



A. Applicant Information

Applicant Name:				Date of Application:	___ / ___ / _____
Phone:		Email:			
Property Address:	Address	City	State	Zip	
Mailing Address:	Address	City	State	Zip	
Have you received assistance from the tribe previously?	If yes, describe assistance:			Date of Assistance	

Emergency Contact Information

Name:			Phone:		
Address:	Address	City	State	Zip	

B. Household Composition

Household Member Name	Relation to Head of Household	Sex (M/F)	DOB	SS #	Native (Y/N)	Tribal Affiliation	Roll #
			___ / ___ / _____	____ - ____ - ____			
			___ / ___ / _____	____ - ____ - ____			
			___ / ___ / _____	____ - ____ - ____			
			___ / ___ / _____	____ - ____ - ____			
			___ / ___ / _____	____ - ____ - ____			
			___ / ___ / _____	____ - ____ - ____			
			___ / ___ / _____	____ - ____ - ____			
			___ / ___ / _____	____ - ____ - ____			
			___ / ___ / _____	____ - ____ - ____			

Household Questionnaire

Disabled Household Members

Does anyone in your family, who is a permanent resident listed under Part B of this application, have a severe health problem, handicap, or permanent disability? ___ Yes ___ No

If yes, please provide the name of the family member and brief description of condition.

Name of Family Member	Description of Condition



D. Select all Housing Programs that you would like to apply	
<input type="checkbox"/> Home Rehabilitation & Weatherization	Aid for privately owned homes that belong to tribal citizens, including accessibility, habitability, weatherization, and energy efficiency.
Please describe your current housing needs:	
<input type="checkbox"/> Down Payment Assistance Program	Aid for down payments and/or closing costs for new properties.
Please describe your home buying plans:	
<input type="checkbox"/> Short Term Assistance Program	Aid for short-term housing issues such as utility costs, mortgage and or rent payments, etc.
Please describe your needs and reason for assistance:	
<input type="checkbox"/> Long Term Rental Assistance Program	Aid with monthly rent payments for a one-year period.

E. Applicant Certification		
<p>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 collected to determine if I/We are eligible to receive Housing Assistance. I/We authorize the Housing Department of the Monacan Indian Nation to verify all information provided on this application. I/We understand that false statements or information are grounds for termination of Housing Assistance.</p>		
	Signature	Date
Applicant:		
Spouse (as applicable):		

F. MIN Housing Department			
Approved	_____	_____	_____
Denied	Date	Signature	Signature