

**CHITIMACHA HOUSING AUTHORITY
HOUSING ASSISTANCE APPLICATION**

Part I

Application Date _____ Phone Number () _____ Home
() _____ Cell

Applicant's Name _____

Current Address _____

Date of Birth _____ SS Number _____

Marital Status (Circle One) Single Divorced Cohabiting
 Married Widowed

Enrolled Member (Circle One) Yes No

Part II

List Members of Household Below

Name	Birthdate	Relation to Applicant	Tribal/Non-Tribal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Present Housing Type House Mobile Home Apartment Living with Friends/Relative/Etc.
(Circle One)

Provide Description of Present Housing (Square Footage, Number of Bedrooms, Etc.)

Have you ever applied for a housing assistance program grant through HUD, FHA, VA, HIP, or other lending institutions? Yes No (Circle One)

If yes, explain for denial

Part III
Are you gainfully employed? Yes No (Circle One)

Employer _____

Address _____

Phone Number () _____

If no, please explain: _____

Please list all sources(s) of household income
(Wages, Social Security, Unemployment, Veteran's Administration, TANF, Other)

Name	Income Source	Annual Gross Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Household Gross Income \$ _____

CERTIFICATION

I hereby apply for a Housing Grant. I agree to provide any information to establish my need and eligibility. I authorize the Tribal Housing Authority to obtain any information which will establish my eligibility. I certify that all statements made in this application are true and to the best of my knowledge. I UNDERSTAND IT IS A CRIMINAL OFFENSE TO WILLFULLY CONCEAL INFORMATION OR USE FALSE INFORMATION IN ORDER TO OBTAIN FINANCIAL ASSISTANCE FOR A HOUSING ASSISTANCE PROGRAM GRANT.

Applicant

Date

Housing Authority Verification

Date