

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. <u>Family Composition</u>

Persons who live in your home Α. Family Name(s) of Your Relationship Sex Date of Social **Family Members** To You Member Birth (M or F) Security Number 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?
 Que Yes Que No
- **C.** Are you or your spouse a person with a disability? \Box Yes \Box 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 _____

Estimated Family Income (for next 12 months)

A. Income from employment

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

B. Other income

2.

Source	Rate Per Month	Total Per Year
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.

3. Present housing condition(s) and renovation(s) requested

Narrative:

4. <u>Signature and consent to release information</u>

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Walker River Paiute Tribe to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the Tribe if there is any change in my family status along with reporting any changes in income, living conditions and change of address. I understand that if approved for renovation and/or repair I will be required to do a payback agreement.

Signature

Date

Date application received by the Walker River Paiute Tribe: _____

WRHD Staff receiving application:

Signature

Date