

Hopland Band of Pomo Indians

3000 Shanel Rd., Hopland, California 95449 Phone (707) 472-2100 Fax (707) 744-1506

HOUSING COMMITTEE TINY HOME APPLICATION

Name		Phone Number				
Mailing Address		E-Mail				
City & Zip		Tribal Affiliation				
Family Composition: Comple		ow for EA				
Name and Relationship			Sex		Birthdate	Social Security Number
1.		Head	□М	□F		
2.		Spouse	□М	□F		
3.		Child	□ M	□F		
Applicant Data: Check YES or	NO				Please explain a	all YES Answers below
4. Are you a Veteran? Brand	ch and Year Ser	ved	☐ Yes	□No		
5. Have you ever received h	ousing assistan	ce?	□Yes	□No		
6. Do you have any outstanding debts with the Hopland Tribe?		□Yes	□No			
Housing Data: Check all that	apply					
SUBSTANDARD HOUSING:	If you are living in substandard housing, indicate the conditions that make your					
7. Structurally unsafe						
8. No drinking water or running water						
9. No usable flushing toilet						
10. No usable tub or shower						
11. No kitchen						
12. Inadequate or unsafe electrical wiring						
13. Inadequate or unsafe heating source						
14. Overcrowded conditions? Please explain		n				



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Housing Data: Continued		Please explain all CHECKED Answers below
HOMELESSNESS:		
15. Living in a homeless shelter: Name/Location		
16. Living in a motel for temporary shelter:		
Name/Location		
17. Living with family or friends temporarily		
18. Other: Please explain		
INVOLUNTARY DISPLACEMENT:		
19. Present dwelling was destroyed by natural disaster		
20. Displaced by federal, state, or local government action		
21. Owner of present dwelling unit has issued an order to vacate beyond your control		
Displaced from actual or threatened physical violence		
Other:		Please explain all CHECKED Answers below
23. Do you travel more than 25 miles (1 way) for		
work, school, or medical reasons?		
24. Do you pay for child care? What is your annual		
expense?		
Based on information from the previous	pages, p	please provide any specific needs below
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Please complete this section as thoroughly as possible. All information is kept confidential and subject to verification. If the HBPI Housing Committee is unable to verify the information being provided, your application will be considered "incomplete" and returned to you.

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IN	COME FROM WORK	Employer Information	n For Each Employed Family Member	
1.	Name of Family Member E	mployed:		
	Name of Employer:			
	Employer Address:			
	Employer Phone:	Fax:	Email:	
2.	Name of Family Member E	mployed:		
	Name of Employer:			
	Employer Address:			
	Employer Phone:	Fax:	Email:	
3.	Name of Family Member E	mployed:		
	Name of Employer:			
	Employer Address:			
N. P. P.	Employer Phone:	Fax:	Email:	
	OTHER INCOME	TANF, SSI, SSB, Vete	rans, UIB, Tribal Per Capita and Other	
	Name of Family 24			
1.	Name of Family Member R	eceiving Benefits:		
1.	Agency:	eceiving Benefits:		
1.		eceiving Benefits:		
1.	Agency:	Fax:	Email:	-
2.	Agency: Agency Address:	Fax:	Email:	
	Agency: Agency Address: Agency Phone:	Fax:	Email:	-
	Agency: Agency Address: Agency Phone: Name of Family Member R	Fax:	Email:	
	Agency: Agency Address: Agency Phone: Name of Family Member Re	Fax:	Email:	
	Agency: Agency Address: Agency Phone: Name of Family Member Readency: Agency: Agency Address:	Fax: eceiving Benefits: Fax:		
2.	Agency: Agency Address: Agency Phone: Name of Family Member R Agency: Agency: Agency Address: Agency Phone:	Fax: eceiving Benefits: Fax:		
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