

SHOALWATER BAY INDIAN TRIBE HOUSING DEPARTMENT
Housing Application

Date: _____

A. PRIMARY APPLICANT INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____
 Home Location: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number(s): _____

B. LIST ALL MEMBERS OF YOUR HOUSEHOLD:

(We must have a copy of a Social Security Card for every member of your family.)

	Family member name:	Relationship to Applicant	Date of Birth	Social Security Number
1.	_____	Self	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

C. LIST ALL SOURCES OF INCOME:

(Attach a copy of paystub, check or other verification.)

	Family member name	Employer/Source Name	Address	City, State	Rate	per (hour/month/etc.)
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

D. DO YOU OR ANY FAMILY MEMBER HAVE ANY ASSETS?

Yes: _____ No: _____

Such as: Bank accounts, Stocks, Rental Property, Individual Retirement Account, etc.

If "Yes", fill out Asset Information Form

D. ADJUSTMENTS:

1. a. Are you over 62 years old? Yes No
If "Yes", you can deduct medical expenses you paid; you must provide receipts.

b. Do you receive Pension from Shoalwater Bay Tribe? Yes No

2. Do you have childcare expenses? Yes No
If "Yes", list Care Provider Information (**You must sign a Care Provider Verification Form.)

Name Rate
Address
City/State

3. Is a household member Handicapped? Yes No
If this person requires attendant care so a family member can work, list Care Provider Information. (**You must sign a Care Provider Verification Form.)

Name Rate
Address
City/State

If you had to purchase auxiliary apparatus so a family member could work, you can deduct the cost you paid; you must provide receipts.

4. Do you travel more than 60 miles round-trip to work? Yes No
Maximum for this allowance is \$25 per week.

Any other information or comments:

I/We certify that the information given is accurate and complete to the best of my/our knowledge and belief.

Signature of Applicant Date

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Asset Information Form

Fill in the name of the family member with the asset, and the address where we can verify the value.

1. _____, Owner

Asset Information:	Value:
Name of Bank/Business: _____	_____
Address: _____	Account No.: _____
City, State Zip: _____	_____

2. _____, Owner

Asset Information:	Value:
Name of Bank/Business: _____	_____
Address: _____	Account No.: _____
City, State Zip: _____	_____

3. _____, Owner

Asset Information:	Value:
Name of Bank/Business: _____	_____
Address: _____	Account No.: _____
City, State Zip: _____	_____

4. _____, Owner

Asset Information:	Value:
Name of Bank/Business: _____	_____
Address: _____	Account No.: _____
City, State Zip: _____	_____

5. _____, Owner

Asset Information:	Value:
Name of Bank/Business: _____	_____
Address: _____	Account No.: _____
City, State Zip: _____	_____

6. _____, Owner

Asset Information:	Value:
Name of Bank/Business: _____	_____
Address: _____	Account No.: _____
City, State Zip: _____	_____