



Big Pine Paiute Tribe of the Owens Valley

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Community Development Department

Description of Housing Application

1. ☐ **Housing Application.** Applicant and household information. **Need to include copy of Social Security Cards & Birth Certificates for everyone listed in Family Composition.** Also need to include a **copy of valid Driver's License/I.D. for everyone in household who is 18 years of age and older.**
2. ☐ **Release of Information/Privacy Act.** All household members 18 years of age & older must sign this form. **Signatures needed** on back of the form.
3. ☐ **Reference Information.** Part I to be completed by applicant & provide information regarding prior landlord. Part II to be signed by applicant and completed by landlord.
4. ☐ **Tribal Membership Verification.** Must provide a **copy of Tribal Enrollment Letter/Card for everyone who is enrolled with the Big Pine Paiute Tribe or other Tribe.**
5. ☐ **Verification of Land Assignment.** Provide copy of "Grant of Standard Assignment" approved by the Big Pine Tribal Council. (For Homeownership Program Only.)
6. ☐ **Declaration of 214 Status.** All household members 18 years of age and older **must complete this form.** If additional forms are needed, contact the Housing Office (**Office Phone: 760-938-2004**)
7. ☐ **Verification of Employment/Income.** All adult family members (18 years of age and older) who receive income from employment must provide two (2) current wage/check stubs or have this form completed by employer. **For verification of Tribal distribution(s), contact the Big Pine Tribal Office (760-938-2003) for printout of distributions received in prior year.**
8. ☐ **Verification of Public Assistance.** Each household member receiving any type of public assistance (SS,SSI, Unemployment Benefits, TANF, Veterans Benefits, Retirement Benefits, etc. **must sign this form & provide copy of Award Letter, Check Stub, Bank Statement, etc. to verify amount received.**
9. ☐ **Verification of Rental Income.** This form is to be completed if receiving rental income from pasture rental, signs/billboard, etc.
10. ☐ **Statement of No Income.** All household members, 18 years of age and older, who have no type of income must complete this form. **These household members also need to sign the Verification of Public Assistance Form.**
11. ☐ **Excessive Mileage Claim.** For claiming mileage to and from work/school only.
12. ☐ **Verification of Child Care.** Both parent and caregiver must complete this form.
13. ☐ **Authorization for Criminal Records Search.** Each household member, 18 years of age and older, must sign a form. If additional forms are needed, contact the Housing Office (760-938-2004) or make additional copies.

Important: It is up to the applicant to update this Housing Application every year!!

**For any questions or more information regarding this Housing Application,
please contact the Housing Office (760-938-2004)**

Updated July 2024



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Housing Application

Type of Housing Program

being applied for:

(Check all that you are applying for.)

☐

Rental Program

☐

Homeownership Program

☐

FEMA Rental (Must include Letter of Interest with Application.)

(Note: The FEMA Rentals are Tribal Housing and selection is made by the Big Pine Tribal Council.)

Application Information

Applicant: _____
Last First Middle Initial

Physical Address: _____
Street City State Zip

(Please Provide Verification of Residency - Utility Bill, Statement, Invoice, etc.)

Mailing Address: _____
P.O. Box City State Zip

(If different than above)

Telephone Number:

Email Address:

Are you: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other (explain): _____

Are you a Big Pine Tribal Member? ☐ Yes ☐ No

(Copy of Big Pine Tribal Enrollment card/letter is required.)

If no, are you a member of another Federally Recognized Tribe? ☐ Yes ☐ No

If yes, name of Band/Tribe: _____

Are you 18 years of age or older? ☐ Yes ☐ No

(Copy of Valid Drivers License/I.D. Card is required.)

Applicant Signature

Date



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Housing Application

Family Composition

List all persons who are living in the household, including Head-of-Household, Birth dates and Social Security Numbers are needed for all family members listed in the family composition. A copy of each person's Social Security Cards and Birth Certificates are needed for all family members.

PLEASE PRINT LEGIBLY.

Name(s) of Adults in Household	Date of Birth	Relationship to Head of Household	Social Security Number (Copy of Card is required)
		Head of Household	

Name(s) of Children Living in Household	Date of Birth	Relationship	Social Security Number (Copy of Card is required)

(If more space is needed, use separate sheet of paper.)



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Income Information

Earned/Unearned Income

List income for all family members 18 years of age and older (Wages, Salaries, Pensions, Child Support, Social Security, SSI, TANF, Tribal Distributions, Veterans Benefits, Rental Income, etc.)

Family Member Name	Source of Income (Wages, Salaries, SS/SSI, etc.)	Gross Monthly Amount

Asset Information

List the type(s) and source(s) of any family assets, such as Bank Accounts, Interest Dividends, Stocks, Bonds, etc.

Family Member Name	Source of Asset(s) (Bank Account, Investment Account, Stocks, etc.)	Gross Monthly Amount



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Additional Information Part 1

1. Do you pay for child care expenses? _____ ☐ Yes ☐ No

2. Do you have to travel out-of-town for work or school? _____ ☐ Yes ☐ No

3. Does anyone help pay for any of your bills or give you money? _____ ☐ Yes ☐ No

4. Have you or any other adult family member ever participated in an Indian Housing Program with this Tribe or with another? _____ ☐ Yes ☐ No

If yes, Please explain: _____

5. Have you or any other adult family member ever used any other names Or Social Security Numbers other than the one you are currently using? _____ ☐ Yes ☐ No

If yes, Please explain: _____

Additional Information Part 2

1. Are you age 62 or older and/or have a permanent disability? _____ ☐ Yes ☐ No

2. If you answered yes to Question #3, do you have any Un-Reimbursed Medical Expenses in Excess 3% of your annual income? _____ ☐ Yes ☐ No

DO NOT WRITE BELOW THIS LINE - FOR AUTHORIZED STAFF MEMBER ONLY

Verified Authorized Staff

Member Signature

Date

Present Housing Conditions

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1. Are you presently without housing? _____ ☐ Yes ☐ No

If yes, please explain: _____

2. Are you about to be without housing? _____ ☐ Yes ☐ No

If yes, please explain: _____

3. Are you living in over-crowded conditions? _____ ☐ Yes ☐ No

If yes, please explain: _____

4. Are you presently renting? _____ ☐ Yes ☐ No

If yes, please explain: _____

5. Do you own a home? _____ ☐ Yes ☐ No

If yes, please explain: _____

6. If you own a home, what is the present condition of your home? _____ ☐ Yes ☐ No

If yes, please explain: _____

I understand that the information being submitted in this Housing Application is subject to verification by the Big Pine Paiute Tribe's Housing Program & that this information is being collected to determine if I am eligible to receive Housing Assistance. I also understand that this is my responsibility for updating my Housing Application every year.

Applicant Signature

Date



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Community Development Department

Reference Information - Part 1

Section 1: Applicant Information

Applicant Name: _____

Physical Address: _____
Street Address City State Zip

Mailing Address: _____
P.O. Box City State Zip

(If different from above)

Phone Number: _____ Email Address: _____

Section 2: Current Landlord Information

Current Landlord Name: _____ ☐ Manager ☐ Owner

Mailing Address: _____
Street/P.O. Box City State Zip

Phone Number: _____

How long at this address? From: _____ To: _____

Monthly amount paid for: Rent: \$ _____ Utilities: \$ _____

Section 3: Prior Landlord(s) Information

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(For the past (5) years. If additional space is needed, use back side of this form.)

Prior Address/Physical Location: _____
Street/P.O. Box City State Zip

Prior Landlord Name: _____ ☐ Manager ☐ Owner

Mailing Address: _____
Street/P.O. Box City State Zip

Phone Number: _____

How long at this address? From: _____ To: _____

Prior Address/Physical Location: _____
Street City State Zip

Prior Landlord Name: _____ ☐ Manager ☐ Owner

Mailing Address: _____
Street/P.O. Box City State Zip

Phone Number: _____

How long at this address? From: _____ To: _____

Prior Address/Physical Location: _____
Street City State Zip

Prior Landlord Name: _____ ☐ Manager ☐ Owner

Mailing Address: _____
Street/P.O. Box City State Zip

Phone Number: _____

How long at this address? From: _____ To: _____

I authorize the Big Pine Paiute Tribe's Housing Department to verify all information provided on this form. I understand that the information collected will be kept confidential and will not be disclosed or released outside of HUD, except as permitted or required by law.

Applicant Signature

Date



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Reference Information - Part II

Note to Applicant: Complete and sign the upper portion of this document. An additional 10 bonus points will be awarded for a good tenant/renter verification from previous landlord. Have landlord complete the lower portion of this document & return completed document to the Community Development Department. Thank you for your cooperation.

I, _____, authorize the Big Pine Paiute Tribe's Community Development Department to obtain reference information pertaining to me that is pertinent to eligibility for or participation in assisted housing.

Applicant Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

THIS SECTION IS TO BE COMPLETE BY LANDLORD

1. How long did applicant rent from you? From: _____ To: _____

2. Does / Did applicant make rent payments on time? _____ ☐ Yes ☐ No

If no, please explain: _____

3. Did applicant, applicant's family or guest(s) destroy or damage property? _____ ☐ Yes ☐ No

If yes, please explain: _____

4. Does applicant owe any money for rent, damages and/or cleaning? _____ ☐ Yes ☐ No

If yes, please explain: _____

5. Does/Did the applicant create any physical hazards at the residence? _____ ☐ Yes ☐ No

If yes, please explain: _____

6. Does/Did the applicant interfere with the rights/peaceful enjoyment of other
Tenants or caused police activity at the property? _____ ☐ Yes ☐ No

If yes, please explain: _____

7. Have you ever initiated lease termination/eviction proceedings against
this applicant? _____ ☐ Yes ☐ No

If yes, please explain: _____



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Reference Information - Part II

8. Does/Did the applicant allow other persons other than those on the

Lease to live at the unit? _____ ☐ Yes ☐ No

If yes, please explain: _____

9. Does/Did the applicant keep pets if pets were not allowed? _____ ☐ Yes ☐ No

10. Did applicant give proper notice to vacate? _____ ☐ Yes ☐ No

11. Would you re-admit this applicant? _____ ☐ Yes ☐ No

If no, please explain: _____

12. Is applicant related to you? _____ ☐ Yes ☐ No

If yes, how: _____

13. Additional Comments: _____

Landlord Signature: _____ Date: _____



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Community Development Department

Verification of Employment/Income

Name: _____
Last First Middle Initial

Social Security Number: _____

AUTHORIZAITON TO RELEASE INFORMATION: I hereby authorize the Big Pine Paiute Tribe's Community Development Department (CDD) to verify my employment/income records. I also understand that this information will be used only by the Community Development Department and no information will be made public.

Applicant Signature Date

CDD Representative Date

Employer Information

Employer Name: _____

Employer Mailing Address: _____

City, State, Zip: _____
City State Zip

Phone Number: () _____

Note: If more than one employer, make additional copies of this form.

DO NOT WRITE BELOW THIS LINE - EMPLOYER USE ONLY

Position: _____ Date Employed: _____

Rate of Pay: \$ _____ Per ☐ Hour ☐ Week (# of hours per week: _____) ☐ Month

Is this Employee: ☐ Full Time ☐ Part-Time ☐ Seasonal (# of months per year: _____)

Signature of Authorized Representative Date

Printed Name: _____ Title: _____



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Community Development Department

Verification of Public Assistance

Name: _____
Last First Middle Initial

Social Security Number: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Big Pine Paiute Tribe's Community Development Department to verify all income records. I also understand that this information will be used only to provide data to the above mentioned agency and that no information will be made public.

Applicant Signature Date

CDD Representative Signature Date

Funding Agency Information

Name of Agency: _____

Mailing Address: _____

City, State, Zip: _____
City State Zip

Phone Number: () _____

DO NOT WRITE BELOW THIS LINE - FUNDING AGENCY USE ONLY

Social Security Assistance	_____	\$ _____	Per Month
State Supplemental Income (SSI)	_____	\$ _____	Per Month
General Assistance	_____	\$ _____	Per Month
Unemployment Benefits	_____	\$ _____	Per Month
Veterans Benefits	_____	\$ _____	Per Month
TANF (Claim Effective Date: _____)	_____	\$ _____	Per Month
Other Sources:	_____	\$ _____	Per Month

Authorized Signature Date

Printed Name: _____ Title: _____

(NOTE: Copy this page if additional forms are needed.)



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Community Development Department

Verification of Rental Income

I, _____ do hereby swear and affirm that I receive rental payment(s)

From the item(s) that are located on my land assignment:

- | | |
|--|----------|
| <input type="checkbox"/> Mobile home/trailer | \$ _____ |
| <input type="checkbox"/> Signs | \$ _____ |
| <input type="checkbox"/> Pasture | \$ _____ |

Applicant/Homeowner Signature

Date

Renter Information:

Name of Renter: _____

Physical Address: _____

Mailing Address: _____

(If different from above)

City: _____ State: _____ Zip: _____

Renter's Signature

Date



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Community Development Department

Excessive Mileage Claim

I, _____, hereby claim that I travel _____ miles (one way) per day, to my place of employment or school. I request that the Community Development Department (CDD) consider this as a deduction in the calculation of my estimated monthly house/rent payment

Applicant Signature

Date

DO NOT WRITE BELOW THIS LINE - FOR CDD USE ONLY

☐ Approved

☐ Denied

If denied, state reason(s):

Authorized Signature: _____

Date: _____

Printed Name: _____

Title (please print): _____



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Community Development Department

Child Care Expenses

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the Big Pine Paiute Tribe Community Development Department to verify all child care payment records. I do understand that this information will be used only to provide data to the above mentioned agency and no information will be made public.

Name(s) & Age(s) of children in Child Care:

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Child Care Provider's Name: _____

Mailing Address: _____

Phone Number: () _____

Applicant Signature

Date

(DO NOT WRITE BELOW THIS LINE - CHILD CARE PROVIDER USE ONLY)

Amount paid for Child Care by parent: \$ _____ per ☐ Hour ☐ Day ☐ Week

(Check Applicable Box)

Hours per Day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Child Care Provider Signature

Date

Printed Name of Child Care Provider: _____



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Community Development Department

Authorization For Criminal Records Search

Applicant Name: _____
Last First Middle Initial (Maiden)

Identification Card or Driver's License Number: _____ State of Issue: _____

Social Security Number: _____

By my signature below, I consent to and authorize the _____ County Court Clerk's Office to release a Criminal Records Search to the Big Pine Paiute Tribe Community Development Department (CDD).

I understand that this information will be used solely for the purpose of determining eligibility for the CDD Homeownership Program and/or Rental Program and that none of the information contained in the Criminal Records Search will be made public.

Applicant Signature Date

*** * * Important Note * * ***

Failure to sign and / or return this form may result in being considered ineligible for assistance or Participation in the CDD Homeownership and / or Rental Program(s).

**For any questions or additional information regarding this form,
contact the CDD Housing Manager at (760) 938-2004**

