

## **Pre-qualification application instructions**

*We are now accepting pre-qualification applications for the 2020 ICDBG application. All applications must be received at the Tribal Administration offices no later than January 30, 2020 at 5:00 p.m.*

1. APPLICATIONS CAN BE REQUESTED AT THE TRIBAL ADMINISTRATION OFFICE DURING BUSINESS HOURS, BY EMAILING THE HOUSING AUTHORITY AT [HOUSING1@CAHUILLA.NET](mailto:HOUSING1@CAHUILLA.NET) OR ACCESSING THE APPLICATION VIA THE CAHUILLA WEBSITE
2. APPLICATION MUST BE FILLED OUT COMPLETELY (*ANY INCOMPLETE APPLICATION WILL NOT BE ACCEPTED*)
3. MUST SIGN & DATE THE APPLICATION
4. MUST HAVE A CURRENT CONTACT PHONE NUMBER AND ADDRESS
5. TO SUBMIT APPLICATIONS: VIA EMAIL TO [HOUSING1@CAHUILLA.NET](mailto:HOUSING1@CAHUILLA.NET), FAX TO (951) 763-2808 OR MAIL/WALK IN TO THE ADDRESS BELOW:  
Cahuilla Housing Committee  
52701 Hwy 371  
Anza, Ca 92539
6. IF YOU HAVE ANY QUESTIONS ABOUT THE APPLICATION PLEASE EMAIL THE HOUSING AUTHORITY AT [HOUSING1@CAHUILLA.NET](mailto:HOUSING1@CAHUILLA.NET)

*\*This pre-qualification application is to determine eligibility only. A more detailed application will be required with supporting documentation upon selection of applicants.\**

**CAHUILLA BAND OF INDIANS**  
**2020 ICDBG HOUSING PRE-QUALIFICATION APPLICATION**

DATE SUBMITTED \_\_\_\_\_

APPLICANTS INFORMATION:

NAME: \_\_\_\_\_  
                    FIRST NAME                      M.I.                      LAST NAME

CURRENT ADDRESS: \_\_\_\_\_  
                                    STREET ADDRESS  
                                    CITY                      STATE                      ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
                                    STREET OR P O BOX  
                                    CITY                      STATE                      ZIP CODE

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS: MARRIED \_\_ SINGLE \_\_ WIDOWED \_\_ OTHER \_\_

IF OTHER, PLEASE EXPLAIN: \_\_\_\_\_

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SPOUSE INFORMATION:

NAME: \_\_\_\_\_  
                    FIRST NAME                      MID                      LAST NAME

CURRENT ADDRESS: \_\_\_\_\_  
                                    STREET ADDRESS  
                                    CITY                      STATE                      ZIP CODE

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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LIST OF CHILDREN OR DEPENDENTS THAT WILL BE LIVING IN THE HOME:

NAME	DOB	AGE	RELATIONSHIP TO APPLICANT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST OF ADULTS (OTHER THAN APPLICANT) THAT WILL BE LIVING IN THE HOME:

NAME	DOB	AGE	RELATIONSHIP TO APPLICANT

INCOME INFORMATION:

**EARNED INCOME:**

START WITH APPLICANTS INCOME FIRST, THEN THE INCOME OF ANY INDIVIDUALS LISTED ABOVE.

NAME	ANNUAL INCOME	SOURCE OF INCOME

TOTAL ANNUAL EARNED INCOME \$ \_\_\_\_\_

**UNEARNED INCOME:**

START WITH APPLICANTS INCOME FIRST, THEN THE INCOME OF ANY INDIVIDUALS LISTED ABOVE.

NAME	ANNUAL UNEARNED INCOME	SOURCE OF INCOME

TOTAL ANNUAL UNEARNED INCOME \$ \_\_\_\_\_

TOTAL OF ANNUAL HOUSEHOLD INCOME

(EARNED + UNEARNED INCOME =) \$ \_\_\_\_\_

Cahuilla Band of Indians  
Housing Application

APPLICANT CERTIFICATION

**(Read this certification carefully before you sign and date your application. Sign in ink).**

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001. This application contains materials covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature (if appropriate) \_\_\_\_\_ Date: \_\_\_\_\_

PRIVACY ACT STATEMENT

Part 256 of CFR, established under the mechanism of the Snyder Act, 25 USC 13, provides for the collection of this information. The primary use of this information is by an officer or employee of the Federal or Tribal housing office to determine eligibility for a grant for services provided under the Housing program. Additional disclosures of the information may be: to a Housing and Urban Development employee or Bureau of Indian Affairs employee in the conduct of a program review or audit; or to a federal law enforcement agency when the agency becomes aware of violation or possible violation of civil or criminal law. Furnishing the information on this form is required to establish eligibility for your participation in the program.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the housing program. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Response to this request is required to obtain a grant for services in accordance with 25 CFR 256.

ESTIMATED BURDEN STATEMENT

Public reporting burden for this form is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Housing and Urban Development or Bureau of Indian Affairs, Information Collection Center, 1849 C. Street, N.W. Washington, D.C. 20240.