



DATE RECEIVED: _____

Housing Program Master Application

One Application for All Housing Services Provided by the Tribe

Applicant Information:

Name: _____
Last First M.I. Maiden Name

Mailing Address: _____
Number Street City State Zip

Physical Address: _____
Number Street City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Kalispel Tribal Member? _____ Other Tribe? _____ Enrollment Num: _____

Household Members:

Please list **everyone** who lives in your home, including the applicant listed above.

| Name | DOB | Sex | SSN | Relationship (to Applicant) | Enrollment # |
|----------|-------|-------|----------------|-----------------------------|--------------|
| 1. _____ | _____ | _____ | ____-____-____ | Applicant | _____ |
| 2. _____ | _____ | _____ | ____-____-____ | _____ | _____ |
| 3. _____ | _____ | _____ | ____-____-____ | _____ | _____ |
| 4. _____ | _____ | _____ | ____-____-____ | _____ | _____ |
| 5. _____ | _____ | _____ | ____-____-____ | _____ | _____ |
| 6. _____ | _____ | _____ | ____-____-____ | _____ | _____ |
| 7. _____ | _____ | _____ | ____-____-____ | _____ | _____ |
| 8. _____ | _____ | _____ | ____-____-____ | _____ | _____ |

Income Information:

Include all income from all sources. Sources of income include: wages, pension, VA benefits, Tribal per capita, child support, spousal support, etc..

| Family Member | Source of Income | Employer & Phone Number (If Applicable) | Temporary? | Gross Annual Income (Pre Tax) |
|---------------|------------------|---|--|-------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

For each family member listed here, the most current tax return may be required.

Services Requested:

Please check all services in which you may be interested.

- Rent a Tribal Home Home Renovation Help With Rent Help Buying a Home Home Weatherization Help Paying Bills

Please Briefly Describe Your Need (i.e. housing, broken windows, missing/inadequate insulation, etc.): _____

Please Complete BOTH Sides of Form – Return to Housing Department, Planning & Development, Tribal Headquarters

Additional Information:

Please check all services in which you may be interested.

Have you recently applied for a loan with the Kalispel Tribal Loan Department? Yes No Date: _____

Do you have a present loan from the Kalispel Tribe of Indians? Yes No Date of Loan: _____ Payment: _____

Is your per capita withheld through the Loan Department? Yes No Amount: Half Per Capita Full Per Capita

Do you Rent or Own? Rent Own Other How much do you currently pay in Rent/House Payment? _____

Is the home a HUD home? Yes No If so, has it been conveyed? Yes No

If you rent, what utilities are paid by your landlord? Electricity Sewer Oil Natural Gas Garbage Telephone

Have you applied for any other assistance from the Tribe? Yes No Which Programs? _____

Do you receive Equity Assurance from the Camas Institute? Yes No

Have you been convicted of a felony? Yes No If yes, attach a written explanation. Please note that criminal history will not necessarily disqualify you from these programs.

Household Member Information:

Please fill out this section completely for **ALL** residents of the household. This information is **REQUIRED** by the programs provided.

| # (Above) | RACE (Check any that apply) | Hispanic or Latino? | Level of Education Completed | Disabled? | Veteran? | Health Insurance? | Medicaid? |
|--------------|--|------------------------------|--|------------------------------|------------------------------|------------------------------|------------------------------|
| 1. | <input type="checkbox"/> American Indian/Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White | <input type="checkbox"/> Yes | <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters/Doctorate | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| 2. | <input type="checkbox"/> American Indian/Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White | <input type="checkbox"/> Yes | <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters/Doctorate | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| 3. | <input type="checkbox"/> American Indian/Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White | <input type="checkbox"/> Yes | <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters/Doctorate | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| 4. | <input type="checkbox"/> American Indian/Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White | <input type="checkbox"/> Yes | <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters/Doctorate | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
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| 8. | <input type="checkbox"/> American Indian/Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White | <input type="checkbox"/> Yes | <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters/Doctorate | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |

Consent and Authorization Statement

By signing this application to the Kalispel Tribe of Indians, I declare that the above information is true and complete to the best of my knowledge. Furthermore, I attest that I have included any and all household income for all members of the household, including those that may not be related to me. I hereby authorize the Kalispel Planning & Development and the Camas Institute to obtain any and all information necessary to verify the statements made above. I understand that this information will be held confidential and will only be used for the purposes of this application. Further, I understand that this application is for the current program year only and that I may be required to submit a new application for further years and that I am responsible to update this application if any changes to the information provided above occur during the current program year. I understand that this application is not a contract and is not binding in any manner.

Printed Name Signature Date

FOR OFFICE USE ONLY

Received By: _____ Processed By: _____ Referred To (if applicable): _____

Application Disposition: Approved Denied, Due to: _____ Referred Wait List

Eligible Programs: Housing Program Rental Assistance Renovation Program Homebuyer Assistance Weatherization LIHEAP EAP