employed: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Non-Employment Income	<p>Please provide details regarding all non-employment income received by your household. These payments are typically issued by a government agency, a Tribe, or a private institution. Examples include Social Security (SSI/SSDI), TANF, General Assistance, Veterans' benefits, unemployment, child support, alimony, 401(k) or IRA distributions, pensions, and annuities.</p> <p>You must provide verification for all non-employment income during the approval process. This may include a recent benefit award letter, unemployment statement, child support printout, official statement, or similar documentation.</p>
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1. Family member receiving benefits: \_\_\_\_\_

Agency: \_\_\_\_\_

Type of Income: \_\_\_\_\_

2. Family member receiving benefits: \_\_\_\_\_

Agency: \_\_\_\_\_

Type of Income: \_\_\_\_\_

3. Family member receiving benefits: \_\_\_\_\_

Agency: \_\_\_\_\_

Type of Income: \_\_\_\_\_

## Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

**Northern Circle Indian Housing  
Authority 694 Pinoleville Dr  
Ukiah, CA 95482  
707-468-1336**

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

### Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**Signatures:**

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household’s income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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## Income Verification Form

Income For: \_\_\_\_\_ SSN: \_\_\_\_\_

### SIGNATURE OF INCOME RECIPIENT

As an applicant or resident (or household member of an applicant/resident) of Northern Circle Indian Housing Authority (NCIHA), I am authorizing the release of the income information requested by NCIHA and understand it will be used for the purpose of verifying my income to determine eligibility for NCIHA programs.

\_\_\_\_\_  
Signature of Person Receiving Income

\_\_\_\_\_  
Date

To: Employer / Agency Providing Income

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attention: \_\_\_\_\_

Email: \_\_\_\_\_

NCIHA is required to verify the income of all household members applying for admission as tenants to the federally aided housing units operated by NCIHA, and periodically re-certify their income as tenants. We are also required to verify income for those applying for income dependent programs.

We ask your cooperation in supplying information regarding the income of the person listed above. This information will be held in strict confidence and will be used only for determining eligibility for NCIHA programs.

Above is a signed authorization for release of this information to us. Please provide the information requested on page 2 of this form in Section I, or attach verification. Your prompt return of this information via email, e-sign, or US mail is greatly appreciated.

I can be contacted at 707-468-1336 if you have questions or need clarification.

Thank you.

\_\_\_\_\_  
NCIHA Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
NCIHA Representative's email

\_\_\_\_\_  
Case Name-For Internal Use

Income For: \_\_\_\_\_ SSN: \_\_\_\_\_

### Section I: Employer to Complete This Section

Is this person a current employee:     Yes     No - skip to Section III if No

Current rate of pay: \$ \_\_\_\_\_ per     Hour     Week     Month     Other

Type of Employment:     Permanent     Temporary - expected end date: \_\_\_\_\_

Average number of HOURS worked per week: \_\_\_\_\_

Average number of MONTHS worked per year: \_\_\_\_\_

Company: \_\_\_\_\_

### Employer Certification

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Comments:



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Signature of Person Receiving Income

\_\_\_\_\_  
Date

To: Employer / Agency Providing Income

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attention: \_\_\_\_\_

Email: \_\_\_\_\_

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We ask your cooperation in supplying information regarding the income of the person listed above. This information will be held in strict confidence and will be used only for determining eligibility for NCIHA programs.

Above is a signed authorization for release of this information to us. Please provide the information requested on page 2 of this form in Section I, or attach verification. Your prompt return of this information via email, e-sign, or US mail is greatly appreciated.

I can be contacted at 707-468-1336 if you have questions or need clarification.

Thank you.

\_\_\_\_\_  
NCIHA Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
NCIHA Representative's email

\_\_\_\_\_  
Case Name-For Internal Use

Income For: \_\_\_\_\_ SSN: \_\_\_\_\_

### Section I: Employer to Complete This Section

Is this person a current employee:     Yes     No - skip to Section III if No

Current rate of pay: \$ \_\_\_\_\_ per     Hour     Week     Month     Other

Type of Employment:     Permanent     Temporary - expected end date: \_\_\_\_\_

Average number of HOURS worked per week: \_\_\_\_\_

Average number of MONTHS worked per year: \_\_\_\_\_

Company: \_\_\_\_\_

### Employer Certification

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Comments:



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Signature of Person Receiving Income

\_\_\_\_\_  
Date

To: Employer / Agency Providing Income

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attention: \_\_\_\_\_

Email: \_\_\_\_\_

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I can be contacted at 707-468-1336 if you have questions or need clarification.

Thank you.

\_\_\_\_\_  
NCIHA Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
NCIHA Representative's email

\_\_\_\_\_  
Case Name-For Internal Use

Income For: \_\_\_\_\_ SSN: \_\_\_\_\_

### Section I: Employer to Complete This Section

Is this person a current employee:     Yes     No - skip to Section III if No

Current rate of pay: \$ \_\_\_\_\_ per     Hour     Week     Month     Other

Type of Employment:     Permanent     Temporary - expected end date: \_\_\_\_\_

Average number of HOURS worked per week: \_\_\_\_\_

Average number of MONTHS worked per year: \_\_\_\_\_

Company: \_\_\_\_\_

### Employer Certification

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Comments:



# Northern Circle Indian Housing Authority

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<u>Ukiah Office</u>	<u>Grindstone Office</u>	<u>Oroville Office</u>	<u>Wilton Office</u>
694 Pinoleville Drive Ukiah, CA 95482 707-468-1336	3600-06 Pum-Ti-Ta-De Lane PO Box 38 Elk Creek, CA 95939 530-484-4240	4740 Pacific Heights Road Oroville, CA 95965 530-533-5863	9728 Kent Street Elk Grove, CA 95924 916-684-1861

## Useful Life & Affordability Policy Acknowledgement

### 1. Overview

Federal regulations under NAHASDA require that any home assisted with Indian Housing Block Grant (IHBG) funds must remain affordable and occupied by a low-income Native American family for a specific period. This period is known as the "Useful Life" or "Affordability Period."

### 2. How the Time Period is Determined

The length of time your property must remain under these restrictions depends entirely on the total dollar amount of IHBG funds invested in your rehabilitation project.

The schedule is as follows:

<u>Total Assistance Amount</u>	<u>Required Affordability Period</u>
Under \$5,000	6 Months
\$5,000 - \$15,000	5 Years
\$15,001 - \$40,000	10 Years
Over \$40,000	15 Years

### 3. What This Means for You

If your application is approved and work proceeds, you will be required to sign a Useful Life & Affordability Agreement before construction begins. This agreement will be recorded as a lien or binding commitment against your property.

During the affordability period listed above:

- **Primary Residence:** You must live in the home as your primary residence.
- **Transfers:** You generally cannot sell, rent, or transfer the title of the home without prior written approval from Northern Circle Indian Housing Authority (NCIHA).
- **Enforcement:** If you sell the home or move out before the period ends, you may be required to repay a prorated portion of the grant funds or transfer the home to another eligible low-income Indian family.
- **Binding:** This restriction runs with the land, meaning it applies even to heirs or future owners until the time period expires.

### 4. Applicant Acknowledgement

By signing below, I acknowledge that I have read and understand the Useful Life policy. I understand that if my rehab project is approved, the specific affordability period will be determined based on the final project cost, and I will be required to execute a binding Useful Life & Affordability Agreement recorded against my property deed prior to the start of work.

**Applicant Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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*Northern Circle programs funded by NAHASDA grants are available exclusively to members of NCIHA Consortium Tribes. To be eligible, the tribal member must be the Head of Household, a minor, or a dependent adult (an adult household member who is a full-time student or a person with a disability).*

*As part of the application process, Northern Circle will verify enrollment with the applicant's affiliated tribe. Please sign below to provide consent for this verification.*

I hereby authorize \_\_\_\_\_ to send verification of Tribal enrollment to Northern Circle Indian Housing Authority.

Verification for: \_\_\_\_\_ Tribal ID # \_\_\_\_\_

Signed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

*(If signing for a minor or dependent adult, specify relationship: e.g., Parent, Legal Guardian, Power of Attorney)*

Re: Tribal Enrollment Verification for

The person listed above has applied for services with Northern Circle Indian Housing Authority.

Please send verification of this person's enrollment to:

Northern Circle Indian Housing Authority  
694 Pinoleville Rd  
Ukiah, CA 95482

Verification can also be faxed to 707-468-5615, or emailed to

Thank You

Northern Circle Indian Housing Authority

If this person is not a member of your tribe, please fill out this section and return to NCIHA.

\_\_\_\_\_ is not a current member of \_\_\_\_\_

\_\_\_\_\_  
Tribe Representative - Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Northern Circle Indian Housing Authority

694 Pinoleville Drive, Ukiah, CA 95482

◆ 707-468-1336

Fax ◆ 707-468-5615

## Manchester Point Arena Band of Pomo Indians

### **See Attached Resolution NO. 2008-105-120608**

Have you, or a household member, been convicted of a serious crime such as but not limited to: murder; manslaughter; kidnapping; assault with a deadly weapon; marijuana cultivation; illegal possession of firearms; firing a gun in a negligent manner; burglary; theft; grand theft auto; drug possession; manufacturing, transportation, use and/or sales of illegal drugs; driving under the influence; domestic violence; elder abuse; child neglect or child abuse; sex offenses; or other crimes in the California Penal Code and California Vehicle code which pose a serious threat to the peace and safety of NCIHA projects.

Yes  No

If yes, use the space below to list the household member(s), explain the incident(s), charges(s), and outcome(s):

## Hopland Band of Pomo Indians

Have you or a household member been arrested (18 and over) for, or convicted of, a serious crime such as but not limited to: murder; manslaughter; kidnapping; assault with a deadly weapon; marijuana cultivation; illegal possession of a firearm; firing a gun in a negligent manner; burglary; theft; grand theft auto; drug possession; manufacturing, transportation, use, and/or sales of illegal drugs; driving under the influence; domestic violence; elder abuse; child neglect or child abuse; sex offenses; welfare fraud; vandalism; diversion; embezzlement; and/or other crimes which are enumerated in the California Penal Code and California Vehicle code and/or which pose a serious threat to the peace and safety of NCIHA projects.

Yes  No

If yes, use the space below to list the household member(s), explain the incident(s), charge(s), and outcome(s). (A criminal conviction does not necessarily eliminate you from consideration)

Do you consent to allow NCIHA and/or HBPI to obtain information about your civil court and criminal history?

Failure to allow consent will eliminate you from consideration.  Yes  No



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## Ownership Verification Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Dwelling Type:** Stick Built     Manufactured     Modular     Mobile Home

Year Dwelling Was Built: \_\_\_\_\_

Residence Type:    Permanent     Seasonal

To whom it may concern,

I, \_\_\_\_\_, hereby attest that I am the rightful owner of the above referenced address. Attached with this form is proof of my ownership with one of the following methods.

- Deed     Title     Sales Agreement     Homeowner's Insurance  
 Tribal Resolution     Will     Conveyance     No Document

## CERTIFICATION

I certify that all of the information provided, on this form and attached, is accurate and complete. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal or state criminal law. I understand that knowingly providing false, incomplete, or inaccurate information is grounds for termination of Homeowner Assistance Fund program participation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_