

3. Have you or any member lived in any assisted housing? Yes No

If yes, explain _____

4. Name, address, and telephone number of closest living relative: _____

VII. LOCAL AUTHORITY DETERMINATIONS CONTINUED:

C: Housing Conditions and need:

1. Eligible: Yes No

2. Participant Selection Criteria:

III. HOUSING CONDITIONS:

A. Present Housing condition and need: (please check one)

1. Without housing 2. About to be without housing

Reason: _____

2. Where do you live now: _____

3. Are you living under substandard housing conditions: Yes No (If "yes" check box A-G)

a. Dwelling structurally Unsafe.....

b. No potable running water dwelling unit.....

c. No useable flush toilet in dwelling unit.....

d. No installed usable tub or shower in dwelling unit.....

e. No operating sink or proper stove connection in kitchen.....

f. Inadequate or no electric wiring system in dwelling unit.....

g. Inadequate or unsafe heating facilities for dwelling unit.....

4. Household Status:

a) Overcrowded: Number of bedrooms _____; Number of persons living in home _____

b) Single family unit occupied by 2 or more families.....

Total.....

B. Monthly Amount Now Paid for Rent and Utilities.....\$ _____

A. San Carlos Apache Tribal member

B. Other Indian

C. Non-Indian (rental only)

D. Federal Preferences:

1. Involuntary displaced

E. Veteran or Serviceman

F. Disabled or Handicapped

G. Elderly (rental only)

H. Families of two or more

I. Low Income

J. Other factor

3. Total housing score

IV. ASSETS:

A. Type _____ B. Estimated Value \$ _____

D. Assets:

1. Amount \$ _____

V. LOCAL RESIDENCE:

A. Length of Residence in Locality _____; B. Addresses during past _____ month

E. Other Admission and Selection Factors:

1. Displaced: Yes No

a. Urban-Renewal: Yes No

b. Low-Rent: Yes No

c. Other: Yes No

2. Elderly: Yes No

a. Age: Yes No

b. Disability: Yes No

c. Handicapped: Yes No

3. Vet. Or SM: Yes No

a. Disabled: Yes No

b. Deceased: Yes No

VI. DISPLACED, DISABLED, HANDICAPPED, VETERAN AND SERVICE DATA:

A. Displaced by Urban Renewal or Low-Rent Project or Other Public Action:

1. Address when displaced _____

2. Notified by _____

3. Date notified _____ 4. Date moved _____

B. Disabled Head, Spouse, or Single-Person Applicant:

1. Member Disabled _____

2. Nature and extent of handicap _____

C. Physically Handicapped Head, Spouse, or Single-Person Applicant:

1. Member Handicapped _____

2. Nature and extent of handicap _____

D. Military Service:

1. Name of Family member who has been or is in military service: _____

2. Relation to head _____

3. At home _____

4. Absent _____

5. Period of service: From _____ to _____

6. "C" No. _____

7. Discharged (a) Date _____ (b) Type _____

8. Disabled: Yes No (a) % _____ (b) Service conn. Yes No

9. If now in service: (a) Rank _____ (b) Serial No. _____ (c) Branch _____

(d) Title and address of C.O. _____

VIII. CERTIFICATION:

On the basis of the determination set forth above, the applicant family named herein has been found to be:

Eligible for admission _____
Ineligible for admission _____

Signed _____

Title _____

Date _____

I understand that this is not a contract and does not bind either party. The above information is all, true, and complete to the best of my knowledge. I hereby authorize SCHA to inquire and obtain information for the purpose of verifying the statements made herein.

(Name of applicant) Date _____

Interviewed by: _____