



Housing Program Application

The mission of the Big Sandy Rancheria is to eliminate unhealthy, unsafe, and unsanitary living conditions for low to moderate income Tribal Members located in the Tribe's service area of Fresno, Madera, and Kings Counties. The tribe will strive to update and modernize homes bringing them from substandard living conditions to a safe and decent environment. The increase in service area and funding, will allow the tribe to provide more housing services to the tribal members.

Eligibility for BSR Housing Programs

- BSR Tribal member must be the Head of his/her household, and at least 18 years of age.
- The Applicant must meet the Low income requirements established by HUD. This determination is based off of the Adjusted Gross Income reported by the Applicant in the most recent Income Tax Year.

Family Size	1	2	3	4	5	6	7	8
Total Income	\$36,050	\$41,200	\$46,350	\$51,500	\$55,600	\$59,775	\$63,850	\$68,000

To calculate the adjusted income limit for families with more than eight members, add 8 percent of the four-person base to the eight-person income limit for each additional person. For example, the nine-person limit equals \$72,100 (68,000+[51,500x0.08]). All income limits are rounded to the nearest \$50 to reduce administrative burden.

- The processing of Applications is done in accordance with the BSRIHA.
- A signed and completed application with all the supporting documentation must be filed at the housing office.
- Supporting documentation to be submitted with application:
 - **Most recent Income Tax statement**
 - **Copies of Social Security Cards of all family members**
 - **Proof of Tribal Enrollment**
 - **Proof of Ownership for Rehabilitation Projects**
 - **Proof of Lease of Property for Rental Assistance**

Applicant files are categorized in two groups:

Active Files: applications that are either in the process of determination for award, or applications that have been placed on a waiting list.

Inactive files: applications that have been denied for service, or incomplete applications due to failure to provide proper documentation.



<u>Office use only</u>
Date _____
Received: _____

Housing Program Application

Date: _____ Name of Applicant: _____

Categories of Assistance

Please select one

New Home Construction	
Major Housing Rehabilitation	
Emergency Assistance	
Rental Assistance	
Transitional/Temporary Assistance	
Down Payment Assistance	

Household

Please list legal names of all persons who will be living in your home.

1. Name of Head of Household: _____

Tribe: _____ Enrollment Number: _____

SSN: _____ Date of Birth: _____

Physical Address:

Street _____ City _____ State _____ Zip _____

Mailing address:

Street _____ City _____ State _____ Zip _____

County: _____ Phone: _____

2. Name of Household Member: _____

Tribe: _____ Enrollment Number: _____

SSN: _____ Date of Birth: _____

3. Name of Household Member: _____

Tribe: _____ Enrollment Number: _____

SSN: _____ Date of Birth: _____

4. Name of Household Member: _____

Tribe: _____ Enrollment Number: _____

SSN: _____ Date of Birth: _____



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5. Name of Household Member: _____

Tribe: _____ Enrollment Number: _____

SSN: _____ Date of Birth: _____

6. Name of Household Member: _____

Tribe: _____ Enrollment Number: _____

SSN: _____ Date of Birth: _____

Use a separate page if needed for additional family members.

Eligibility

The following three answers help to determine preferences under BSR guidelines

1. Is your present home substandard? Yes ____ No ____

Explain:

(Substandard housing means the existence of any one of the following conditions: indoor plumbing that does not work, lack of a usable flush toilet or bathing facility for the exclusive use of your family, lack of adequate and/or safe electrical service, lack of adequate source of heat, or lack of adequate kitchen facilities.)

2. Have you been involuntarily displaced? Yes ____ No ____

Explain:

(Involuntary Displacement means loss of housing due to circumstances beyond your control, or that you have been involuntarily displaced and are not living in standard, permanent replacement housing, or that within six months from the date of certification or verification you will be displaced.)

3. Is any household member 60 years of age or older? Yes ____ No ____

4. Is Any Household member disabled? Yes ____ No ____

5. Is any household member a BSR Tribal Member? Yes ____ No ____

6. Is any household member receiving services from other BSR Programs? Yes ____ No ____

Explain: _____

7. Is any household member a member of another tribe? Yes ____ No ____

Name: _____ Tribe: _____

Selection Preference

All Applicants will be scored based on the following guidelines. This will determine the ranking and placement on the waiting list.

Involuntarily Displaced 10 points

Substandard Housing 10 points

Elder in home 10 points

Person with disability 5 points

Each BSR Dependent 2 points

Each Non-BSR Dependent 1 point

Total points scored: _____



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Income Information

The income data provided in this section may determine your eligibility for housing. All information is kept confidential. List name, address, and phone number from ALL income sources (AFDC, SSI, Unemployment, etc.) Please indicate which family member received the income that you are reporting, and provided documentation of all income as well.

Household Member Receiving Income	Source of Income	Address	Phone No.	Amount

Use additional page if needed

Applicant Certification/Responsibility

I know that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending scheduled meetings and completing and signing needed forms. I certify that all the information provided to BSR on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are grounds for termination of housing assistance or tenancy.

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal Law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial or termination of housing assistance and/or termination of tenancy.

Warning: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department or agency of the United States or the US Department of Housing and Urban Development.

I understand that the BSR Housing Department will use BSR Construction staff or licensed contractors to complete work. I will be notified when staff or contractors will be on property.

I attest that all of the information contained in this application for housing is true and correct. I hereby agree to have the BSR Housing Program to verify all information that I have submitted.

Signature: _____

Date: _____

Signature: _____

Date: _____

All expenditures under this program shall be processed in accordance with the BSR Financial Policies and Procedures as approved or amended by the BSR Tribal Council.