



**PASCUA YAQUI TRIBE HOUSING DEPARTMENT**  
**HOUSING WAITLIST APPLICATION**  
*(DO NOT LEAVE WITHOUT A DEPARTMENT RECEIPT OF APPLICATION)*



**Program Purpose**

The purpose of this program is to expand access to affordable rental housing opportunities for members of the Pascua Yaqui Tribe by connecting eligible households with supporting housing stability through affordable rental options.

**Low-Rent Program Guidelines**

This rental program operates as a "Low Income Program" which is mandated and funded by the U.S. Department of Housing and Urban Development (HUD). This program follows the Tax Credit Low Income Guidelines supplied by HUD yearly. This is not a zero-income program, applicants must meet specific eligibility criteria. To qualify, applicants may be required to provide documentation verifying income, employment, and household size. Total household income must fall within the allowable limits established for this rental program.

**Over-Income Applicants**

Applicants whose total household income exceeds the program's established income limits are considered over-income and are maintained on the waitlist until an eligible unit or program is available. All household income will be verified during the application review process. Applicants are responsible for providing accurate and complete income information, and eligibility determinations are made in accordance with current program guidelines and applicable regulations.

**Application Process**

A complete application requires all documents requested to be submitted at the time of the application and will not be accepted otherwise. Applicants must also meet standard screening requirements, including a background check. Providing incomplete or inaccurate information may result in denial of the application. Applications submitted to the Housing Division will be recorded on the official "Waiting List". A receipt will be provided at the time of submission.

**Waitlist Process**

The placement of waiting list is determined by the date of a completed application with all supporting documentation by the Housing Division. It is the applicant's responsibility to ensure that all information and contact information is kept current at the minimum yearly, to ensure compliance of the process. Failure to do so could result in removal of the "Waiting List".

***The Housing Division Director may implement further requirements at their discretion. These measures are intended to serve the best interests of the Tribe and the community, ensuring that the program aligns with broader goals and priorities.***



**PASCUA YAQUI TRIBE HOUSING DEPARTMENT  
HOUSING WAITLIST APPLICATION**



**Applicant and its Household will be required to agree to and acknowledge the following:**

**Please Initial each statement:**

- \_\_\_\_\_ Must be an enrolled Native American, preference given to enrolled Pascua Yaqui tribal members;
- \_\_\_\_\_ Must provide a completed Waitlist Application with ALL documentation as listed below – An incomplete application will NOT be accepted;
- \_\_\_\_\_ Must meet Income eligibility for specific housing program;
- \_\_\_\_\_ Must NOT currently own a home;
- \_\_\_\_\_ Must agree to payroll deduction, if employed by the Pascua Yaqui Tribe or an Enterprise of the Tribe;
- \_\_\_\_\_ Must agree to a criminal background investigation for all Household members 18 years and older;
- \_\_\_\_\_ Must acknowledge and accept the process in which it will take place to determine eligibility;
- \_\_\_\_\_ Must acknowledge that if terminated from a lease or agreement from the Pascua Yaqui Tribe's Housing Department program or programs may preclude further eligibility;
- \_\_\_\_\_ Must acknowledge that the acceptance of a Waitlist Application by Housing Department personnel DOES NOT guarantee placement on the waiting list;
- \_\_\_\_\_ Must acknowledge the issuance of a Waitlist Application receipt provided by Housing Department personnel DOES NOT guarantee placement on the waiting list;
- \_\_\_\_\_ Must acknowledge the waiting period for placement may take up to 5 years or longer;

**The following documents are required at the time of submission of the "Waitlist Application". Applications will NOT be accepted if the following document is not within the application packet at the time of submission:**

1. \_\_\_\_\_ Picture ID for all adult members;
2. \_\_\_\_\_ Social Security Cards for all household members;
3. \_\_\_\_\_ Birth Certificates for all household members;
4. \_\_\_\_\_ Marriage or Divorce Certificate if applicable;
5. \_\_\_\_\_ HOUSEHOLD INCOME DOCUMENTATION;
  - a) Employment: Copies of check stubs for the last 60 days.
  - b) Any Other Source of Income:  
Copy of award letter(s) for: Unemployment, child support
  - c) Benefits Receive by Household:  
Copy of award letter(s) for: SSI, GA, VA, DES, Pension (Retirement);
  - d) Income Tax Returns for the last year: if self-employed.

**"NOTICE":** A criminal background verification will be completed for everyone eighteen (18) years and older to determine eligibility. Subject to yearly background check(s) or when necessary for all those in the household eighteen (18) years and older. This Wait List Application is NOT transferable. Furthermore, it is your responsibility to notify the Pascua Yaqui Housing in writing of any changes in mailing address or phone numbers. If the Housing Dept. personnel are unable to make contact through email, phone contact, or return mail is received, your name will be removed from the current position on the waiting list, and you will be required to re-apply and submit a NEW Waitlist Application.



PASCUA YAQUI TRIBE HOUSING DEPARTMENT
HOUSING WAITLIST APPLICATION



Applicant's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security#: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you an enrolled member: No: [ ] Yes: [ ]

Marital status: [ ] Single [ ] Married [ ] Divorce [ ] Legal Separation

Current Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Primary E-Mail Address: \_\_\_\_\_

Secondary E-Mail Address: \_\_\_\_\_

1. Household Composition: LIST ALL persons who will be residing within the home:
How many Adults: Male: \_\_\_\_ Female: \_\_\_\_ How Many Children: Male: \_\_\_\_ Female: \_\_\_\_

2. Household Total (everyone living in the home) Monthly Gross Income: \$ \_\_\_\_\_

3. Previous Occupant: Have you or any member of your household been a Tenant within the Rental
program of the Pascua Yaqui Tribe's Housing Division? No: [ ] Yes: [ ]
If Yes, Date of Residency: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_
Rental Unit Address: \_\_\_\_\_

4. Please Choose One and Initial which of the Rental Housing Programs you are applying for:
Family Unit: \_\_\_\_\_ Elderly Unit- (Occupants are to be 62 years and Older): \_\_\_\_\_

5. Handicap Accessibility: Do you or a member of your household require handicap accommodation?
No: [ ] Yes: [ ] If yes: Please indicate the accommodation needed: \_\_\_\_\_

Supportive Housing: Persons with Disabilities, Veteran, Experiencing Homelessness, Victim of
Domestic Violence, or Youth Exiting Foster Care.

- 1. Military Veteran: No: [ ] Yes: [ ] 2. Homelessness: No: [ ] Yes: [ ]
3. Victim of Domestic Violence: No: [ ] Yes: [ ] 4. Youth Exiting Foster Care: No: [ ] Yes: [ ]

WAITLIST CERTIFICATION:

I do hereby certify that all the above information I have provided is complete and true. I understand that the information
submitted will be used by the Pascua Yaqui Housing Division to determine my eligibility for the Rental programs. I
understand that a final determination of eligibility will be completed upon the time of selection and information
re-verified.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



PASCUA YAQUI TRIBE HOUSING DEPARTMENT
HOUSING WAITLIST APPLICATION



The questions below apply to the Applicant and everyone listed on the Household Composition who is eighteen years and older.

Have you or anyone listed on the Household Composition who are eighteen years and older, ever been charged of any of the crimes listed below in the past five years.

- PROSTITUTION.....
DRUG DEALING.....
MANUFACTURING OF A CONTROLLED SUBSTANCE.....
TRANSPORTING OF A CONTROLLED SUBSTANCE.....
CRIMINAL DOMESTIC VIOLENCE .....
PROPERTY CRIMES.....
USE OF FORCE OR INTIMIDATION.....
CRIMINAL GANG ASSOCIATION.....
SEXUAL OFFENSES.....
MANSLAUGHTER.....
ANY FELONY CONVICTIONS.....

If YES, Please answer the following questions:

Name of Person Convicted:
Nature of Offense:
Date of Incident:
Person placed on Probation or Parole:
Date of completion of Probation or Parole:
Probation/Parole Officer's Name:
Probation/Parole Officer's Telephone Number:

The Pascua Yaqui Tribe's Housing Division 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.

In the event any 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/Our signature below constitutes my/our acknowledgment of the above statement and consent to a criminal background check.

Head of Household Date Other Family Member over age 18 Date
Spouse of Household Date Other Family Member over age 18 Date
Other Family Member over age 18 Date Other Family Member over age 18 Date

\*\*\*\*\* OFFICIAL USE \*\*\*\*\*

Received by: Signature: Date Received: Correspondence Date: