

PASCUA YAQUI TRIBE

HOUSING

PRE-APPLICATION FOR HOUSING

Date of Application:

APPLICANT INFORMATION:

First Name (*Head of Household*)

Middle

Last Name

Date of Birth (*MM/DD/YYYY*)

Social Security # (*Last 4 digits*)

Tribal Enrollment No.

CURRENT ADDRESS / CONTACT INFORMATION:

Mailing Address

Apt#

City

State

Zip Code

Email Address

Home Phone

Cell Phone

Message Phone

FAMILY SIZE:

GROSS MONTHLY HOUSEHOLD INCOME:

No. of Adults

No. of Children

◆ Which of the following housing programs are you applying for?

Rental Housing -Elderly Unit:

Location: Guadalupe, AZ Tucson, AZ

Rental Housing -Family Unit:

Location: Guadalupe, AZ Tucson, AZ

◆ If outside of the Tucson area, when a home becomes available on the Pascua Yaqui Reservation are you willing to relocate to Tucson? NO or YES.

◆ Do you or a member of your household need a handicap unit? NO or YES.

◆ In the past, have you been assigned a Unit from the Pascua Yaqui Housing? NO or YES. If Yes, When? _____, Address? _____ Reason for leaving? _____.

◆ *A Criminal Background Check will be conducted for all household members 18yrs and over. See reverse side→*

Initial:

Application Certification: I do hereby certify that all of the information I have provided is complete and accurate. I understand that the information in this application will be used by the Pascua Yaqui Housing Department to determine my eligibility for their housing programs including obtaining a criminal background check. I understand that **final** determination of eligibility will be made at the time that I am selected from the waiting list, at which time all information required will be verified.

Signature of Applicant (HOH)

Date

NOTICE: It is your responsibility to notify the Pascua Yaqui Housing Department **in writing** of any changes in mailing address and phone numbers. If we cannot contact you at the address or phone numbers listed on this application, your name will be removed from the current position on the waiting list, and you will need to re-apply again.

OFFICIAL USE: APPLICATION TAKEN BY HOUSING REPRESENTATIVE:

DATE APPLICATION RECEIVED:

Print Name:

Signature:

SELF DISCLOSURE FORM

The questions below apply to the Applicant and other adults listed on the Household Composition who are eighteen years of age and older.

Have you or other adults listed on the Household Composition ever been *convicted* of any of the crimes listed below in the past five (5) years?

USE OF FORCE OR INTIMIDATION.....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
CRIMINAL DOMESTIC VIOLENCE.....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
CRIMINAL GANG ASSOCIATION.....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DRUG DEALING.....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
MANUFACTURING OF A CONTROLLED SUBSTANCE....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
PROPERTY CRIMES.....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
PROSTITUTION.....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
SEXUAL OFFENSE.....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If yes, please answer the following questions:

Name of person convicted: _____

Nature of offense: _____

Date of conviction: _____

Person placed on probation or parole: _____

Date of completion of probation or parole: _____

Probation/Parole Officer's Name: _____

Probation/Parole Officer's phone number: _____

The Pascua Yaqui Tribe's Housing Department reserves the right to amend the policy at its discretion and incorporate additional public safety requirements for the continued safety for the families in the community. Per the Department of Housing and Urban Development 24 CFR Part 1000, Implementation of the Native American Housing Assistance and Self-Determination Act of 1996, Final Rule; Regulation Cite 1000.150, 1000.152, 100.154 and Statue Cite Title II: 205(5), Title II:208.

In the event information is omitted or failed to provide information requested. The omission of information could result in denial of being a participant in the Housing program through the Pascua Yaqui Tribe.

My signature below constitutes my acknowledgement of the above statement and consent to criminal background check.

Signature (Head of Household)

Date