



Walker River Housing Department  
P.O. Box 238/ 1063 Hospital Road  
Schurz, NV 89427  
(775) 773-2334 Fax: 773-2340

# Walker River Housing Department

1063 Hospital Road  
P.O. Box 238  
Schurz, NV 89427

## Application for Housing

### **Return with the following documentation:**

- Proof of Income (paystubs, income verification, SSI, TANF, IGA, unemployment, etc.)
- Proof of tribal Enrollment
- Social Security Cards for all members of household
- Family Comp
- Completed Application
- Release of consent for all persons 18yrs and older.

IF APPLICATION IS INCOMPLETE, YOUR APPLICATION WILL BE RETURNED TO YOU.

\*Background checks will be performed on all persons 18 yrs. Of age and older, prior to placement in a unit.



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**Any and all information provided is subject to verification and will be used to establish selection priorities per federal regulations and policies approved by the Walker River Paiute Tribe.**

**Applying for:**             **Homebuyers Program**     **and/or**            **Low Rent**

**PERSONAL DATA:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ SS #: \_\_\_\_\_ DOB: \_\_\_\_\_

**ELIGIBILITY AND RANKING:**

**The following information will be used to rate your application:**

Walker River Paiute Tribe Enrollment Number \_\_\_\_\_

Do you own a share(s) of any allotments on the Walker River Paiute Reservation? Yes\_\_\_\_No\_\_\_\_

All persons who live in the home must be citizens of the United States of America or who are legally able to stay in the United States. All persons in the home who are over six (6) years of age must have a social security number or some type of identification. Are all persons who are expected to live in the household/apartment legally in the United States? Yes\_\_\_\_ No\_\_\_\_

Walker River Tribal Members will be served prior to any others on the waiting list. Head of household will be the person whose name appears as applicant.

**The following will be used to rank your application in accordance with housing policies.**

**Information provided in any area may be verified including the use of computerized verification system, housing records, police or court records, or governmental agencies. Should contradictory information be obtained, you may be disqualified for housing through this office.**

1. The person filling out this application will be considered head of household. Are you a member of the Walker River Paiute Tribe? Yes\_\_\_\_(Enrollment#\_\_\_\_) No\_\_\_\_
2. Are you an Elder or will there be a Tribal Member elder that will be part of the household? Yes\_\_\_\_(Enrollment #\_\_\_\_) No\_\_\_\_
3. Will there be children in the home (Ages birth to 18)? Yes\_\_\_\_How many\_\_\_\_ No\_\_\_\_



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4. Are any of these children enrolled members of the Walker River Paiute Tribe? Yes \_\_\_\_\_  
How Many? \_\_\_\_\_ No \_\_\_\_\_
5. Is this the first time you have applied for the Low Rent Program? Yes \_\_\_\_\_ No \_\_\_\_\_
6. What is your household's total annual income (Entire income for yr.)? \$ \_\_\_\_\_
7. Are you currently or have you ever participated in any federal/state/tribal assisted housing program? Yes \_\_\_\_\_ No \_\_\_\_\_ (Low Rental, Mutual Help, etc.) if yes, when/where? \_\_\_\_\_
8. If yes, do you owe any money or has that housing agency written off any funds owed by you? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Have you ever abandoned a HUD-assisted unit operated by Walker River Housing? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you have any history of conduct which would be detrimental to a housing project of its Residents? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Have you previously lived in any housing project? Yes \_\_\_\_\_ No \_\_\_\_\_  
if yes, give name and address of previous housing project \_\_\_\_\_  
\_\_\_\_\_
12. 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 \_\_\_\_\_  
\_\_\_\_\_
13. Have you ever been arrested or convicted for any crime of violence to persons or property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give nature and date of arrest/conviction \_\_\_\_\_  
\_\_\_\_\_
14. Have you ever been arrested or convicted for any crime involving illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give nature and date of arrest/conviction: \_\_\_\_\_  
\_\_\_\_\_
15. If you have answered yes to either question 12 or 13 and have completed a rehabilitation Program, please state name of program and date completed \_\_\_\_\_  
\_\_\_\_\_
16. Address where you are presently living \_\_\_\_\_  
Name and Contact of current Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_
17. Are you presently homeless or involuntarily displaced and without housing? Yes \_\_\_\_\_ No \_\_\_\_\_
18. Are you presently living in a unit that is considered substandard? Yes \_\_\_\_\_ No \_\_\_\_\_



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(Substandard housing is one that is without electricity or plumbing, is dilapidated, does not have a usable bathtub or shower, no kitchen or does not have a safe or adequate source of heat)

**Please be aware that we have persons on the waiting list who have been waiting for a unit for as long as four years. The Tribe, which includes the Housing Department, does not have the resources to offer immediate or temporary housing. You may expect a wait of up to four years for a unit. Please contact the housing office to update any information previously listed.**

**The following process is used to verify and rate this application:**

1. Preliminary verification of answers
2. Based on eligibility, your name will be placed on the waiting list.
3. You will be sent a letter of acknowledgment (usually within 60 days of date of application) advising you of your placement on the waiting list.
4. If you are found ineligible, you will be notified. If you dispute the findings of the housing department, you may request a hearing before the housing board. This request must be in writing and must be received within 30 days of the date of notification.

All information provided by myself is a true and correct representation of facts known to myself. I understand that with my signature, I am indicating that I have represented true and accurate information to the Walker River Housing Department to process my application.

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Signature

Date

***Please note that the attached Release and Consent form must be signed by the applicant in order for this application to be processed.***



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## **Release and Consent**

I, \_\_\_\_\_, have submitted an application to the Walker River Housing Department for a Mutual Help and/or Low Rent Unit. As part of the process in being considered for the program, Walker River Housing may verify information contained in my application and other documents as required in connection with the application.

I authorize you to provide 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 landlord references
- Past and Present participation in any HUD related programs
- Other consumer credit references

I understand that under the Right to Privacy Act of 1978, 12 U.S.C. 3401, et seq., Walker River Housing 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 Walker River Housing without further notice of authorization, but will not be disclosed or released by Walker River Housing 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 is valid for the life of the Mutual Help and/or Low Rent Program.

The recipient of this form may rely on the government's representation that this program is still in existence. The information Walker River Housing obtains is only to be used to process my application for a Mutual Help and/or Low Rent unit. This authorization to release information will cover any future requests for such assistance and that I will not be re-notified of the Privacy Act Information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original. Your prompt attention is appreciated.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Applicant

**\*\* THIS FORM MUST BE COMPLETED BY ALL PERSON  
18YRS OR OLDER.**

*MAKE COPIES IF NEEDED*



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# WALKER RIVER HOUSING DEPARTMENT

## Addresses for the past 5 years

Please list all addresses and Landlord information for the past 5 years.

**PERSONAL DATA:**

Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Current Landlord Name/Phone #: \_\_\_\_\_

- 1.) Previous Address: \_\_\_\_\_  
Landlord's name/phone #: \_\_\_\_\_  
Dates Moved-in? \_\_\_\_\_ Date Moved-out? \_\_\_\_\_  
Reason for moving? \_\_\_\_\_
- 2.) Previous Address: \_\_\_\_\_  
Landlord's name/phone #: \_\_\_\_\_  
Dates Moved-in? \_\_\_\_\_ Date Moved-out? \_\_\_\_\_  
Reason for moving? \_\_\_\_\_
- 3.) Previous Address: \_\_\_\_\_  
Landlord's name/phone #: \_\_\_\_\_  
Dates Moved-in? \_\_\_\_\_ Date Moved-out? \_\_\_\_\_  
Reason for moving? \_\_\_\_\_
- 4.) Previous Address: \_\_\_\_\_  
Landlord's name/phone #: \_\_\_\_\_  
Dates Moved-in? \_\_\_\_\_ Date Moved-out? \_\_\_\_\_  
Reason for moving? \_\_\_\_\_
- 5.) Previous Address: \_\_\_\_\_  
Landlord's name/phone #: \_\_\_\_\_  
Dates Moved-in? \_\_\_\_\_ Date Moved-out? \_\_\_\_\_  
Reason for moving? \_\_\_\_\_

You may write on the back of page, if more space is needed.

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All information provided by myself is true and correct representation for the facts known to myself. I understand that by signing, I am indicating that I have represented true and accurate information to the Walker River Housing Department to process this document and verify my residency.

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Date**



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Employer/Agency:

**Verification of Income**

The Walker River Housing Department is required to verify income for applicants requesting assistance through our programs. Below is a signed authorization for release of this information to our office. The information will be used only to verify employment/assistance by an employer or through an agency. Your prompt return of this information is appreciated. Please return this form to your employee, or directly to:

**Walker River Housing Department  
 ATTN: Resident Service Specialist  
 P.O. Box 238  
 Schurz, NV 89427  
 Fax to (775) 773-2340**

**TO BE FILLED OUT BY RESIDENT/EMPLOYEE**

I hereby authorize your office/agency to release information regarding my income directly to the Walker River Housing Department:

\_\_\_\_\_  
 Date Signature Print Name

Name of Employer or Agency, address and phone number that you receive income from:

\_\_\_\_\_  
 Company Name Address City State Zip phone#

**(Below To Be Filled Out By Employer/Agency)**

Full Time Or Part-Time? \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Base rate of pay \$ \_\_\_\_\_ per \_\_\_\_\_ Date of Hire \_\_\_\_\_  
Hour/Week/Month/Year

Are there any foreseen changes to the wages stains over the next 3 months? \_\_\_\_\_ NO \_\_\_\_\_ YES

\_\_\_\_\_  
 Company Name Signature of Employer/Rep. Print Name Date

**(ASSISTANCE)**

Type of Benefit: \_\_\_\_\_

Amount of Benefit \$ \_\_\_\_\_ per \_\_\_\_\_ Beginning date: \_\_\_\_\_  
Hour/week/month/year

Are there any foreseen changes to the benefit stains over the next (3) months? \_\_\_\_\_

\_\_\_\_\_  
 Signature of Agency Representative Printed Name Date



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**FAMILY COMPOSITION FORM:**

Participant Name: \_\_\_\_\_  
Resident Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone/Contact #: \_\_\_\_\_

Family composition must be returned to our office with proof of income. Income includes: SSI, Disability, IGA, TANF, Unemployment, Self-employment, bank statements, employment, Retirement, and etc.)

**ALL PERSONS WHO WILL BE RESIDING WITH YOU MUST BE LISTED ON THE FAMILY COMPOSITION.**

Head of household info: \_\_\_\_\_  
First Name Middle Initial Last Name Sex

SELF  
Relationship to HOH Date of Birth Social Security # WRPT #

Household member: \_\_\_\_\_  
First Name Middle Initial Last Name Sex

Relationship to HOH Date of Birth Social Security # WRPT #

Household member: \_\_\_\_\_  
First Name Middle Initial Last Name Sex

Relationship to HOH Date of Birth Social Security # WRPT #

Household member: \_\_\_\_\_  
First Name Middle Initial Last Name Sex

Relationship to HOH Date of Birth Social Security # WRPT #

Household member: \_\_\_\_\_  
First Name Middle Initial Last Name Sex

SELF  
Relationship to HOH Date of Birth Social Security # WRPT #

Household member: \_\_\_\_\_  
First Name Middle Initial Last Name Sex

Relationship to HOH Date of Birth Social Security # WRPT #

Household member: \_\_\_\_\_  
First Name Middle Initial Last Name Sex

Relationship to HOH Date of Birth Social Security # WRPT #

All information provided by myself is a true and correct representation of facts known to myself. I understand that with my signature, I am indicating that I have represented true and accurate information to the Walker River Housing Department to process this document.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE