



**Walker River Housing Department**

PO Box 238/ 1063 Hospital Rd.

Schurz, NV 89427

(775) 773-2334 fax: 773-2340

**Renovation Program Application**

Name of applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # where you can be contacted: \_\_\_\_\_

Have you ever participated in one of the Walker River Paiute Tribe's housing program?

Yes  No

**1. Family Composition**

A. Persons who live in your home

Family Member Number	Name(s) of Your Family Members	Relationship To You	Date of Birth	Sex (M or F)	Social Security Number*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

\*Social Security number is required for all family members who are 6 years of age or older

**B.** Are you an enrolled member of the (WRPT) Tribe?  Yes  No

**C.** Are you or your spouse a person with a disability?  Yes  No

**D.** Are any other members of your family who will live in your home persons with disabilities?  Yes  No  
If yes, which family members \_\_\_\_\_

**2. Estimated Family Income (for next 12 months)**

**A. Income from employment**

<b>Family Member Number</b>	<b>Employer Name(s) &amp; Address</b>	<b>Rate Per Hour</b>	<b>Rate Per Week</b>	<b>Total Per Year</b>
1.		\$		
2.		\$		
3.		\$		
4.		\$		

**B. Other income**

<b>Source</b>	<b>Rate Per Month</b>	<b>Total Per Year</b>
TANF	\$	
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other*	\$	

\*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

**C. Total family income for next 12 months \$ \_\_\_\_\_**

**D. Please attach copies of the most recent IRS 1040 forms and most recent pay stubs for all applicable members of the family.**

