

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

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

## **GREENVILLE RANCHERIA MOVE-IN ASSISTANCE** **APPLICATION**

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

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

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

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

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

NUMBER OF OCCUPANTS THAT WILL RESIDE IN THIS RENTAL UNIT: \_\_\_\_\_

NAMES & DATE OF BIRTH AND SOCIAL SECURITY NUMBER, OF EACH HOUSEHOLD MEMBER THAT WILL RESIDE AT THIS ADDRESS:

NAME	D.O.B.	S.S.#	TRIBAL MEMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU A HOMEOWNER ? IF YES, WHERE IS YOUR HOME LOCATED ? \_\_\_\_\_

ARE YOU HOMELESS ? CURRENT ADDRESS, CITY , STATE AND LIVING ARRANGEMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROSPECTIVE LANDLORD/PROPERTY MANAGEMENT COMPANY: \_\_\_\_\_  
LANDLORD MAILING ADDRESS: \_\_\_\_\_  
LANDLORD CONTACT NAME: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

LOCATION OF RENTAL UNIT: \_\_\_\_\_

**DEPOSITS & EXPENSE**

SECURITY DEPOSIT OF RENTAL UNIT	\$ _____
TOTAL REFUNDABLE AMOUNT	\$ _____
MONTHLY RENTAL AMOUNT	\$ _____
OTHER MONTHLY FEES	
(WATER/SEWER, GARBAGE REMOVAL, FEES, AND DUES):	\$ _____
UTILITY DEPOSITS DUE FOR: ELECTRIC:	\$ _____
GAS:	\$ _____
ANTICIPATED MONTHLY ELECTRICITY BILLS:	\$ _____
ANTICIPATED MONTHLY NATURAL GAS EXPENSE:	\$ _____
ANTICIPATED MONTHLY HEATING FUEL/OTHER:	\$ _____
ANTICIPATED HEATING FUEL/OTHER EXPENSE:	\$ _____
ANTICIPATED MONTHLY TELEPHONE EXPENSE:	\$ _____
TOTAL MONTHLY RENTAL AMOUNT:	\$ _____
TOTAL ANTICIPATED MONTHLY UTILITY EXPENSE:	\$ _____
OTHER MONTHLY UTILITY EXPENSES:	\$ _____
GRAND TOTAL ANTICIPATED RENT & UTILITY EXPENSE:	\$ _____

**INCOME**

LIST ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER:

<u>NAME</u>	<u>SOURCE OF INCOME &amp; WAGE</u>	<u>MONTHLY GROSS</u>
_____	EMPLOYER: _____ \$ _____ HR	\$ _____
_____	EMPLOYER: _____ \$ _____ HR	\$ _____
_____	EMPLOYER: _____ \$ _____ HR	\$ _____
_____	EMPLOYER: _____ \$ _____ HR	\$ _____
_____	SOCIAL SECURITY	
\$ _____		
_____	SOCIAL SECURITY	
\$ _____		
_____	SSI BENEFITS	\$ _____
_____	SSI BENEFITS	\$ _____
_____	VETERANS BENEFITS	\$ _____
_____	PENSION(S)/RETIREMENT	\$ _____
_____	PENSION(S) RETIREMENT	\$ _____
_____	UNEMPLOYMENT COMPENSATION	\$ _____
_____	UNEMPLOYMENT COMPENSATION	\$ _____
_____	AFDC AID FOR DEPENDENT CHILDREN	\$ _____
_____	AFDC/OTHER WELFARE PAYMENTS	
\$ _____		
_____	CHILD SUPPORT/ALIMONY	\$ _____
_____	CHILD SUPPORT/ALIMONY	\$ _____
_____	FULL-TIME STUDENT INCOME (18 YRS/ORLDER)	\$ _____
_____	OTHER MONTHLY INCOME	\$ _____
_____	TRIBAL REVENUE SHARING	\$ _____
TOTAL GROSS MONTHLY INCOME		\$ _____
TOTAL GROSS ANNUAL INCOME		
(BASE ON MONTHLY AMOUNT LISTED ABOVE AND X12)		\$ _____

DO YOU ANTICIPATE ANY CHANGES IN THIS INOCME IN THE NEXT 12 MONTHS ? YES \_\_\_\_\_  
No \_\_\_\_\_

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

**ASSETS**

CHECKING ACCOUNTS: # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
# \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
SAVINGS ACCOUNTS: # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
# \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_  
MONEY MARKETS # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

TRUST ACCOUNTS # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

CERTIFICATES OF DEPOSIT # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

IRA (S) # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

SAVINGS BONDS # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

WHOLE LIFE INSURANCE POLICY # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

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, STAE 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 ? \_\_\_\_\_

DO YOU HAVE A LETTER OF PRIORITY ISSUED BY ANY AGENDA DUE TO DISPLACEMENT FROM YOUR CURRENT OR PREVIOUS RENTAL PROPERTY ? \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED FROM ANY TYPE OF HOUSING? YES \_\_\_\_\_ NO \_\_\_\_\_

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

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

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 EVER RECEIVED THIS MOVE-IN ASSISTANCE FROM THE GREENVILLE TRIBE BEFORE? \_\_\_\_\_

ARE YOU RECEIVING ANY OTHER TYPE OF ASSISTANCE FOR THIS UNIT THROUGH OTHER TRIBE'S, SECTION 8, ETC.,? \_\_ YES OR NO, IF YES PLEASE EXPLAIN: \_\_\_\_\_

**CERTIFICATION**

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

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

I/WE UNDERSTAND THAT THE SECURITY DEPOSIT AND ANY INTEREST THAT MAY ACCRUE ON THAT DEPOSIT WILL BE REFUNDED DIRECTLY TO THE GREENVILLE RANCHERIA, P.O. BOX 279 GREENVILLE, CA. 95947. AND THAT WE WILL LEAVE THE UNIT IN THE SAME CONDITION THAT WE RECEIVED THE UNIT IN ORDER FOR THE FULL AMOUNT OF THE DEPOSIT TO BE RETURNED TO THE GREENVILLE RANCHERIA TRIBE.

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

I/WE UNDERSTAND THAT MY/OUR ELIGIBILITY OF THIS ASSISTANCE WILL BE BASED ON THE FORMULA OF THE MONTHLY RENTAL EXPENSES NOT EXCEED 65% OF MY TOTAL MONTHLY INCOME.

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:**

\_\_\_\_\_  
**APPLICANT**

\_\_\_\_\_  
**CO-APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

**AUTHORIZATION**

I/We do hereby authorize the Greenville 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 move-in Assistance in programs administered by the Greenville Rancheria.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**GREENVILLE RANCHERIA**  
**AUTHORIZATION FOR RETURN OF DEPOSIT**

Tribal Member/Applicant Name: _____
Tribal staff: _____
Date of Application: _____

**Tenant:**

I (Tribal Member/Applicant) \_\_\_\_\_,  
hereby authorize (Landlord/Property Management Company) \_\_\_\_\_,  
in the event that I move from the rental residence described as: \_\_\_\_\_  
\_\_\_\_\_, to  
return the entire amount of the security deposit refund and any interest that is earned on  
the deposit to the Greenville Rancheria Move-In Assistance Program. The amount of the  
security deposit will be \$\_\_\_\_\_. This represents all funds paid by the Tribe  
toward my security deposit for rental of this property. Furthermore, I understand that I  
am not to use this Security Deposit as my last month's rent, and that when I vacate the  
property, I will leave it clean and in good repair. This will ensure that the Security  
Deposit can be fully refunded to the Greenville Rancheria Move-In Assistance Program.

\_\_\_\_\_  
Tribal Member/Applicant

\_\_\_\_\_  
Co-Applicant

**Landlord/Property Manager:**

I, (Landlord/Property Manager) \_\_\_\_\_,  
Do hereby agree that upon the above noted tenant vacating this property, that I will authorize the refundable security deposit, together with a written accounting of any and all charges, and deductions made against the deposit to the following address:

Greenville Rancheria  
Move-In Assistance Program  
P.O. Box 279  
Greenville, CA 95947

I also agree to request any charges, cleaning fees, rent due or damage fees to be paid from the Tenant or from the tenant's portion (when applicable) of the security deposit prior to deducting these charges from the deposit refunded to the Greenville Rancheria.

I also agree, that Greenville Rancheria Tribe and the Greenville Rancheria Move-In Assistance Program is not to be held liable for any rent that may be due and/or damages that may have been done to this property during residency, or upon vacating the premises.

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Landlord/Property Management Company

*Note: This form is not a guarantee of assistance. Funding is contingent upon final approval by Greenville Rancheria Tribal Move-In Assistance Program.*

## **GREENVILLE RANCHERIA MOVE-IN ASSISTANCE PROGRAM**

### **INFORMATION AND DOCUMENTATION PACKET**

This Move-In assistance program is a one-time financial assistance program developed to prevent homeless situations with the Greenville Rancheria Tribal members. This program can assist with the security deposits and required rent to move into a residence. If you are homeless and are disabled, an elder, single parent, and/or are low-income you might be eligible to receive this assistance. Unfortunately the assistance is limited and is based on qualification and eligibility according to the established Move-In Assistance policy, therefore eligibility does not guarantee assistance due to the limited funding.

If you are interested in receiving this Move-In Assistance request the pertinent application packet from the Greenville Rancheria Tribal Office either in person or by mail. Once the paperwork is received complete the forms and compile the following Move-In Assistance paperwork. Contact the Tribal office, Monday-Friday, from 9:00 am – 5:00 pm, and schedule an appointment with the Housing Director.

1. Current and valid Identification (for Tribal Membership verification)
2. Proof of income (check stubs, pay stubs, AFDC, food stamps, copies of pay checks, social security checks, etc.)
3. Social Security card (copy)
4. Prospective Lease or Rental Agreement
5. Authorization for return of Deposit, signed by applicant and landlord
6. Completed and Signed, Move-In Assistance Application with noted attachments

In the event you are unable to attend your scheduled appointment, please call to cancel that appointment, so can better serve the Tribal members. If all necessary paperwork is not submitted at the time of the appointment, or it may cause delays in the application process.