TULE RIVER INDIAN HOUSING AUTHORITY

Tule River Indian Housing Authority

Tule River Indian Reservation
342 N. RESERVATION ROAD – PORTERVILLE, CALIFORNIA 93257
(559)784-3155

APPLICATION FOR THE TRIBAL REPAIR PROGRAM

This application is for families whose home is located on the Tule River Indian Reservation. The applicant must reside in and be the owner of the property to be worked on and must not owe any past due debt to the Tribe or Housing Authority.

APPLICANT PERSONAL INFORMATION:

Name:	Birth Date:
Mailing Address:	Social Security#:
Physical Address:	
City/State/Zip:	
Directions to Home:	
Home Phone#:	Cell Phone#:
Email Address:	Emergency #
Are you or any member of your family handicapped or disabled? ☐ Yes ☐ No	
Are you an Elder? ☐ Yes ☐ No	
Wheel Chair required? ☐ Yes ☐ No	

REQUESTED ASSISTANCE:

Please give a brief description of the issue(s) you are having within the home. ***Note:*** *TRIHA staff shall set up a home visit and will determine the necessary scope of work needed based on the appropriate building code, habitability and safety standards. (attach additional pages as needed)*

_____

_____

_____

INFORMATION REGARDING YOUR HOME:

Was House Built Before 1978: ☐ Yes ☐ No Year Home Built:_____	# of Bedrooms:_____# of Bath:_____
Number of Persons Living in Home:	Is your home a modular yes no
Is your home insured?	

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HOUSEHOLD COMPOSITION:

NAME: (LAST, FIRST, MI)	RELATIONSHIP TO HEAD	ETHNICITY/TRIBE	GENDER	BIRTH DATE	SOCIAL SECURITY #
	Head				
	Spouse				

DISCLOSURES:

Are you related to or do you have business ties to any *TRIHA staff*, members of their immediate families, *TRIHA Board members*, members of their immediate families?

❑ Yes ❑ No

If Yes, Name_____Relationship _____

ACKNOWLEDGEMENT AND SIGNATURE:

The above information is correct to the best of my knowledge. I understand that any false statement or information provided in this application is in violation of federal law, Title 18 USC 1001, a felony crime punishable by up to five years in prison. The signatures below are acknowledgement that this law was discussed with the applicant by a Housing Management Specialist.

_____ _____

Applicant Signature Date

_____ _____

Housing Management Specialist Signature Date

For Official Use Only	
TRIHA Representative accepting application:	
Date application received:	Time:
Date notification of incomplete application due:	Mailed:
Date determination of eligibility due:	Mailed:
Eligibility determination: Ineligible / Eligible	Date placed on Waiting List:
Comments:	