



Hoplend 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: Complete the fields below for EACH person who will reside in your home					
Name and Relationship		Sex		Birthdate	Social Security Number
1.	Head	<input type="checkbox"/> M	<input type="checkbox"/> F		
2.	Spouse	<input type="checkbox"/> M	<input type="checkbox"/> F		
3.	Child	<input type="checkbox"/> M	<input type="checkbox"/> F		
Applicant Data: Check YES or NO			Please explain all YES Answers below		
4. Are you a Veteran? Branch and Year Served		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Have you ever received housing assistance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6. Do you have any outstanding debts with the Hopland Tribe?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Housing Data: Check all that apply					
SUBSTANDARD HOUSING:		If you are living in substandard housing, indicate the conditions that make your present dwelling substandard below, attach proof (pictures, inspection findings), and explain your answers in the space provided.			
7. Structurally unsafe		<input type="checkbox"/>			
8. No drinking water or running water		<input type="checkbox"/>			
9. No usable flushing toilet		<input type="checkbox"/>			
10. No usable tub or shower		<input type="checkbox"/>			
11. No kitchen		<input type="checkbox"/>			
12. Inadequate or unsafe electrical wiring		<input type="checkbox"/>			
13. Inadequate or unsafe heating source		<input type="checkbox"/>			
14. Overcrowded conditions? Please explain		<input type="checkbox"/>			





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Income Information

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.

INCOME FROM WORK	Employer Information For Each Employed Family Member
1. Name of Family Member Employed:	
Name of Employer:	
Employer Address:	
Employer Phone:	Fax: Email:
2. Name of Family Member Employed:	
Name of Employer:	
Employer Address:	
Employer Phone:	Fax: Email:
3. Name of Family Member Employed:	
Name of Employer:	
Employer Address:	
Employer Phone:	Fax: Email:
OTHER INCOME	TANF, SSI, SSB, Veterans, UIB, Tribal Per Capita and Other
1. Name of Family Member Receiving Benefits:	
Agency:	
Agency Address:	
Agency Phone:	Fax: Email:
2. Name of Family Member Receiving Benefits:	
Agency:	
Agency Address:	
Agency Phone:	Fax: Email:
3. Name of Family Member Receiving Benefits:	
Agency:	
Agency Address:	
Agency Phone:	Fax: Email: