

DUCK VALLEY HOUSING AUTHORITY

P.O. BOX 129

OWYHEE, NEVADA 89832

775 / 757-3589

FAX 775 / 757-3746

NEVADA-IDAHO



DUCK VALLEY INDIAN
RESERVATION

UPDATE Application For Admission – Home Ownership

Applicant Name:

Mailing Address:

Telephone/Cell Number:

City/State/Zip:

I. **FAMILY COMPOSITION:** All family members who will move into the unit.

Family Members	Soc. Sec. No.	Date of Birth	Sex	Relationship	Enrolled Tribe
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

II. **CURRENT INCOME (Permanent source of income is required):** Required to sign income verification form issued. (A current document indicating amount of income is acceptable only for FIXED INCOME-Soc. Sec., Retirement, VA Benefits, etc.)

Family Member	Source, Rate & Type of Income	Estimated Income 6 Months	Estimated Income 12 Months

III. **HOUSING CONDITIONS:**

A. Present housing conditions and needs:

- | | | | |
|----|--|-----|----|
| 1. | Without Housing: (do you own your home): | Yes | No |
| | a. Reason: | | |
| | b. Present: | | |
| 2. | About to be without housing: | Yes | No |
| | a. Reason: | | |
| | b. Type of notice and effective date: | | |



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3. Other conditions and factors of housing need. (Explain what you wish to inform DVHA of your need for housing, such as items this application doesn't address):

B. **FEDERAL PREFERENCES:** (Check the box that is applicable)
Currently paying 50% of family income for rent, or
Involuntarily Displaced. If this applies to you, please explain and attach documents verifying the situation:

IV. A. Does applicant(s) own or are currently buying a home? Yes No

If yes, what program/ lending/ & location:

(DVHA will conduct an investigation, if necessary, to verify that applicant(s) do/don't OWN, or are currently buying a home. To be eligible for a Mutual Help home, you must NOT OWN a home, or be currently buying a home.)

B. Have applicant(s) been in HUD home before? Yes No
If yes, what program: Mutual Help or Low Rental or Homeownership
If so, what year?

C. Have you applied for H.I.P. Program for verification? Yes No
Have you received H.I.P. funding: Yes No
If so, what year?
(DVHA will contact the H.I.P. Program for verification)

D. Have you or a household member ever been convicted of a felony? Yes No
If yes, explain nature and year of conviction. Also, provide most recent documents.

V. **TRIBAL AFFILIATION:** (MUST BE AN ENROLLED SHOSHONE-PAIUTE TRIBAL MEMBER OF DUCK VALLEY) Submit verification of Tribal Enrollment (Mandatory-application is considered incomplete if Tribal Member verification is not provided.)

TRIBE ENROLLED: Applicant:

TRIBE ENROLLED: Co-Applicant:



I/We understand that this is not a contract and does not bind either party. The above information is true and correct to the best of my/our knowledge. I/We have no objections to inquiries being made for the purpose of verifying the statement(s) made therein, and I/We have or will release my/our consent. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for denial for approval.

Date

Signature of Applicant

Date

Signature of Applicant



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