



HOOPA VALLEY TRIBAL TANF PROGRAM

PO Box 728, Hoopa, California 95546 530-625-4816 phone/530-625-4826 fax

TENANT & LANDLORD/PROPERTY OWNER STATEMENT

Tenant Name:	Move in Date:	Type of Residence:		
Physical/Street Address:	City:	State:	Zip Code:	
Names of All Adults & Children Living at This Address:				
Section 2: To be completed by Landlord/Pro	perty Owner			
Landlord/Manager Name:	Street Address or PO Box:			
Landlord/Manager Signature:	City:	State:	Zip Code:	
Work Telephone:	Home Telephone:			
Property Owner Name:	Street Address or PO Box:	Street Address or PO Box:		
Contact Telephone Number:	City:	State:	Zip Code:	
Unit/Rent Information				
Name of Person Paying Rent:	Current Rent Amount:	Date this Amount Started:		
Are utilities included in the rent? Yes No	Pay by Cash or Check:	Subsidized Housing:		
If no, which utilities does the tenant pay for?	Yes No		Yes No	
ElectricGasWaterPropaneWoodOther (specify):	If Housing is subsidized, which Agency: Does tenant pay a portion of the rent: Yes No If Yes, How Much:			
Main source of heat:WoodPropaneElectricGasOther (specify):	Is someone else paying part or all of the rent? Yes No If yes, which agency & how much:			
Please circle require move-in requested, limit two : First Mo. rent Last Mo. rent Deposit	Does the Tenant pay for air conditioning? Yes No			
Section 3: To be completed by HVTTP Staff	f Only			
Date Received: Staff Signature:	v	CIF #:		