



Rehab  Emergency Assistance  Non-Emergency

Homeownership  Mortgage  Down Payment  Rental

### Application

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Tribal Enrollment #: \_\_\_\_\_

Other Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Dwelling Type: \_\_\_ Masonry \_\_\_ Frame \_\_\_ Mobile Home

District/Precinct/Township \_\_\_\_\_

How long have you resided in the residence? \_\_\_\_\_

Name (List Applicant, followed by all household members)	SS#	Relationship to Applicant	Date of Birth	Age	Sex	Reported Income

*To be eligible for services the household income cannot exceed 80% of the National Median Income.*

Gross Annual Income: \_\_\_\_\_

**Additional Assets: (If applicable, Circle and provide additional documentation)**

Stocks/Bonds    Checking/Savings    Rental Property    Retirement Benefits    Recreational Vehicles

HAVE YOU DISPOSED OF ANY ASSETS WITHIN THE PAST TWO YEARS? Circle Yes or No

If yes, how much income was generated? \_\_\_\_\_

**Required Documentation to Complete File:** \*Tribal Enrollment Card \*Birth Certificate \*Picture I.D. \*SS Card \*Copy of Deed or Filed Lifetime Rights (If Applicable) \*Criminal Record (Everyone over 18) \* Copy of Power of Attorney (if applicable) \*Proof of Disability (if applicable) \*Proof of Income \*Copy of assets \* Bank Statements.

**Certifications:**

**Recipient:** I certify that my household is drug free. I understand that falsification of this information may result in denial or repayment of assistance.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Recipient:** I certify that the information provided on this form is true and complete to the best of my knowledge. In addition, I consent to allow The Lumbee Tribe of North Carolina to request and obtain information for the purpose of verifying my eligibility for the Emergency Housing/Assistance Program. Furthermore, I understand that falsification of this information may result in denial or repayment of assistance.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization of Release of Information:**

I, \_\_\_\_\_ authorize the Lumbee Tribe of North Carolina to obtain information regarding my credit history for the purpose of eligibility for the Emergency Housing Program.

**Date:** \_\_\_\_\_

**Check the following that apply:**

*\*Head of Household is the applicant*

- |  |   |
|--|---|
| <input type="checkbox"/> Elderly Head of Household (62 or older)               | <input type="checkbox"/> Disabled Head of Household                   |
| <input type="checkbox"/> Near Elderly Head of Household (age 55 to 61)         | <input type="checkbox"/> Disabled or Elderly Household Member         |
| <input type="checkbox"/> Single-Parent (with one or more Children in the home) | <input type="checkbox"/> Large Family (5 or more permanent residents) |
| <input type="checkbox"/> Lumbee Enrolled Member                                | <input type="checkbox"/> Veteran                                      |

**In accordance with Federal Law, the Lumbee Tribal Housing Program can only address health and safety issues. (Disclaimer: This does not guarantee that the matters listed below will be repaired or that you will be eligible for services)**

**Hardship: (see policy)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Criminal Record Check for all members of the household 16 years and older was completed on** \_\_\_\_\_

## Needs Assessment Form

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Attach Supporting Documentation**

Do any items listed below need emergency repair?	YES	NO	Order of Emergency	COMMENTS
<b>ROOF</b>				
<b>FLOORING</b> Living Room__ Bedroom__ Kitchen__ Bathroom__ Hallway__ Laundry Room__				
<b>EXTERIOR WALLS</b>				
<b>FOUNDATION</b>				
<b>WINDOWS</b>				
<b>DOORS</b>				
<b>ELECTRICAL</b>				
<b>PLUMBING</b> Kitchen__ Bathroom__ Laundry Room__ Beneath home__				
<b>SMOKE DETECTOR</b>				
<b>HEAT &amp; AIR</b>				
<b>HANDICAP ACCESSIBILITY</b> Ramp__ Bathroom__ Doorways				
<b>Rental Assistance</b>				
<b>Mortgage</b>				

I \_\_\_\_\_, certify that the above information has been filed and verified  
Tribal Representative

for accuracy. I further attest that this application is complete.

Date: \_\_\_\_\_

Homeowner signature \_\_\_\_\_  
(For services and order of emergency)

Date: \_\_\_\_\_