

n Date \_\_\_\_\_ Time \_\_\_\_\_

**1. HEAD OF HOUSEHOLD INFORMATION**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Veteran  Yes No

Mailing Address:

\_\_\_\_\_

(City) (State) (Zip Code)

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

Email Address (**required**) \_\_\_\_\_

**2. INFORMATION ABOUT SPOUSE**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Veteran  Yes No

**3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself.**

**TOTAL** \_\_\_\_\_ **ADULTS:** Male \_\_\_\_\_ Female \_\_\_\_\_ **CHILDREN:** Male \_\_\_\_\_ Female \_\_\_\_\_

**4. DO ANY PERSONS WHO WILL LIVE IN THE UNIT HAVE A DISABILITY?  Yes No**

**5. I WOULD LIKE MY NAME PLACED ON THE HOUSING WAITING LIST.**

Yes No

Please identify your race and ethnicity by checking one box in each of the two categories below:

**Check One:**

White  Hispanic or Latino

Black/African American  Not-Hispanic or Latino

American Indian/Alaska Native - Tribal Affiliation: \_\_\_\_\_

Asian  Native Hawaiian/Other Pacific Islander

**6. SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFY AMOUNT:**

Wages \_\_\_\_\_  Social Security \_\_\_\_\_  Tribal Dividends/Per Cap \_\_\_\_\_

SSI \_\_\_\_\_  TANF/Gov. Welfare \_\_\_\_\_  Other \_\_\_\_\_

**7. Do you have health insurance or Medicaid?**

Medicaid  Health Insurance \_\_\_\_\_  I do not have health insurance

(name of provider)

**8. Are you currently homeless?**

Yes  No

**9. If you answered yes above, what is your primary nighttime residence?**

- Couch-surfing/staying with friends or family
- Homeless shelter
- Place not meant for habitation (street, outside)

**10. Did you relocate from a reservation/reserve?**

Yes  No

**If you answered yes above, from which reservation/reserve did you relocate?**

\_\_\_\_\_

**11. What kind of services would you like to see available? (Check all that apply)**

- Traditional Arts/Crafts (beading, weaving, flute making, etc.)
- Culture Classes
- Dance Classes
- Fitness Classes
- Employment Services
- Education Services
- Financial Literacy
- Day Care
- Other (please explain below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.**

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate.

Date \_\_\_\_\_ Signature of Head of Household \_\_\_\_\_