



## PASCUA YAQUI TRIBE HOUSING DIVISION "PRE- ELIGIBILITY APPLICATION INFORMATION"



The Housing Division's Low Rental program is designed to assist tribally enrolled members of the Pascua Yaqui Tribe meeting all program requirements. The Low-Rent program is a "Low Income Program" mandated by HUD and Tax Credit Low to Very Low Income guidelines, this is not a zero income program. Applications will be recorded within the "Waiting List" by the date the application is received by the Housing Division. Furthermore other requirements may be implemented as set forth by the discretion of the Housing Division Director in the best interest of the Tribe and community.

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

1. Must be an enrolled Native American, preference given to enrolled Pascua Yaqui tribal members;
2. **Must provide a completed Pre-Eligibility Application with ALL documentation as listed below – Incomplete Pre-Eligibility Application will NOT be accepted.**
3. Must be Income eligible;
4. Must NOT currently own a home;
5. Must agree to payroll deduction, if employed by the Pascua Yaqui Tribe or an Enterprise of the Tribe;
6. Must agree to a criminal background investigation for all Household members 18 years and older;
7. Must acknowledge and accept the process in which will take place to determine eligibility;
8. Must acknowledge if terminated from a lease or agreement from the Pascua Yaqui Tribe's Housing Division program or programs may preclude your eligibility.
9. Must acknowledge the acceptance of the Pre-Eligibility Application by a Housing Division personnel **DOES NOT** guarantee placement on the waiting list;
10. Must acknowledge the issuance of the Pre-Eligibility Application receipt provided by a Housing Division personnel **DOES NOT** guarantee placement on the waiting list;
11. 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 "Pre-Eligibility Application". Applications will NOT be accepted if the following documents are not within the application packet at the time of submission:

- Picture ID for all adult members.**
- Social Security Cards for all household members.**
- Birth Certificates for all household members.**
- Marriage or Divorce Certificate if applicable.**
- 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;**

Please review your "Pre-Eligibility Application" and confirm all questions have been answered correctly and accordingly.



## PASCUA YAQUI TRIBE HOUSING DIVISION "PRE-ELIGIBILITY APPLICATION"

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Are you an enrolled member: \_\_\_\_\_

Marital status: ☐ Single ☐ Married ☐ Divorce ☐ Legally separated

Living 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 whom will be residing within the home:

How Many Adults: Male = \_\_\_\_\_ Female = \_\_\_\_\_ How Many Children: Male = \_\_\_\_\_ Female = \_\_\_\_\_

2. Household Total Monthly Gross Income: \$ \_\_\_\_\_

3. 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): \_\_\_\_\_

4. Handicap Accessibility: Do you or a member of your household require handicap accommodations:

Yes: ☐ No: ☐

If yes: Please indicate the accommodations needed: \_\_\_\_\_

5. Previous Occupant: Have you or any member of your household been a Tenant within the Low Rental program of the Pascua Yaqui Tribe's Housing Division? Yes: ☐ No: ☐

If Yes, Date of Residency: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

Rental Unit Address: \_\_\_\_\_

### PRE-APPLICATION CERTIFICATION:

I do hereby certify that all of 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 Low Rental programs. I understand that a final determination of eligibility will be made completed upon the time of selection and information re-verified.

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

**"NOTICE":** A criminal background verification will be completed for everyone eighteen (18) years and older to determine eligibility. This Pre-Eligibility Application is NOT transferable. Furthermore, it is your responsibility to notify the Pascua Yaqui Housing Division in writing of any changes in mailing address and or phone numbers. If the Housing Division's personnel are unable to make contact through a home visit, phone contact & 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 Pre-Eligibility Application.

**PLEASE SIGN IN ACKNOWLEDGEMENT OF THE ABOVE "NOTICE" STATEMENT:**

OFFICIAL USE:

Received by:	Signature:	Date Received:	Receipt #- U.S. Mail - Fax



## SELF DISCLOSURE FORM



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 .....	<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
TRANSPORTING OF A CONTROLLED SUBSTANCE .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CRIMINAL DOMESTIC VIOLENCE .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROPERTY CRIMES .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
USE OF FORCE OR INTIMIDATION .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CRIMINAL GANG ASSOCIATION .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SEXUAL OFFENSES .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MANSLAUGHTER .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ANY FELONY CONVICTIONS .....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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. 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 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      Date

\_\_\_\_\_  
Other Family Member over age 18      Date

\_\_\_\_\_  
Other Family Member over age 18      Date

\_\_\_\_\_  
Other Family Member over age 18      Date