REDWOOD VALLEY RANCHERIA APPLICATION FOR HOUSING



Housing Applying For On-Site Reservation Housing	Off-Site		18 S.Dora Street
PERSONAL INFORMATION			
Full Name			
Address			
	City/State/Z	ip.	
Phone	Email		
LIST OF HEAD OF HOUSEHO	LD		
Name of Head of House Hold	M/F	Age	Social Security #
FAMILY COMPOSITION Name	M/F	Age	
	M/F	Age	
	M/F	Age	

HAVE YOU EVER BEEN EVICTED? IF YES PLEASE EXPLAIN
INCOME INFORMATION Please provide all income information for all adults 18 & over.
NAME OF FAMILY MEMBER EMPLOYED
NAME OF EMPLOYER
ADDESS OF THIS OVER
ADRESS OF EMPLOYER
DUONE # FMA!!
PHONE #, EMAIL
NAME OF FAMILY MEMBER EMPLOYED
NAME OF EMPLOYED
NAME OF EMPLOYER
ADRESS OF EMPLOYER
PHONE #, EMAIL

Please list monthly amount and provide an award letter, check stub or other
documentation. Income such as (Social Security, TANF, SSI, Etc.)
NAME OF RECIPIENT:
AMOUNT OF OTHER INCOME:
I understand that I am required to cooperate in supplying all information required to determine my eligibility, completing and signing needed forms.
CERTIFICATION OF APPLICANTS:
All adults (18 years of age and older) household members must sign.
I herby certify that I do not own any other residence and that this will be my primary residence; I have NO income.
I attest that the information I have provided is true to the best of my knowledge and I understand that any misrepresentation of information or false statements could be grounds for being deemed ineligible.
SIGNATURE

SIGNATURE

OTHER INCOME:

PRIMARY APPLICANT
I herby certify that I am submitting as the Head of Household.
SIGNATURE OF HEAD OF HOUSEHOLD
DOINT NAME
PRINT NAME
APPLICATIONS MUST BE RECEIVED OR POSTMARKED BY:
RECEIVED BY:
DATE:

I UNDERSTAND THAT I MUST ABIDE BY ALL THE RULES, REGULATIONS, LAWS, AND ORDINANCES OF REDWOOD VALLEY RANCHERIA.

ALL INFORMATION WILL BE VERIFIED FOR APPLICANT ELIGABILITY.