

Northwestern Band of the Shoshone Nation Housing Authority
 707 North Main
 Brigham City, UT 84302
 (435) 723-3013 Office (435)723-3015 Fax
 Housing@nwbshoshone.com



Housing use only:	Date Received	Time Received	Application #	

Check type of assistance applying for: _____

Low Income Rent: _____ Home Ownership: _____

Homelessness Assistance: _____ Home Rehabilitation: _____

If Rehab Assistance, what help are you requesting: _____

1. Name: _____

2. Physical Address: _____

City: _____ State: _____ Zip: _____

3. How long at current address: _____ 4. Home Phone () _____

5. Work Phone () _____ 6. Marital Status ___M___ S___ D___ W

7. Ethnic Origin: () American Indian/Alaskan Native () White Non-Hispanic () White Hispanic
 () Black Non-Hispanic () Black Hispanic () Asian or Pacific Islander

8. Are you an enrolled member of the NW Band of the Shoshone Nation? ___ Yes ___ No
 NWSBSN Enrollment # _____

9. Are you a member of a Federally recognized Tribe? ___ Yes ___ No.
 Tribe _____ Enrollment # _____

Please provide a copy of your Tribal Enrollment Document

10. In which area would you prefer to live?
 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

11. Reason for moving: ___ Substandard ___ Without Housing ___ About to be without housing
 ___ Other. Explain: _____

12: Employed by: _____
 Address: _____ City: _____ State: _____
 Position: _____ How Long? _____

Personal Declaration

Must Be Filled Out

I. HOUSEHOLD COMPOSITION: List ALL persons who will be living in your home, listing head of household first.

Adults	Date of Birth	SSN	Relationship	US Citizen Y/N	Marital Status	
1						
2						
3						
Children	Date of Birth	SSN	Relationship	US Citizen Y/N	School Name	
1						
2						
3						
4						
5						
6						

INCOME

Must Be Filled Out

II. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household.

(dollar amount)

Member	Employer	Total Monthl Wages	AFDC	Child Support	SSI Benefits	Unemploy Benefits	Income fr Land Trust	Other
1								
2								
3								
4								

ASSETS

Must Be Filled Out

III. TOTAL HOUSEHOLD ASSETS:

Do you or any household member own or have an interest in real estate, boat and/or mobile home? ___Y ___N. Have you sold any real estate in the last two years? ___Y ___N

Do you own any stocks or bonds? ___Y ___N

Do you have savings/checking accounts? ___Y ___N, if Yes, please give bank account(s) numbers and amounts. _____

Do you own a car(s)? ___Y ___N, Model/Year _____

Other Assets: _____

1. Does anyone outside of your household pay for any of your bills or give you money? If yes, explain: _____

2. Have you or any other adult member ever used any name(s) of Social Security number(s) other than the one you are currently using? ___Y ___N, If yes, explain _____

3. Have you or any member of your household lived in assisted housing? ___Y ___N, if yes, list where and when _____

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4. Have you or anyone in your household ever been convicted of a crime other than a Traffic Violation? ___Y ___N, If yes, explain _____

5. Have you or anyone in your household ever committed any fraud in a Federal Assistance Program or been requested to repay money knowingly misrepresenting information for such housing programs? ___Y ___N, If yes, explain _____

CREDIT REFERENCES

Must Be Filled Out

Name/Address	Phone#	Monthly Payment	Balance Owed

PREVIOUS RESIDENCES)

Must Be Filled Out

Name and Address of Landlord	Phone #	Rent Amount

PERSONAL REFERENCES

(Other than family)

Must Be Filled Out

Name/Address	Phone #	Relationship

I, do hereby Swear and attest that all of the information above about me is true and correct.

I also, understand that all changed in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in WRITING IMMEDIATELY.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Other Adult

Date

APPLICATION MUST BE FILLED OUT COMPLETELY