

## NAHASDA REHAB HOUSING PROGRAM

The NAHASDA Rehab Housing Program provides services to repair, renovate housing for low-income families having substandard housing. Assistance will be to provide safe, secure and sanitary housing to approved/eligible applicants according to the following priorities: (1.) Enrolled Cortina Tribal Members; (2.) Cortina Tribal Members by descent; and (3.) Members of other federally recognized tribes. Applications are accepted on a continuing basis and are placed on the waiting list on the date all documentation is received and applicant is determined eligible.

To be eligible an applicant:

- (a) Must live in the house to be served and the house must be located in the tribal service area but cannot be located within the 100 year flood plain. *(Cortina Tribal service area is Glenn, Colusa, Yolo, and Sacramento Counties)*
- (b) Must have income which falls at or below 80% of the National Median Income Guidelines as published by HUD Annually ;.)
- (c) Must meet the ownership requirements. Must own or be buying the home in which you live. Must provide proof of owner such as but not limited to; warranty deed, gift deed, trust-title, or trust patent in applicant's name **OR** if applicant owns an undivided interest in the home, a 25-year lease signed by all undivided owners must be provided.
- (d) Must not have received previous substantial rehabilitation of a privately owned home under any other Cortina assistance program where such rehabilitation was completed at a cost that equaled or exceeded \$4,000.
- (e) Must not have received substantial rehabilitation under the comprehensive Modernization Grant Program.
- (f) Mobile homes may be eligible for rehab assistance but must meet the following requirements: must be tied down, axles and tongue removed, on a permanent foundation and exterior walls must be greater than three (3) inches.
- (g) Must be at least 18 years of age.

Contact the Tribal Office at 530-473-3274 for more information or to request that an application be mailed to you. Applications may also be picked up at the Tribal Office located at 570 6<sup>th</sup> Street, Williams, CA 95987.

## NAHASDA REHAB ASSISTANCE APPLICATION CHECKLIST

### THE FOLLOWING DOCUMENTATION IS REQUIRED IN ORDER TO DETERMINE YOUR ELIGIBILITY FOR HOUSING ASSISTANCE:

- \_\_\_ 1. A completed application. (All questions must be answered and all eligibility documentation must be submitted. Do not submit original documentation. Make copies.)
- \_\_\_ 2. Tribal Enrollment Cards and Certificates of Degree of Indian Blood Cards for all household members, if applicable.
- \_\_\_ 3. Social Security Cards, (for all persons in the household).
- \_\_\_ 4. Income Verification. Proof of income from all members of the household over the age of 18 is needed to determine the projected household income for the next twelve months. A Statement from employer projecting your earnings for the next twelve months or the employment verification form (attached). This would also include unearned income such as Social Security, AFDC, Retirement, Child Support, etc. these would require a letter from the Department of Human Services, V.A., Social Security, SSI, etc. If unemployed, a letter from State Employment Office or a notarized statement that you do not have income.
- \_\_\_ 5. Ownership of the residence/land must be provided with a copy of a Warranty deed, gift deed, trust-title, or trust patent OR if applicant owns an undivided interest in the home or property, a 25-year lease signed by all undivided owners must be provided or other proof of ownership documentation.
- \_\_\_ 6. Applicant must be (18) years of age to apply OR a non-Cortina applicant who has legal custody of Cortina children residing in the home, must be 18 years of age (proof of birth date required).
- \_\_\_ 7. Applicant must occupy proposed residence OR be temporarily residing elsewhere (renting, leasing, living with family or friends) and requires rehab services in order to reside at the residence. Residence must be within the Tribes' service area which is defined as all of Glenn, Colusa, Yolo, and Sacramento Counties.

**NOTE:** SUBMITTING AN APPLICATION DOES NOT GUARANTEE PROGRAM APPROVAL FOR SERVICES. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE TRIBAL OFFICE AT: 530-473-3274 AND SPEAK WITH ANY AVAILABLE HOUSING ASSISTANCE OFFICIAL OR STAFF.

IF YOU ARE DETERMINED ELIGIBLE FOR ASSISTANCE, YOUR APPLICATION WILL BE PLACED ON THE WAITING LIST. YOU WILL BE RESPONSIBLE FOR NOTIFIING THE CORTINA RANCHERIA HOUSING DEPARTMENT OF ANY CHANGE IN HOUSEHOLD SIZE, INCOME, CHANGE OF RESIDENCE, MAILING ADDRESS, AND PHONE NUMBER. IF WE ARE UNABLE TO CONTACT YOU USING THE INFORMATION CONTAINED IN OUR FILES, YOUR APPLICATION MAY REACH INACTIVE STATUS AND WILL BE REMOVED FROM THE WAITING LIST.

**CORTINA RANCHERIA HOUSING DEPARTMENT**

P.O. Box 1630

Williams, CA 95987

PHONE: 530-473-3274      FAX: 530-473-3301

**APPLICATION FOR NAHASDA REHABILITATION SERVICES**

(For the rehabilitation of Privately Owned Homes)

To be considered a complete application, all questions must be answered and all eligibility documentation must be submitted. Do **NOT** submit original documents. Make copies.

**A. APPLICANT INFORMATION**

FOR OFFICE USE ONLY
<p style="color: red; font-weight: bold; margin: 0;">Received By:</p> <p style="color: red; font-weight: bold; margin: 0;">Date:</p>

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Mailing Address if different from above

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Emergency Contact: (Name, Address, Phone)

**B. HOUSHOLD COMPOSITION (List **ALL** persons living in the household.)**

Name of all HH Members (Last, First,)	Relation to Head	Sex M/F	Date of Birth	Social Security#	Indian Y/N	List Tribe	Tribal Enrollment#
1.	Head						
2.	Spouse						
3.							
4.							
5.							
6.							
7.							
8.							

Is anyone listed in Section B of this application an employee of the Cortina Housing Department or an immediate relative of an employee of the Cortina Rancheria Housing Department? \_\_\_Yes \_\_\_No

If Yes, please explain. \_\_\_\_\_

(Note: Immediate family is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparents of the employee or his/her spouse and grandchildren of the employee or "foster" or "step" situations within these relationships.)

**C. HOUSEHOLD INCOME**

Household Member	Employer	Weekly Wages	Welfare TANF AFDC	Child Support Received	Social Security Benefits	Unemployment Benefits	All Other Income
1.		\$	\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$	\$

**D. HOUSING INFORMATION**

Location of the house to receive rehabilitation assistance. (Give address and detailed directions to the house.)

**\*\*Draw map on back of this page\*\***

Do you own or lease this house?  Own  Lease

Is the deed in your name?  Yes  No

Do you have an existing mortgage?  Yes  No

Is this a mobile home?  Yes  No

If this is a mobile home, is it tied down, axles and tongue removed, on a permanent foundation and are the exterior walls greater than three inches?  Yes  No

Is this house located in a flood zone?  Yes  No

Is the house you are requesting assistance for your primary residence?  Yes  No

Do you own any other houses?  Yes  No If yes, give location \_\_\_\_\_

What year was your home constructed? \_\_\_\_\_

How long have you owned and resided in your home? \_\_\_\_\_

Was your home built by the Cortina Rancheria Housing Department?  Yes  No When? \_\_\_\_\_

Do you have hazard insurance on your home?  Yes  No

Insurance Agent Name/Address \_\_\_\_\_

Phone: \_\_\_\_\_ Policy# \_\_\_\_\_

Has this home ever received substantial rehabilitation under any Cortina Rancheria Assistance Program?

Yes  No When: \_\_\_\_\_

Name of Program? \_\_\_\_\_ Amount: \_\_\_\_\_

Have you ever applied for Federal funds to receive housing improvement assistance?  Yes  No

If yes, with what program? \_\_\_\_\_

Has anyone listed under Section B of this application ever been convicted or pleaded guilty in any Court to any drug related criminal activity during the last five years?  Yes  No

If yes, list name and explain: \_\_\_\_\_

Has anyone listed under Section B of this application ever been convicted or pleaded guilty in any Court to any drug related Violent Crime during the last five years?  Yes  No

If yes, list name and explain: \_\_\_\_\_

Has anyone listed under Section B of this application ever committed fraud in connection with any Federal or Tribal housing program?  Yes  No

If yes, list name and explain: \_\_\_\_\_

**E. LAND INFORMATION**

Do you own land only? \_\_\_Yes \_\_\_No If yes, give brief description (lot size, acreage, improvements, etc.)

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Give location/address of the land: \_\_\_\_\_

Do you have a Tribal lot Assignment on trust land? \_\_\_Yes \_\_\_No If yes, give brief description (lot size, acreage, etc.)

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Give location/address of the land: \_\_\_\_\_

Is the land located in a flood zone? \_\_\_Yes \_\_\_No

Is the deed or assignment in your name? \_\_\_Yes \_\_\_No

Do you have an existing mortgage? \_\_\_Yes \_\_\_No

What is the current status of the land?

\_\_\_Fee \_\_\_Public Domain \_\_\_Tribal Fee \_\_\_Individual Trust Land \_\_\_Tribal Trust Land  
\_\_\_Individually Restricted \_\_\_Native Restricted \_\_\_Tribally Restricted \_\_\_Other

**F. REPAIR INFORMATION**

**Give a brief description of housing repairs for which you are applying that concern safety, sanitation and security issues:**

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**G. TYPE OF HOUSING SERVICES AVAILABLE**

**Terms:** Rehabilitation assistance prohibits the sale of the home within 5 years of when assistance is granted, or the assistance will be re-paid to the rehab assistance program through any means available by the tribe to reasonably recapture those funds expended. This program is available for applicants whose income falls at or below 70% of the National Median Income Guidelines as published by HUD.

**Rehabilitation Assistance:** The rehabilitation grant program provides rehab grant assistance which addresses safety, security and sanitation issues not to exceed \$4,000 per unit as determined by the Cortina Rancheria Housing Department. Repairs may include, but are not limited to, roofs, internal plumbing, etc. Repayment of entire grant will be required if house is sold within the first five years. If the house is sold after the first five years..

**H. APPLICANT CERTIFICATION (Read carefully before you sign.)**

I/We certify that the information given is true, complete and correct to the best of our knowledge, and is made in good faith. I/We understand that false statements are punishable under Federal Law. Section. 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. I/We understand that the above information is being collected to determine if I/We are eligible to receive Housing Assistance. I/We authorize the Cortina Rancheria Housing Department to verify all information provided on the application. I/We understand that false statements or information are grounds for termination of Housing Assistance. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program requiring it in the performance of their duties.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_



## CLAIM OF NO INCOME

This form must be filled out by any adult member over the age of 18 living in the household that is reporting no income or employment. Please read each claim **carefully** and initial by each statement that applies. If you are receiving any money in any form it must be reported to the Cortina Rancheria Housing Department. **(NOTE) COMPLETE ONE CLAIM OF NO INCOME FORM FOR EACH PERSON IN THE HOUSEHOLD CLAIMING NO INCOME.** "IF YOU NEED ADDITIONAL FORMS CALL THE TRIBAL OFFICE."

( 530)-473-3274

IF YOU ARE CLAIMING NO INCOME YOU MUST COMPLETE THIS FORM!

**This statement confirms that:**

- I am not receiving income from ANY source.
- I am not employed through any public or private employer.
- I am not employed by any employer and receiving cash.
- I am not working and receiving cash as payment for any type of services provided.
- I am not receiving any type of employment compensation benefits.
- I am not receiving TANF, Welfare, Social Security, Veterans Benefits or any other benefits.
- I am not receiving pension or annuity benefits.
- I am not receiving any income from babysitting, cutting wood, selling aluminum cans, door to door sales, mechanic work, home business, yard work, self-employment, house cleaning, rent, etc.
- I am not receiving child support or any monetary benefits from a divorce
- I am not receiving alimony.
- I am not receiving any money from any foster care program.
- I am not receiving any money from school grants/college funds.
- I am not the beneficiary of any other persons Social Security, pensions, annuity or otherwise.
- I am not receiving dividends paid on Stock, Bonds, etc.
- I am not receiving any type of per capita money from my tribe.
- I am not receiving any money from any type of inheritance.
- I am not receiving any money from any source.
- I am not receiving any general assistance funds from my tribe.
- I am not receiving any money in an Individual Indian Money (IIM) account for royalty, lease, and other monies or Annual Trust Income.

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Signature

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Date

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### IF YOU DO ODD JOBS, COMPLETE THIS SECTION

I do odd jobs and receive \$ \_\_\_\_\_ monthly from these jobs.

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Signature

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Date

**WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements of misrepresentation to any department or Agency of the U.S. to any matter within its jurisdiction.**