

**QUECHAN HOUSING AUTHORITY  
1860 W. SAPPHIRE LANE  
WINTERHAVEN, CA 92283  
(760) 572-0243 (760) 572-0245 FAX**

## Application for Residency

**Family Composition:**

Head of Household Name \_\_\_\_\_ Tribal Member \_\_\_\_\_ Other Tribe \_\_\_\_\_ Non Indian \_\_\_\_\_  
 Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_  
 Present Monthly Rental Payment: \$ \_\_\_\_\_ Amount paying on Utilities: \$ \_\_\_\_\_  
 Must give closest family member or friends – Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List the Head of Household first and all other members who will be living in the unit:

Full Name	Relationship	Birth Date	Age	Sex	Social Security #
1.	Head of Household				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**Income Information:**

Source of Income: (For head of Household)  
 Employment \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ Social Security Disability \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_  
 FDC \$ \_\_\_\_\_ General Assistance \$ \_\_\_\_\_ Land Lease \$ \_\_\_\_\_ Per Capita \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Position: \_\_\_\_\_ Length of time on this job: (circle one) 3months 6months 1year other: How long? \_\_\_\_\_  
 Gross Income \$ \_\_\_\_\_ (Circle one) Per: Hourly, Weekly, Bi-weekly, Monthly, Annually  
 Do you pay for Child Care? \_\_\_\_\_ Amount \$ \_\_\_\_\_ Care Giver's Name: \_\_\_\_\_

**Second Income:** (For Additional Family member)

Source of Income: (For head of Household)  
 Employment \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ Social Security Disability \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_  
 FDC \$ \_\_\_\_\_ General Assistance \$ \_\_\_\_\_ Land Lease \$ \_\_\_\_\_ Per Capita \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Position: \_\_\_\_\_ Length of time on this job: (circle one) 3months 6months 1year other: How long? \_\_\_\_\_  
 Gross Income \$ \_\_\_\_\_ (Circle one) Per: Hourly, Weekly, Bi-weekly, Monthly, Annually  
 Do you pay for Child Care? \_\_\_\_\_ Amount \$ \_\_\_\_\_ Care Giver's Name: \_\_\_\_\_

**Residential Information:**

Present Landlord Name \_\_\_\_\_ Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_  
 Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ How long: \_\_\_\_\_  
 Previous Landlord Name: \_\_\_\_\_ Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_  
 Do you own land? Yes No If yes where is land located: \_\_\_\_\_

**Other Information:**

Tribal Identification Number: \_\_\_\_\_  
 Driver License/State I.D. # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Spouse/Other Adult Drivers License/State I.D. # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Vehicles: You own, are buying, and/or would be parking on the property:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate & State #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate & State #: \_\_\_\_\_

**Pets:** How many pets do you own: \_\_\_\_\_ What type of pets: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Disability Needs:**

Are you or a member of your family disabled? Yes No State the type of disability and brief description of limits:

Mobility Disability: \_\_\_\_\_

Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_

Other Special Needs: \_\_\_\_\_

Is a Handicap Equipped Unit needed? Yes No What type: \_\_\_\_\_

**Preferences:**

Indicate if you qualify for any preferences:

(1) Employed: Yes No (2) Disability: Yes No (3) Elderly (55 yrs or older) Yes No

Give brief description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged or convicted of a crime, placed on probation/parole, or is there a current warrant for your arrest? Answering yes to this question does not necessarily exclude you from becoming eligible (Circle one) Yes No

If yes, Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information furnished on this application is to the best of my knowledge, complete and accurate. Discovery of false or omitted information constitutes grounds for rejection of this application. You or any agent of your choice may verify any and all information from whatever source that you choose.

I authorize all persons/or firms named in this application to freely provide any requested information concerning me and hereby waive all right of action for any consequence resulting from such information.

All applicants age 18 or over are required to sign this form

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to report any changes in family composition, income or address immediately as it will affect my eligibility status I also understand that failure to report these changes could result in my application going into an inactive file, at which time I will have to re-apply and start at the bottom of the waiting list.

**“All applications Must Be Updated Every 6 Months”**

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application Date: \_\_\_\_\_ Income Eligibility\$ \_\_\_\_\_ Bedroom size \_\_\_\_\_

Admission Date \_\_\_\_\_ Income Eligibility\$ \_\_\_\_\_ Bedroom size \_\_\_\_\_

Deductions Dependant, child care, Medical expenses, employment Travel Expenses \$ \_\_\_\_\_

Preference Determination \_\_\_\_\_

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

Eligible for participation: \_\_\_\_\_ Ineligible for participation due to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Executive Director \_\_\_\_\_ Date: \_\_\_\_\_

**Attention Applicants: A copy of the list of documentation needed is attached in order to determine eligibility, all document must be submitted as soon as possible.**