

Move-in Assistance Benefits available at the Tribal Assistance Program for Yavapai-Apache Nation adult Tribal Members

The Yavapai-Apache Nation Tribal Council has recognized the critical importance of establishing a Tribal Assistance Program to provide temporary financial relief for Tribal Members and their families. The Tribal Assistance Program was developed May 14, 1998

What does Move-in Assistance Provide?

- In an emergency situation, Move-in Assistance is offered to eligible adult Tribal Members by assisting with move-in fees for **rental** housing. This assistance is a service to adult Tribal Members who cannot afford to move to a better or safer living condition.
- In order to receive this assistance, lease agreement must list adult Tribal Member as "primary tenant" (head-of-household).

How do I become eligible for Move-in Assistance?

- Adult Tribal Members become eligible for Move-in Assistance when they meet all the following requirements:
 - ❖ Monthly household rent cannot exceed $\frac{2}{3}$ of current monthly household net income.
 - ❖ Lease Agreement lists adult Tribal Member as "primary tenant" (head-of-household).
 - ❖ A period of five years has expired since the date adult Tribal Member previously received Move-in or Rental Assistance Benefits.

How do I apply?

- If you are an adult Tribal Member in the process of relocating into rental housing, simply complete the attached application forms and return it to the Tribal Assistance Program with copies of all the following documents:
 - ✓ Yavapai-Apache Nation Enrollment Card
 - ✓ Most two recent paycheck stubs from all employed residents of the household.
 - ✓ Current verification of entire household's unearned income. (see #2 of application for listing of unearned income)
 - ✓ Entire Lease Agreement.
 - ✓ Two Employment Referral Forms (if unemployed)
 - ✓ Disability statement from physician (if temporary disabled)
 - ✓ W-9 Tax Form must be completed by landlord in order for payment to be processed
- If you are determined eligible for Move-in Assistance, payment will be issued directly to the landlord at the time of move-in. Funds are not subject for reimbursement purposes after Tribal Member moves in.
- Payments include first and last month's rent. Though, in cases where the landlord has prorated the first month's rent, the Tribal Assistance Program will pay that amount plus the full last month's rent. Under other circumstances where the landlord requests first month's rent and security deposit, this amount will be provided if the security deposit is equivalent to first month's rent.

How long can the Tribal Assistance Program take to decide my eligibility?

- When entire application form is complete and returned with all required documents, the Tribal Assistance Program must make a decision within 3-7 operating business days from the date and order application is received.

How often can I receive Move-in Assistance?

- Move-in Assistance is available as a grant once every five

What if landlord will not furnish lease agreement prior to scheduled move-in date?

- A statement from landlord is required confirming approval of rental, listing scheduled move-in date, physical address of new residence, amount of total move-in costs, with landlord's name, telephone number and mailing address.

What if I and or adult resident of my household are unemployed?

- If you or adult resident of your household is unemployed you/adult resident must actively seek employment and provide evidence of efforts to obtain employment by completing two Employment Referral Forms each.
- Employment Referral Forms are available per request and must be completed and returned with application form before eligibility will be determined.

What if I and or adult resident is a college student and do not work?

- If you or adult resident of your household is a full or part-time college student, you/adult resident must submit Higher Education Award Statement or check stubs from scholarships, grants or loans. Monthly household rent cannot exceed $\frac{2}{3}$ of current monthly household net income.

What if I am unable to work due to a disability?

- If you or any other adult resident of your household is temporary or permanently unemployed due to an injury or illness, a current written statement from a physician is required verifying disability, inability to work and clarifying whether your disability is temporary or permanent.

What if I receive Social Security or SSI Benefits?

- If or adult resident are permanently disabled and receive Social Security Disability or SSI Benefits, please submit copy of Award Statement. Monthly household rent cannot exceed $\frac{2}{3}$ of current monthly household income.

IMPORTANT INFORMATION:

- * Move-in Assistance is not offered for down payments to purchase any type of home.
- * All adult residents of household must sign Authorization for Release of Information Form.
- * When inquiring the status of your application, information will only be disclosed to the adult Tribal Member who has applied for assistance.
- * If you require assistance in completing the application or have any questions regarding the assistance available, please contact the Tribal Assistance Program.



YAVAPAI-APACHE NATION
Tribal Assistance Program
2400 W. Datsi Street
Camp Verde AZ 86322

MOVE-IN ASSISTANCE APPLICATION
YAVAPAI-APACHE NATION
Tribal Assistance Program

years to secure long-term housing.

LEGAL NAME (Last, First, Middle)				MAIDEN NAME		
MAILING ADDRESS		P.O. BOX/Street	CITY	STATE	ZIP CODE	
PHYSICAL ADDRESS		Street	CITY	STATE	ZIP CODE	
HOME TELEPHONE	WORK TELEPHONE	CELLULAR OR MESSAGE NUMBER	EMAIL ADDRESS			
LIST EVERYONE THAT WILL LIVE WITH YOU AT YOUR NEW PLACE OF RESIDENCE. START WITH YOURSELF.		RELATION TO APPLICANT	ENROLLMENT NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
1.		SELF				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

1. Check here if you have ever received Move-in or Rental Assistance and provide date. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨
2. Check here if you are currently without housing and provide date you became displaced. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨

2a. What is the reason why you are displaced? _____

3. Check here if you were or are scheduled to be evicted from current rental housing and provided eviction date. ⇨⇨⇨⇨

EARNED INCOME:						
4. <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you or anyone in your household working and/or self-employed? This includes all income, wages, salaries, tips or commissions from any type of work, whether full or part-time, temporary, seasonal, monthly, self-employed or training. If Yes, please complete the below information. If self-employed, a monthly record of all earnings must be submitted for the past 30-days. If you or anyone in your household just started working and have not received first paycheck or have only received one paycheck, please attach a correspondence from employer verifying full or part-time employment. Correspondence must include date of hire, hours worked per pay period and weekly or bi-weekly net pay. Correspondence must be issued on employer's business letter head.				
NAME OF EMPLOYED PERSON (S)	NAME OF EMPLOYER	EMPLOYER'S TELEPHONE	HOURS PER PAY PERIOD	HOURLY WAGE	HOW OFTEN PAID (weekly, Bi-weekly)	MONTHLY NET INCOME
						\$
						\$
						\$

UNEARNED INCOME:			
5. Do you or anyone in your household receive or expect to receive money from any of the following sources this month? If Yes, attach copies of updated monthly Award Statement(s) or check stubs and complete the following information below.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security/SSI
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Assistance/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Assistance BIA/State	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment
<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Comp/Industrial
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships, grants/loans
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal Money/Per-capita
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Any government check
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Gifts/Personal loans/Other
NAME OF PERSON (S) RECEIVING MONEY	SOURCE	HOW OFTEN RECEIVED (Weekly, Bi-Weekly, or Monthly)	AMOUNT RECEIVED
			\$
			\$
			\$

6. Provide subtotal of all household's earned and unearned income received during the qualifying month. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨

MOVE-IN ASSISTANCE APPLICATION
YAVAPAI-APACHE NATION
Tribal Assistance Program

PRIMARY EXPENSES:	
7. What is the current TOTAL monthly housing cost (rent, mortgage) that your household pays?	\$
8. What is the new TOTAL monthly rental housing cost that your household will pay?	\$
9. What is the current TOTAL monthly utility cost (gas/propane, electric, water/sewer, trash) that your household pays?	\$
10. What is the current TOTAL monthly vehicle loan payment(s) that your household pays?	\$
11. What is the current TOTAL monthly vehicle insurance cost that your household pays?	\$
12. What is the current TOTAL monthly child care cost that your household pays?	\$
13. What is the current TOTAL monthly court order child support cost that your household pays? (Attach copy of court order)	\$
14. What is the current TOTAL monthly medical cost that your household pays? (Attach copies of medical cost receipt/invoice)	\$

OPTIONAL/ADDITIONAL EXPENSES:	
15. List any additional monthly expenses you currently pay that are not listed above.	
1)	\$
2)	\$
3)	\$
16. Provide subtotal of household's monthly expenses. (Do not include #7 amount) ⇒	\$

UNEMPLOYMENT QUESTIONNAIRE
 17. If you or any adult in your household are unemployed, complete the following information below. You and/or adult household resident must actively seek employment and provide evidence of efforts to obtain employment. If you and/or adult household resident refuses to seek employment no assistance will be granted. Employment Referral Forms are available per request by the Tribal Assistance Program.

NAME OF UNEMPLOYED PERSON(S)	LENGTH OF TIME UNEMPLOYED (Days, Weeks, Months, Years)	WHAT IS THE REASON FOR UNEMPLOYMENT

18. WHAT IS YOUR PRIMARY REASON FOR MOVING INTO RENTAL HOUSING?

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19. WHAT MOVE-IN FEES IS THE LANDLORD REQUIRING UPON MOVE-IN?

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20. WHY ARE YOU REQUESTING ASSISTANCE WITH THE REQUIRED MOVE-IN COSTS?

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STATEMENT OF COOPERATION	
1. I have supplied a copy of my Yavapai-Apache Nation Enrollment Card to verify enrollment membership. 2. I have supplied information regarding my entire household's resources and income. 3. I have supplied a copy of my entire lease agreement or correspondence from landlord. 4. I have read or had explained to me the application process to receive Move-in Assistance Benefits. 5. I give my permission for the Yavapai-Apache Nation Tribal Assistance Program to obtain any information needed to determine potential eligibility for Move-in Assistance Benefits. 6. By signing below I am stating that the information provided to the Tribal Assistance Program is true to the best of my knowledge.	
APPLICANT'S SIGNATURE	DATE

MOVE-IN ASSISTANCE APPLICATION
YAVAPAI-APACHE NATION
Tribal Assistance Program

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of information requested by the Department of Social Services Tribal Assistance Program or its representatives to verify my financial information, where I live, and residents of my household. The Department of Social Services Tribal Assistance Program will only use the information for the assistance of which I have applied. The Department of Social Services Tribal Assistance Program will not release this information to any other person or agency outside the Tribal Assistance Program or its representatives. This release of information remains in effect while I am a recipient of the Tribal Assistance Program, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: local governments, public assistance programs, health care providers, landlords, employers, private individuals and other departments within the Yavapai-Apache Nation.

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

APPLICANT'S SIGNATURE	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE

SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE