



**Redding Rancheria Community Services**  
**NAHASDA HOUSING ASSISTANCE APPLICATION**

FOR OFFICE USE ONLY				
RECEIVED			APPROVED	
Date:	Time:	Initials:	Date:	Time:

**Eligibility for NAHASDA (Must meet all criteria):**

Resident of the western two-thirds of Shasta County or those in Trinity County  
 Enrolled member of a federally recognized Native American Tribe  
 Household income that meets the HUD income guidelines

**Application Submission:**

Redding Rancheria Tribal Office  
 2000 Redding Rancheria Road Redding, CA 96001

**July 27th 2026 12pm-3pm**

**also**

**July 28th 2026 12pm-3pm**

**Questions or need information Contact:**

Coleen Wilkes  
 Community Services Coordinator  
 (530)242-4538, Fax: (530)241-1879, Email: [coleenw@redding-rancheria.com](mailto:coleenw@redding-rancheria.com)

**Applicant Information**

Name:		
Address:		
City	State	Zip Code
Home Phone #		Cell Phone/Message #
Tribal Affiliation:		

## Required Documents

1.  **Completed application** (fill out using an ink pen, all questions must be answered, all members of the household must be added and all income listed.)
2.  **Tribal Enrollment card or letter of membership from a federally recognized Tribe (Applicant only)**
3.  **State or Government issued Photo I.D. for all adults, 18 years and older**
4.  **Copies of Social Security cards for all family members**
5.  **1 month of Income Verification for household**  
(Include all sources of income. If any source of income changes from month-to-month you must provide the last 3 months of income verification for that source.)
6.  **Full Copy of rental/lease or mortgage payment agreements** (if applicable)
7.  **Recent utility bill or business mail** (mailing must be dated with applicants name and address)
8.  **All adults must provide signatures on pages 10, 11 and 13**

Privacy Act Notice: Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek relief, as may be appropriated, against the officer or employee of HUD, Redding Rancheria (RR) or the owner responsible for the unauthorized disclosure or improper use.

**Please note: Is your application complete with all information? It will be rejected upon later after review if all required documents/information are not submitted with application.**

Are you renting? ..... [ ] Yes ..... [ ] No

Is your home overcrowded?.....[ ] Yes .....[ ] No

Does your home have:

Heat?..... [ ] Yes ..... [ ] No

Water? ..... [ ] Yes..... [ ] No

Electricity? ..... [ ] Yes ..... [ ] No

Sewer? ..... [ ] Yes..... [ ] No

## Head of Household

Last Name	First Name	M.I.
Nickname:		Place of Birth:
Telephone Numbers: Home	Work	Message
Sex: <input type="checkbox"/> [M] <input type="checkbox"/> [F]	Date of Birth	Social Security No.
Tribal Affiliation:		Enrollment Number:
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently In Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Branch of Service:		
Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name & Address:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Handicapped/Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Developmental <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Wheelchair		
Occupation:		Employer:
Employer's Address:		Phone:
Welfare Information:		Child Support Information:
Case No.:		Case No.:
Case Worker:		Case Worker:
Phone No.:		Phone No.:
References: List names, addresses and phone numbers of 3 people (not relatives) who you have known for at least 5 years. References might include employers or former employers, teachers, clergy, your family doctor or your landlord.		
1.		
2.		
3.		

## Spouse or Co-Tenant

Last Name	First Name	M.I.
Nickname:		Place of Birth:
Mailing Address:		
Telephone Numbers:	Home	Work                      Message
Sex: <input type="checkbox"/> [M] <input type="checkbox"/> [F]	Date of Birth	Social Security No.
Tribal Affiliation:		Enrollment Number:
Veteran? <input type="checkbox"/> [ ] Yes <input type="checkbox"/> [ ] No		Currently In Military? <input type="checkbox"/> [ ] Yes <input type="checkbox"/> [ ] No    Branch of Service:
Full-Time Student? <input type="checkbox"/> [ ] Yes <input type="checkbox"/> [ ] No		School Name & Address:
Handicapped/Disabled? <input type="checkbox"/> [ ] Yes <input type="checkbox"/> [ ] No		If yes, check all that apply:
<input type="checkbox"/> [ ] Developmental <input type="checkbox"/> [ ] Mental <input type="checkbox"/> [ ] Physical <input type="checkbox"/> [ ] Hearing <input type="checkbox"/> [ ] Visual <input type="checkbox"/> [ ] Wheelchair		
Occupation:		Employer:
Employer's Address:		Phone:
Relationship To Head of Household:		

## Additional Household Members

Last Name	First Name	M.I.
Nickname:		Place of Birth:
Sex: <input type="checkbox"/> [M] <input type="checkbox"/> [F]		
Date of Birth	Social Security No.	
Tribal Affiliation:		Enrollment Number:
Full-Time Student? <input type="checkbox"/> [ ] Yes <input type="checkbox"/> [ ] No		School Name & Address:
Handicapped/Disabled? <input type="checkbox"/> [ ] Yes <input type="checkbox"/> [ ] No		If yes, check all that apply:
<input type="checkbox"/> [ ] Developmental <input type="checkbox"/> [ ] Mental <input type="checkbox"/> [ ] Physical <input type="checkbox"/> [ ] Hearing <input type="checkbox"/> [ ] Visual <input type="checkbox"/> [ ] Wheelchair		
Occupation:		Employer:
Employer's Address:		Phone:
Relationship To Head of Household:		

### Additional Household Members

Last Name	First Name	M.I.
Nickname:		Place of Birth:
Sex: <input type="checkbox"/> [M] <input type="checkbox"/> [F]	Date of Birth	Social Security No.
Tribal Affiliation:		Enrollment Number:
Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name & Address:
Handicapped/Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, check all that apply:
<input type="checkbox"/> Developmental <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Wheelchair		
Occupation:		Employer:
Employer's Address:		Phone:
Relationship To Head of Household:		

### Additional Household Members

Last Name	First Name	M.I.
Nickname:		Place of Birth:
Sex: <input type="checkbox"/> [M] <input type="checkbox"/> [F]	Date of Birth	Social Security No.
Tribal Affiliation:		Enrollment Number:
Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name & Address:
Handicapped/Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, check all that apply:
<input type="checkbox"/> Developmental <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Wheelchair		
Occupation:		Employer:
Employer's Address:		Phone:
Relationship To Head of Household:		

### Additional Household Members

Last Name	First Name	M.I.
Nickname:		Place of Birth:
Sex: <input type="checkbox"/> [M] <input type="checkbox"/> [F]	Date of Birth	Social Security No.
Tribal Affiliation:		Enrollment Number:
Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name & Address:
Handicapped/Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, check all that apply:
<input type="checkbox"/> Developmental <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Wheelchair		
Occupation:		Employer:
Employer's Address:		Phone:
Relationship To Head of Household:		

### Additional Household Members

Last Name	First Name	M.I.
Nickname:		Place of Birth:
Sex: <input type="checkbox"/> [M] <input type="checkbox"/> [F]	Date of Birth	Social Security No.
Tribal Affiliation:		Enrollment Number:
Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name & Address:
Handicapped/Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, check all that apply:
<input type="checkbox"/> Developmental <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Wheelchair		
Occupation:		Employer:
Employer's Address:		Phone:
Relationship To Head of Household:		

## Separated or divorced?

If so, list the name and address of your spouse (or ex-spouse):

Name		Social Security No. (If known)	
Address	City	State	Zip

## Income Information

List the details of the income each person in your household receives. Include wages, public assistance, social security, SSI, disability compensation, unemployment, interest, babysitting, child support, annuities, dividends, income from property, grants, National Guard or Armed Forces Reserves and self-employment. **Please provide proof of income** (copies of check stubs, wage statements, settlements or other paperwork documenting Social Security, SSI, child support, etc.)

**IF ANY SOURCE OF INCOME IN THE HOUSEHOLD CHANGES FROM MONTH-TO-MONTH PLEASE PROVIDE THE LAST THREE MONTHS OF INCOME VERIFICATION (STUBS) FOR THAT SOURCE OF INCOME.**

Family Member Name	Income Source	Total amount of an average check	How many paydays per month?

*Please provide further details on income source(s) in the household that may be abnormal (paydays, seasonal employment, etc.) This will allow for an easier, less time consuming calculation of annual income.*

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## Asset Information

List the assets of all family members, including checking accounts, savings accounts, IRAs, CDs, real estate, stocks, bonds, recreational vehicles and their value, fishing boats and permits.

**Please provide documentation.**

### Checking Account

Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

### Savings Account

Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

### Credit Union Shares

Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

### Other Assets

Stocks & Bonds (Value) ... \$5 _____	Recreational Vehicles (Value) .... \$ _____
War Bonds (Value) ..... \$ _____	Other (Value)..... \$ _____
IRA/CDs (Value) ..... \$ _____	Other (Value)..... \$ _____
Real Estate (Value) ..... \$ _____	Other (Value)..... \$ _____

Have you sold any real estate in the last two years? If yes, describe: \_\_\_\_\_

### Child Care Expenses

Child Care Expense:  No  Yes \$ \_\_\_\_\_ per \_\_\_\_\_ (hr/day/wk/mo/yr)

Name and Address of child care provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you receive Day Care Assistance?  Yes  No Assistance % \_\_\_\_\_

### Medical Expenses

Are you receiving Medicare Benefits?  Yes  No

Are you receiving Medical Assistance from Public Assistance?  Yes  No

Do you pay for a doctor's services, for medical insurance or hospitalization?

(Blue Cross, Aetna, etc.)  Yes  No Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

Do you regularly pay for prescription drugs?

Yes  No Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

## Program Information

Have you or has any member of your family applied for or participated in a rental assistance program, including Redding Rancheria NAHASDA?

No       Yes      Where \_\_\_\_\_

Under what name(s) \_\_\_\_\_

Does anyone outside of your household pay for any of your bills or give you money?

No       Yes      If yes, please explain \_\_\_\_\_

Have you or has any other adult members of your household ever used any name(s) other than the names listed on this application?

No       Yes      If yes, please explain \_\_\_\_\_

Have you or has any other adult member of your household ever used any social security number(s) other than the social security number(s) listed on this application?

No       Yes      If yes, please explain \_\_\_\_\_

Have you or has anyone in your household ever been convicted of a crime other than a traffic violation? Has your record been expunged of criminal charges and/or completion of Drug Program requirements/ please submit with application. certificate of completion and/or dates of completion.

No       Yes      If yes, please explain \_\_\_\_\_

## Credit, Mortgage & Landlord References

**I have had credit with the following creditors,** and authorize them to provide credit information to the Redding Rancheria for consideration regarding my application for NAHASDA assistance.

Name: _____	Account No. _____
Address _____	Phone No. _____
_____	Fax No. _____

Name: _____	Account No. _____
Address _____	Phone No. _____
_____	Fax No. _____

Name: _____	Account No. _____
Address _____	Phone No. _____
_____	Fax No. _____

Former landlords are listed here. I authorize them to provide information to the Redding Rancheria regarding my former tenancy.

Name: _____	Name: _____
Address _____	Address _____
_____	_____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

## Declaration

- I (We) certify that the information provided in this application is accurate and complete to the best of my (our) knowledge and belief.
- I (We) understand that providing false statements or information is punishable under Federal Law and constitutes grounds for termination of housing assistance.
- I (We) further certify that I (We) do not owe any money to any Indian Housing Authorities or Housing Departments.
- All household members, including applicant, agree not to engage in any illegal activity, including but not limited to violent crimes, sexual crimes, and manufacturing of unlawful substances.

_____ Signature of Head of Household	_____ Date
_____ Signature of Spouse / Co-Tenant	_____ Date
_____ Signature of Adult (18 and older) Household Member	_____ Date
_____ Signature of Adult (18 and older) Household Member	_____ Date
_____ Signature of Adult (18 and older) Household Member	_____ Date
_____ Signature of Adult (18 and older) Household Member	_____ Date

## Authorization for the Release of Income Information

**Consent:** I consent to allow HUD and/or the Redding Rancheria to request and obtain information from the sources listed in this application for the purpose of verifying my eligibility and level of benefits under Redding Rancheria and HUD's assisted housing programs. I understand that information received under this consent form cannot be used to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest such determinations.

This consent expires 12 months after it is signed.

Signatures:

Head of Household		Social Security No.		Date	
Spouse / Co-Tenant	Date	Other Household Member 18 or over	Date		
Other Household Member 18 or over	Date	Other Household Member 18 or over	Date		
Other Household Member 18 or over	Date	Other Household Member 18 or over	Date		
Other Household Member 18 or over	Date	Other Household Member 18 or over	Date		

Privacy Act Notice Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the Native American Housing Assistance and Self-Determination Act of 1996 (PL104-330), Title VI of the Civil Rights Act of 1964 (42U.S.C.2000d), and by the Fair Housing Act (42U.S.C.3601-19). The Housing and Community Development Act of 1987 (42U.S.C.3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD and the Redding Rancheria (RR) to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all the information requested by the Redding Rancheria, including all Social Security Numbers you and all other household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, RR and any owner (or any employee of HUD, RR or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on the form HUD9886 is restricted to the purposes cited on the form HUD9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek relief, as may be appropriated, against the officer or employee of HUD, RR or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8 & 74465.1

## Elderly (over age 62), Handicapped or Disabled: Consent for Release of Information

TO: Social Security Administration

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Name

Date of Birth

Social Security No.

I authorize the Social Security Administration to release information or records about me to:

**Redding Rancheria**  
**2000 Redding Rancheria Rd.**  
**Redding, CA 96001**

I want this information released to the above named organization to verify my income. I am either an applicant for admission as a tenant to the federally aided housing unit operated by the organization, or a tenant having an annual recertification. The Redding Rancheria will use the information to determine my eligibility status and the amount of my rent.

(There may be a charge for releasing information).

Please release the following information:

\_\_\_\_\_ Gross Monthly Social Security Benefit Amount, Type of Benefit, and Date of Birth.

\_\_\_\_\_ Gross Monthly Supplemental Security Income Payment Amount (Including State Supplement), Type of Benefit, and Date of Birth.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_

(Show signatures, names and addresses of two people if signed by a mark).

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

*This page only needs to be filled out by house members that are: Elderly (over 62), Handicapped or Disabled.*

# Authorization for the Release of Information

Organizations Requesting release of information (Name, Address, Telephone and Date)

**Redding Rancheria Housing Department**  
**2000 Redding Rancheria Rd.**  
**Redding, CA 96001**  
**(530) 225-8979 FAX (530) 242-4560**

**Purpose**

The above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**Authorization**

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs.

- Rental Assistance Program (RAP)
- Emergency Rental Assistance (ERAP)
- Temporary Assistance Program (TAP)
- Emergency Mortgage Assistance (MAP)

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only the Redding Rancheria Housing Department to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

**Information Covered:** Inquiries may be made about:

- Per Capita / Revenue Sharing
- Child Care Expenses
- Credit History
- Criminal Activity
- Family Compensation
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Social Security Numbers
- Residences and Rental History

**Individuals or Organizations that May Release Information:**

Any individual or organization including any Governmental organization may be asked to release information. For example:

- Tribes, Alaskan Villages or Corporations
- Banks and other Financial Institutions
- Law Enforcement Agencies / Courts
- Credit Bureau
- Employers (past and present)
- Landlords
- Providers of:
  - Alimony
  - Child Care
  - Child Support
  - Handicapped Assistance
  - Medical Care
  - Pensions / Annuities
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

**Computer Matching Notice & Consent**

I agree that the Redding Rancheria Housing Department may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

That match will be used to verify information supplied by the family.

**Conditions:**

I agree that photocopies of this authorization may be used for the purposes stated above.

If do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Printed Name of the Head of Household & Date:	Printed Name of the Spouse or Co-Tenant & Date:
Signature of the Head of Household: X	Signature of the Spouse or Co-Tenant: X
Printed Name of Other Adult member of the Household & Date:	Printed Name of Other Adult member of the Household & Date:
Signature of Other Adult member of the Household: X	Signature of Other Adult member of the Household: X

## Declaration of 214 Status

**Notice to applicants and tenants:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement below carefully, and sign and return to the Redding Rancheria. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing if you desire.

I, \_\_\_\_\_, certify, under penalty of perjury<sup>1</sup>, that to the best of my  
(Printed Name)

knowledge I am lawfully within the United States because:

\_\_\_\_\_ I am a citizen by birth, a naturalized citizen or a national of the United States; or

\_\_\_\_\_ I have eligible immigration status and I am 62 years of age or older  
(Attach evidence of proof of age)<sup>2</sup>; or;

\_\_\_\_\_ I have eligible immigration status as checked below. Attach INS documents evidencing eligible immigration status and signed verification consent form.

\_\_\_\_\_ Immigrant status under 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)<sup>3</sup>; or

\_\_\_\_\_ Permanent residence under 249 of INA<sup>4</sup>; or

\_\_\_\_\_ Refuge, asylum, or conditional entry status under 207, 208 or 203 of the INA<sup>5</sup>; or

\_\_\_\_\_ Parole status under 212(d)(5) of INA<sup>6</sup>; or

\_\_\_\_\_ Threat to life or freedom under 243(h) of INA<sup>7</sup>; or

\_\_\_\_\_ Amnesty under 245A of INA<sup>8</sup>.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

[See next page for footnotes and instructions]

- 1/ Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing and false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20)) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions To Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

**Housing Questionnaire**

- 1. Have you received assistance from this program before? Yes or No
- 2. Has your home been tested for hazardous lead through NAHASDA? Yes or No
- 3. Is housing established? Yes or No  
If no, what are your current living arrangements?

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4. If housing is established, what is your monthly rent? \$ \_\_\_\_\_

- 5. If you are chosen to receive assistance from this program will you looking to find a (new) home to rent? Yes or No  
If yes, is there anything you feel may hold you back from being approved for housing through a property management company? Yes or No

Please explain: \_\_\_\_\_

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6. Additional comments or suggestions to improve this program:

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**Important Information:**

**I will not be accepting incomplete applications. THERE WILL BE NO EXCEPTIONS.**

**Thank you.**

If you need copies from your file, have questions or need assistance with this application please call prior to the day you plan to submit your application.

You must inform the Redding Rancheria of any change in address or telephone number.

*Applicant* must be an enrolled member of a federally recognized tribe.

Faxed applications will be denied.

You do not need to provide a rental agreement if you do not currently rent a property and you plan to apply for assistance to find new housing. Once housing is established, you will have to provide an agreement.

**Types of assistance you can apply for:**

**Rental Assistance:** Monetary assistance with a rental deposit, one full month of rent and two half-rental payments.

**Temporary Assistance:** For families that find themselves in emergency situations due to unforeseen events. Circumstances must be verifiable through documentation.

Coleen Wilkes  
Community Services Coordinator  
2000 Redding Rancheria Road Redding, CA 96001  
Phone # (530) 242-4538  
Email: coleenw@redding-rancheria.com

