



Northwestern Band of the Shoshone Nation
Housing Services

APPLICATION

Low Income Rental Assistance

Revision Number & Date
Revision Number 1 – 1 June 2015

Document Control Number
NWBSN HS-APP-001

GENERAL INFORMATION

Name:					
Physical Address:					
City:		State:		Zip Code:	
Home Phone:		Mobile Phone:		Work Phone:	
Email Address:					
Time at Present Address:			Marital Status:		
NWBSN Tribal Member:	Yes	No	Enrollment Number:		
Other Federally Recognized Tribe:			Enrollment Number:		

**Please provide a copy of your Tribal Enrollment Document*

PERSONAL DECLARATION

HOUSEHOLD COMPOSITION: List ALL persons who will be living in your home, listing head of household first.

Adults:	Date of Birth	SSN	Relationship	US Citizen Yes / No	Marital Status
1.					
2.					
3.					
Children:	Date of Birth	SSN	Relationship		
1.					
2.					
3.					
4.					
5.					
6.					

EMPLOYMENT INFORMATION

Employer:					
Physical Address:					
City:		State:		Zip Code:	
Position:			Length of Employment:		

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INCOME INFORMATION

TOTAL HOUSEHOLD INCOME: List ALL money earned or received by everyone living in your household.

Family Member	Employer	Total Wage Monthly	AFDC	Child Support	SSI Benefits	Unemployment Benefits	Land Trust Income	Other
1.								
2.								
3.								
4.								


BACKGROUND INFORMATION

BACKGROUND INFORMATION: Answers pertain to all members of the household.

	Yes	No
1. Does anyone outside of your household pay for any of your bills or give you money. If yes, please explain.		
2. Have you or any other adult member ever used any name(s) of Social Security Number(s) other than the one you are currently using? If yes, please explain and list previous names used.		
3. Have you or any member of your household lived in Tribal Assisted Housing? If yes, list when and where.		
4. Do you have any unsatisfied judgements against you?		
5. Have you or anyone in your household ever been convicted of a crime other than a traffic violation? If yes, please explain.		
6. Have you or anyone in your household ever committed any fraud in a Federal Assistance Program or been requested to repay money knowingly misrepresenting information for such housing or other Federal Assistance Programs? If yes, please explain.		

Explanations to the above:

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CREDIT REFERENCES			
Name and Address:	Phone Number	Monthly Payment	Balance Owed
1.			
2.			
3.			
4.			

PERSONAL REFERENCES (Other Than Family)			
Name and Address:	Phone Number	Relationship	
1.			
2.			
3.			

PREVIOUS RESIDENCES		
Name and Address of Landlord:	Phone Number	Rental Amount
1.		
2.		

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household, as well as any changes in the household members must be reported to Housing Services IN WRITING, immediately.

Signature: Head of Household	Date:
Signature: Spouse	Date:
Signature: Other Adult	Date:

APPLICATION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED FOR ASSISTANCE

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