



# 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.

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**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)**

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**Updated July 2024**



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## Community Development Department

### 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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## Community Development Department

### 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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## Community Development Department

### Income Information

#### Earned/Uncashed 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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## Community Development Department

### 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

Date

Member Signature

## 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: \_\_\_\_\_

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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: \_\_\_\_\_

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**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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## Community Development Department

### 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**

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#### **THIS SECTION IS TO BE COMPLETE BY LANDLORD**

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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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## Community Development Department

### 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: \_\_\_\_\_

**AUTHORIZATION 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.**

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#### 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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# Big Pine Paiute Tribe of the Owens Valley

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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 date 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: ( ) \_\_\_\_\_

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#### 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.)



# Big Pine Paiute Tribe of the Owens Valley

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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



## **Big Pine Paiute Tribe of the Owens Valley**

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## Community Development Department

### **Statement of No Income**

**(NOTE: If you have no income, this form needs to be completed. Also please sign the Verification of Public Assistance Form.)**

I, currently do not have any type of income nor do I receive any type of public assistance. Below is a statement of how I am able to provide myself with food, transportation, clothing and personal items.

Applicant Signature

Date

**WARNING! Title 18, Section 1001 of the United States Codes, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States or to the Department of Housing and Urban Development (HUD).**



# Big Pine Paiute Tribe of the Owens Valley

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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**

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- Approved  
 Denied

If denied, state reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title (please print): \_\_\_\_\_



# Big Pine Paiute Tribe of the Owens Valley

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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: \_\_\_\_\_

Child Care Provider's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (      ) \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

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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: \_\_\_\_\_



# Big Pine Paiute Tribe of the Owens Valley

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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**

