

Month for funding: \_\_\_\_\_  
Tribal Enrollment #: \_\_\_\_\_  
Tribal Member Last Name: \_\_\_\_\_  
Total Amount Requested: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Verified Complete & Received By: \_\_\_\_\_  
Date Last Updated: \_\_\_\_\_

**ENTERPRISE INDIAN HOUSING AUTHORITY**  
**NON LOW INCOME EMERGENCY ASSISTANCE APPLICATION**

**INSTRUCTIONS:**

**PLEASE COMPLETE THE APPLICATION AND CHECK ALL THAT APPLY:**

**SECTION I. EMERGENCY ASSISTANCE PROGRAM:**

**I AM REQUESTING THE FOLLOWING NON - LOW INCOME EMERGENCY ASSISTANCE:**

- PAST DUE RENT PAYMENTS \* REQUIRES A USEFUL LIFE AGREEMENT OF 1 YR**
- PAST DUE MORTGAGE PAYMENTS\* REQUIRES A USEFUL LIFE AGREEMENT OF 1 YR**
- EMERGENCY REPLACEMENT OF APPLIANCE/SERVICES ITEM REQUESTED: \_\_\_\_\_**
- EMERGENCY HOUSING (HOMELESS LIMITED TO 7 DAYS TOTAL)**
- EMERGENCY UTILITY PAYMENT (WATER/SEWER, ELECTRICAL, PROPANE, OIL)**
- MOVE-IN ASSISTANCE (DECENT, SAFE & SANITARY UNIT/HOME)**

**SECTION II. HOUSEHOLD INFORMATION**

TRIBAL MEMBER/APPLICANT NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO. # OF APPLICANT: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TELEPHONE NUMBER OR CONTACT TELEPHONE NUMBER: \_\_\_\_\_

PLEASE PROVIDE A CURRENT TELEPHONE NUMBER OF PROVIDE OTHER CONTACT NAMES AND NUMBERS TO CONTACT YOU ABOUT THIS APPLICATION: \_\_\_\_\_

WORK TELEPHONE NUMBER AND IMMEDIATE SUPERVISOR: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WHERE DO YOU PHYSICALLY WORK? \_\_\_\_\_

EMPLOYER TELEPHONE: \_\_\_\_\_ HOW LONG HAVE YOU BEEN EMPLOYED AT THIS JOB? \_\_\_\_\_

APPLICANT MARITAL STATUS: \_\_\_\_\_ # OF TRIBAL MEMBER(S) IN HOUSEHOLD: \_\_\_\_\_

NUMBER OF OCCUPANTS THAT RESIDE IN THE HOME OR RENTAL: \_\_\_\_\_



TOTAL GROSS MONTHLY INCOME \$ \_\_\_\_\_

DO YOU ANTICIPATE ANY CHANGES IN THIS INCOME IN THE NEXT 12 MONTHS ? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

**ASSETS**

REAL PROPERTY: DO YOU OWN ANY PROPERTY ? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, WHAT TYPE OF PROPERTY? \_\_\_\_\_

LOCATION: \_\_\_\_\_, CURRENT MARKET VALUE \$ \_\_\_\_\_

OUTSTANDING MORTGAGE BALANCE: \$ \_\_\_\_\_

HAVE YOU SOLD/DISPOSED OF ANY BUSINESS, PROPERTY OR OTHER ASSETS IN THE LAST 2 YEARS? \_\_\_\_\_

IF YES, STATE TYPE OF BUSINESS, PROPERTY OR ASSET \_\_\_\_\_

DATE OF SALE OR DISPOSITION. \_\_\_\_\_ AMOUNT SOLD FOR: \_\_\_\_\_

DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (I.E. RECREATIONAL VEHICLE OR MOBILE HOME, DO NOT INCLUDE PERSONAL PROPERTY) \_\_\_\_\_

**OTHER INFORMATION**

DO YOU WISH TO HAVE PRIORITY STATUS BASED ON ELDERLY HOUSEHOLD STATUS, HANDICAPPED OR DISABLED STATUS ? \_\_\_\_\_

ARE YOU A VETERAN, IF YES , STATE DIVISION AND YEARS SERVED ? \_\_\_\_\_

ARE YOU CURRENTLY A USER OF AN ILLEGAL CONTROLLED SUBSTANCE ? \_\_\_\_\_

FOR PAST DUE MORTGAGE PAYMENTS REQUEST, ARE ALL PROPERTY TAXES PAID CURRENT ON THIS PROPERTY: \_\_\_\_\_

IS THE MORTGAGE/TITLE OF THIS HOME IN THE QUALIFYING TRIBAL MEMBER'S NAME: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A DRUG VIOLATION (I.E., USE, ATTEMPTED USE, POSSESSION, MANUFACTURE, SALE OR DISTRIBUTION) ? IF YES, PLEASE GIVE DATE OF CONVICTION: \_\_\_\_\_

HAVE YOU SUCCESSFULLY COMPLETED A CONTROLLED SUBSTANCE ABUSE RECOVERY PROGRAM OR PRESENTLY ENROLLED IN SUCH A PROGRAM ? IF YES, PROVIDE VERIFICATION OF ENROLLMENT OR SUCCESSFUL RELEASE FROM AN ACCREDITED PROGRAM \_\_\_\_\_

ARE YOU NOW, OR WILL YOU BECOME A PART TIME OR FULL TIME STUDENT PRIOR TO MOVE-IN ? \_\_\_\_\_

WHERE WILL YOU (ARE YOU) A STUDENT, PLEASE PROVIDE VERIFICATION OF ENROLLMENT FROM SCHOOL OR INSTITUTION? \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OR DRUG ACTIVITY THAT WOULD DENY YOU THIS ASSISTANCE IN ACCORDANCE WITH THE EMERGENCY ASSISTANCE POLICY, PLEASE SEE DEFINITIONS FOR DETRIMENT TO THE COMMUNITY? \_\_\_\_\_

**CERTIFICATION**

I/WE HEREBY CERTIFY THAT THE ASSISTANCE APPLIED FOR WILL SECURE OR IMPROVE THIS HOUSEHOLDS PERMANENT RESIDENCE.

I/WE FURTHER CERTIFY THAT I/WE DO/WILL NOT MAINTAIN A RENTAL UNIT OR HOME IN ANOTHER LOCATION.

I/WE FURTHER UNDERSTAND THIS ASSISTANCE IS BASED ON FUNDING AVAILABILITY.

I/WE FURTHER UNDERSTAND THAT THIS ASSISTANCE IS AN AMOUNT UP TO \$3,500.00.

I/WE CERTIFY THAT THIS IS AN EMERGENCY SITUATION, AND MY HOUSEHOLD HAS NO OTHER FUNDS AVAILABLE TO MY HOUSEHOLD TO PAY FOR THIS EMERGENCY SITUATION THAT IS PRESENT.

I/WE UNDERSTAND THAT MY/OUR ELIGIBILITY FOR THIS ASSISTANCE WILL BE BASED ON THE INFORMATION PROVIDED AND THAT MY INCOME MUST BE CONSIDERED TO BE NON LOW-INCOME ACCORDING TO MEDIAN INCOME FOR THIS AREA.

I/WE UNDERSTAND THAT IF I RECEIVE THIS ASSISTANCE NEITHER MYSELF OR ANY TRIBAL MEMBERS THAT I HAVE LISTED AS PART OF MY HOUSEHOLD WILL BE ELIGIBLE TO RECEIVE NON LOW INCOME EMERGENCY ASSISTANCE FOR THE NEXT TWO (2) YEARS.

I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO IMMEDIATE CANCELLATION OF THIS APPLICATION OR TERMINATION AND REPAYMENT OF ANY ASSISTANCE AMOUNT THAT MAY HAVE BEEN OBTAINED THROUGH THIS APPLICATION.

**SIGNATURES:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_  
**APPLICANT/ENTERPRISE TRIBAL MEMBER**

\_\_\_\_\_ **DATE:** \_\_\_\_\_  
**CO-APPLICANT/ENTERPRISE TRIBAL MEMBER**

**ALL OTHER ENTERPRISE TRIBAL MEMBERS THAT ARE MEMBERS OF THIS HOUSEHOLD MUST SIGN THIS APPLICATION AND ACKNOWLEDGE THE ACCEPTANCE AND CONDITIONS OF THIS ASSISTANCE:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ENTERPRISE TRIBAL MEMBER**

\_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ENTERPRISE TRIBAL MEMBER**

\_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ENTERPRISE TRIBAL MEMBER**

**AUTHORIZATION**

I/We do hereby authorize the Enterprise Rancheria and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our application for this Non-Low Income Emergency Assistance and in programs administered by the Enterprise Rancheria.

I, \_\_\_\_\_, (all tribal members over the age of 18 must complete this section), if I receive relief from my past due rental payments, or past due mortgage payments up to \$3,500.00, and I do not maintain this residence as my primary place of residence for one (1) year immediately following the date of assistance, then I understand and agree my household must pay back the entire amount granted my household for this Non Low Income Emergency Assistance prior to receiving any further assistance from the Enterprise Rancheria Indian Housing Authority, or receiving the revenue sharing that I am eligible to receive. By signing this document I authorize the Enterprise Rancheria to forward all revenue sharing payments on my behalf to the Enterprise Rancheria Indian Housing Authority until this debt is paid in full. If there are more than one (1) tribal member over the age of 18 years of age on this application the payments will be made in equal amounts from all qualifying members revenue sharing. I also understand that I have the option of paying the ERIHA in other forms of payment other then the revenue sharing funds.

**Tribal Member #1**

\_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ENTERPRISE TRIBAL MEMBER**

**Tribal Member #2**

\_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ENTERPRISE TRIBAL MEMBER**

**Tribal Member #3**

\_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ENTERPRISE TRIBAL MEMBER**

**Tribal Member #4**

\_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ENTERPRISE TRIBAL MEMBER**