



Walker River Housing Department  
 P.O. Box 238/ 1063 Hospital Road  
 Schurz, NV 89427  
 (775) 773-2334

## Home Improvement Loan Program Loan Application

### GENERAL APPLICANT INFORMATION:

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Schurz, Nevada 89427  
 Yrs. At address: \_\_\_\_\_ Type of residence: \_\_\_ Homebuyer \_\_\_ Homeowner  
*Please complete the Mailing address if it is different than the physical address.*  
 Mailing Address: \_\_\_\_\_ Schurz, Nevada 89427  
 Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Single       Married       Widower       Separated

### FAMILY AND SPOUSE'S INFORMATION:

Birth Date: \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Employed? \_\_\_\_\_ If yes, name of Employer: \_\_\_\_\_  
 Employer's Phone #: \_\_\_\_\_ Years On Job: \_\_\_\_\_  
 Hourly Wage \$: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

#### Family Composition: (list all persons residing in your home)

	Name:	Relation to you:	D.O.B.	Sex: (M or F)	Social Security #:	Yrs. @ residence:
1.						
2.						
3.						
4.						
5.						
6.						

- \*\* Social Security numbers are required for ALL family members who are 6 years of age or older.
- \*\* All persons who reside in the home MUST be listed. This includes all persons who have been in the home for over 30 days.
- \*\* Failure to list all persons residing in your home will result in your application being denied.

**CURRENT EMPLOYER INFORMATION:**

Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Yrs. On job: \_\_\_\_\_ Hourly Wage \$: \_\_\_\_\_ Annual Income \$: \_\_\_\_\_  
 Position: \_\_\_\_\_

**PREVIOUS EMPLOYER INFORMATION: (IF AT CURRENT EMPLOYER IS LESS THAN 1 YEAR)**

Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Yrs. On job: \_\_\_\_\_ Hourly Wage \$: \_\_\_\_\_ Annual Income \$: \_\_\_\_\_  
 Position: \_\_\_\_\_

**OTHER SOURCE OF INCOME:**

Source	Amount Per Month	Total Per Year
TANF	\$	
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other**	\$	

\*\* Other Source of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income you receive or your household receives. Please do not list income that cannot be anticipated with certainty.

- A. Total family income for the next 12 months: \$ \_\_\_\_\_  
 B. Please Attach copies of the most recent paystubs for all applicable members of the family and complete the Income Verification Form for all employed household members.

**REFERENCES:**

<b>Name:</b>	<b>Relation to you:</b>	<b>Phone #:</b>	<b>Address:</b>	<b>Years Known:</b>

**ADDITIONAL QUESTIONS:**

1. Are you an enrolled member of the Walker River Paiute Tribe? \_\_\_\_\_ Enrollment #: \_\_\_\_\_
2. Have you been employed for a year or more? \_\_\_\_\_
3. Are you an employee of the Walker River Paiute Tribe? \_\_\_\_\_
4. Do you reside on the Walker River Paiute Tribe Reservation? \_\_\_\_\_
5. Have you ever participated in one of the Walker River Paiute Tribe's Housing Programs? \_\_\_\_\_  
If yes, do you owe a delinquent balance to the WRPT Housing Department? \_\_\_\_\_
6. Do you owe a delinquent balance to the Walker River Paiute Tribe? (water/sewage, childcare, etc.)  
\_\_\_\_\_ If yes, how much do you owe and for what? \_\_\_\_\_
7. If you are a Homebuyer, are you current on all payments owed to the WRPT Housing Dept.? \_\_\_\_\_
8. Have you or anyone in your household been subject to a lifetime state sex offender registration program? If yes, give nature and date of arrest: \_\_\_\_\_
9. Have you ever been arrested or convicted for any crime involving illegal drugs? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give nature and date of arrest/conviction: \_\_\_\_\_

**HOME IMPROVEMENTS REQUESTING:**

Home Improvement Narrative: (Please write your request in as much detail as possible.)

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10. Would you consider your request an emergency? \_\_\_\_\_

**All assistance is contingent upon staff availability and funding. Assistance cannot exceed the maximum allowed amount of \$4,000.00.**

**If the Applicant's spouse is a co-applicant, then the spouse should also complete an application.**

**Signature and consent to release information:**

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Walker River Paiute Tribe to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the Tribe if there is any change in my family status along with reporting any changes in my household income, living conditions, and/or change of address. I understand that if approved for home improvements I will be required to enter into a Loan Agreement with The Walker River Housing Department and I will be responsible for all costs associated with my agreement.

- Release and Consent: I, \_\_\_\_\_, have submitted an application to the Walker River Housing Department requesting assistance. As part of the process to be considered for the Program, the Walker River Housing Department may verify information contained in my application and other documents as required in connection with the application. I authorize you to provide the Walker River Housing Department for verification purposes the following applicable information: • Past and present employment verification • Proof of income and/or assistance • Past and Present participation in any HUD related programs • Any amounts past due to the Walker River Paiute Tribe and any of its Departments. I understand that under the Right to Privacy Act of 1978, 12 U.S.C. § 3401, *et seq.*, the Walker River Housing Department is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving myself will be available to the Walker River Housing Department without further notice of authorization, but will not be disclosed or released by the Walker River Housing Department to any other government agency or department or used for any other purpose without my consent except as required or permitted by law. This authorization shall expire three months after I sign it below. I understand that I may revoke this authorization at any time. The information the Walker River Housing Department obtains is only to be used to process my application for a Home Improvement Loan. A copy of this authorization may be accepted as an original. Your prompt attention is appreciated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Date

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**FOR OFFICIAL USE ONLY:**

Date application was received: \_\_\_\_\_

WRHD Staff Receiving Application: \_\_\_\_\_

- Complete Application
- Incomplete Application (Date received voided and return to sender)