

Housing Assistance

Application



Documentation REQUIRED to Apply:

All Adults Over 18 in the Household:

- Tribal ID, if applicable
- Driver's license or state issued ID
- Social Security card
- If employed: 4-6 pay stubs or letter from your employer stating your pay rate and an average amount of hours you work every week, on company letterhead or notarized
- If unemployed: unemployment benefit letter (even if you don't qualify for unemployment benefits) and Affidavit of Unemployment
- Social Security or Supplemental Security Income: benefit letter
- Most recent Federal tax return, or Affidavit for Non-filing tax return
- TANF, if applicable
- Per capita payments/Tribal General Assistance, if applicable
- Print out of Checking Account or Affidavit of No Bank Account
- Print out of Saving Account or Affidavit of No Bank Account
- Copy of additional saving account, such as 401k or IRA, if applicable
- Marriage license or notarized statement of what constitutes you as a family (unmarried couples), if applicable

All Children in the Household:

- Tribal ID, if applicable
- Social Security card
- Birth Certificate
- Proof of custody, if applicable
- Copy of child support orders or signed and notarized Child Support Affidavit

**ISWA Housing Development Corporation
Housing Assistance Application**

Date ___/___/___

1) HOUSING PROGRAMS: Check the program(s) you are applying for.

<input type="checkbox"/> Rental Housing Program	Check this box if you are interested in applying for a yearly leased rental dwelling unit.
<input type="checkbox"/> Emergency Housing	Check this box if you are interested in Emergency Housing.

2) APPLICANT INFORMATION:

Applicant's Name	(Last)	(First)	(Middle)
Present Street Address	(Street Address)		
	(City)	(State)	(Zip Code)
Contact Information	(Phone Number)	(Email Address)	
Previous Street Address	(Street Address)		
	(City)	(State)	(Zip Code)
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (including single, divorced, widowed) <input type="checkbox"/> Separated		
Number of Dependents		Ages of Dependents	
Are you unemployed?	If yes, please explain why you are unemployed.		
Name of Employer		Address of Employer	
(Business Phone No.)	(Applicant's Position/Title)	(Type of Business)	No. of years on job
Employer's fax # and/or email address:			
Are you or anyone in the household related to any ISWA employee's? If so, list their name and your relation:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a full-time student? If yes, what school do you attend?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are applying for Emergency Housing, do you have proof of being a burnout victim, victim of domestic violence, or homeless? If no, you will not be eligible for emergency housing.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Co-Applicant's Name (if applicable)	(Last) (First) (Middle)		
Present Street Address	(Street Address)		No. of Years <input type="checkbox"/> Own <input type="checkbox"/> Rent
	(City)	(State)	(Zip Code)
Previous Street Address	(Street Address)		No. of Years <input type="checkbox"/> Own <input type="checkbox"/> Rent
	(City)	(State)	(Zip Code)
Contact Information	(Phone Number) (Email Address)		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (including single, divorced, widowed) <input type="checkbox"/> Separated		
Number of Dependents		Ages of Dependents	
Are you unemployed?	If yes, please explain why you are unemployed.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer	Address of Employer	No. of years on job	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
(Business Phone No.)	(Co-Applicant's Position/Title)	(Type of Business)	Yrs. in this line of work
Employer's fax # and/or email address:			
Are you a full-time student? If yes, what school do you attend?			
Are you or anyone in the household related to any ISWA employee's? If so, list their name and your relation:			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are applying for Emergency Housing, do you have proof of being a burnout victim, victim of domestic violence, or homeless? If no, you will not be eligible for emergency housing.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

3) HOUSEHOLD COMPOSITION: List the head of household first. Then list each member who will be residing in the home. Give the relationship of each family member to the head of household.

Full Name	Relationship	Age	DOB	Social Security Number
1) (Head of Household)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

Does anyone live with you who are not listed on the previous page? Yes No
 Does anyone plan to live with you in the future who are not listed on the previous page? Yes No
 Please explain if you answer "yes" to either question above.

4) INCOME: How much annual income is your household receiving?

SOURCE	Applicant	Co-Applicant	Other Household Members 18 & Older	TOTAL
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, Etc. (Received Periodically)				
Unemployment Benefits				
Workers Compensation, Etc.				
Child Support				
Alimony				
Public Assistance				
Other				
TOTALS				

5) ASSETS

TYPE	BANK NAME	ACCOUNT NUMBER	CASH VALUE	INCOME FROM ASSETS
Checking Account(s)				
Savings Account(s)				
Credit Union Account(s)				
Life Insurance				
Stocks				
Other				

Have you disposed of any assets in the last 24 months? Yes No

If yes, please list any assets disposed of: _____

6) HOME OWNERSHIP STATUS:

Check the one that applies to you.

- I currently own my own home free and clear.
- I currently am buying my home and have a mortgage to pay off.
- I currently lease with an option to buy the home I reside in.
- I currently rent the home I reside in.
- I have a land assignment.
- Other (please explain)

7) Type of Residence:

Check the one that applies to you.

- My current residence is a single-family home.
 - My current residence is a duplex.
 - My current residence is an apartment.
 - My current residence is a mobile home.
 - Other (please explain)
- _____
- _____
- _____

8) Are your property taxes paid and up to date (if applicable)? Yes No

9) Which agency do you have Homeowner's Insurance with (if applicable)? _____

10) LIABILITIES: List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, Credit union loans, personal loans, medical expenses, real estate loans except for the home you live in and any other loans.

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	UNPAID BALANCE	DUE DATE

Do you have any outstanding unpaid judgments? Yes No

In the last 7 years, have you declared bankruptcy? Yes No

Are you a party in a lawsuit? Yes No

If yes, to any of the above, please explain: _____

11) MONTHLY HOUSING EXPENSE:

Mortgage (Monthly)	\$
Property Insurance (Yearly)	\$
Property Taxes (Yearly)	\$
Rent if not buying home (Monthly)	\$
Utility Costs (Monthly)	\$
Child Care (Monthly)	\$
Other	\$

Describe any special circumstances relative to your housing or its financing:

I/We certify that all the statements on this ISWA Development Corporation Housing Assistance Application are true and correct to the best of my/our knowledge.

I/We understand that funds are limited and that ISWA Development Corporation cannot guarantee that financial assistance will always be available.

I/We understand that completion of the Homebuyer's Educational Program offered by the ISWA Development Corporation is required when participating in Housing Assistance Programs before the disbursement of any funds and is not a guarantee that financial assistance will be provided.

Privacy Act Notice: This information is to be used by the ISWA Development Corporation in determining whether you qualify for assistance under its programs. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval of assistance may be rejected.

12) Applicant: _____
Signature Date

13) Co-Applicant: _____
Signature Date

~~~~~**FOR OFFICE USE ONLY**~~~~~

|                                         |              |
|-----------------------------------------|--------------|
| Client #:                               | Received By: |
| Date Received:                          | Reviewed By: |
| # of People in Household/# of Bedrooms: | Approved By: |
| Verified Income:                        | Comments:    |
| Min. <input type="text"/>               |              |
| 30% <input type="text"/>                |              |
| 80% <input type="text"/>                |              |

| No. in Family | Minimum Allowable Income | 30% Median Income | Maximum Allowable Income 80% Median | 100% Median Income |
|---------------|--------------------------|-------------------|-------------------------------------|--------------------|
| 1             | \$16,830                 | \$19,800          | \$52,750                            | \$66,000           |
| 2             | \$19,210                 | \$22,600          | \$60,300                            | \$75,400           |
| 3             | \$21,633                 | \$25,450          | \$67,850                            | \$84,800           |
| 4             | \$24,013                 | \$28,250          | \$75,350                            | \$94,200           |
| 5             | \$27,600                 | \$32,470          | \$81,400                            | \$101,800          |
| 6             | \$31,612                 | \$37,190          | \$87,450                            | \$109,300          |
| 7             | \$35,624                 | \$41,910          | \$93,450                            | \$116,900          |
| 8             | \$39,636                 | \$46,630          | \$99,500                            | \$124,400          |

\*income guidelines updated 07/01/2022



## AUTHORITY TO VERIFY INFORMATION

This is your authority to verify my accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, criminal background checks and to make any other inquires pertaining to my qualifications for assistance from ISWA Development Corporation. Copies of this letter may be made for Distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

PRIVACY ACT NOTICE: This information is to be used by ISWA Development Corporation in determining whether you qualify for assistance under its programs. It will not be disclosed outside the agency except as required and permitted by law. This documentation will remain in effect for one year from the date signed. You do not have to provide this information, but if you do not your application for approval of assistance may be rejected.

**Any household member over the age of 18 needs to sign below:**

\_\_\_\_\_  
(Applicant's Printed Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Co-Applicant's Printed Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Co-Applicant's Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Co-Applicant's Printed Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Co-Applicant's Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Co-Applicant's Printed Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Co-Applicant's Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
**Today's date**