



## **SAN PASQUAL HOUSING AND COMMUNITY DEVELOPMENT**

### **REPORTABLE INCOME FOR "MORE" PROGRAM CHECKLIST**

**YOU MUST REPORT ALL INCOME & BRING IN ALL DOCUMENTS**

**FAILURE TO DISCLOSE WILL RESULT IN DISQUALIFICATION OF YOUR HOUSING APPLICATION!!**

1. Completed application
2. Income from employment (Cash payments or Check)
3. Social Security Disability Benefits
4. Unemployment Benefits
5. Alimony
6. Child Support
7. TANF
8. Welfare AFDC
9. Per Capita
10. Lump Sums
11. Signed Federal Income Tax Return
12. Signed State Income Tax Return

### **LEGAL DOCUMENT'S must be attached to be deemed complete!**

1. Social Security Cards ( must bring in cards for all household members)
2. Birth Certificates (for all household members)
3. License or ID for all Adult members
4. Proof of Indian
5. Proof of Land Use (CO/OP Agreement from Assignment Holder)
6. Proof of residency with utility bill (such as water bill, electricity)
7. Documentation to show proof of ownership of Mobile home



# **MANUFACTURED OPPORTUNITY REVITALIZATION**

**(MORE)**

## **San Pasqual Housing Application**

16410 Kumeyaay Way  
Valley Center, CA 92082

New applicant ☐

Recertification ☐

**\*I understand applications must be updated annually\***

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # where you can be contacted: \_\_\_\_\_

Have you ever participated in a federally recognized Indian program? Yes or No

### **1. Family Composition**

#### **A. Persons that live in your home**

<b><u>Family Member Number</u></b>	<b><u>Name(s) of Your Family Members</u></b>	<b><u>Relationship to you</u></b>	<b><u>Date of Birth</u></b>	<b><u>Sex (M or F)</u></b>	<b><u>Social Security Number *</u></b>
<u>1.</u>					
<u>2.</u>					
<u>3.</u>					
<u>4.</u>					
<u>5.</u>					
<u>6.</u>					
<u>7.</u>					
<u>8.</u>					

**\*Social security numbers are required for all family members**

**B. Are you an enrolled member of a tribe? Yes or No**

Name of tribe \_\_\_\_\_ Do you live on the reservation of San Pasqual?

Yes or No

## **MANUFACTURED OPPORTUNITY REVITALIZATION**

### **(MORE)**

**C.** Are you or your spouse a person with a disability preventing you from employment? Yes or No, (**show proof of disability**)

**D.** Are there other household members of your family who will live in your home with disabilities? **Please provide proof of medical disability with doctors note.**

‘Yes or No If yes, which family members \_\_\_\_\_

Do they need special accommodations? \_\_\_\_\_

**E.** Do you pay childcare so you can attend school or work? \_\_\_\_\_

Name of childcare provider and contact phone \_\_\_\_\_

**F.** Are you the owner of the Manufactured unit? \_\_\_\_\_  
(please show proof of ownership)

**2.**

#### **A. FAMILY INCOME**

<b><u>Name</u></b>	<b><u>Employer Name</u></b>	<b><u>Rate Per Hour</u></b>	<b><u>Full Time or Part Time</u></b>

#### **B. OTHER INCOME**

<b><u>SOURCE</u></b>	<b><u>RATE FOR MONTH</u></b>	<b><u>Total Per Year</u></b>
Per capita		
TANF		
Social Security		
S.S. I.		
Unemployment		
Pension		
Leases/Rental Income		
Own Business		
Other*		
Total Family Income		

**MANUFACTURED OPPORTUNITY REVITALIZATION**  
**(MORE)**

\*Other sources of income include alimony, child support, service allotments, payments for foster children, and any other source of income. Please do not list income that cannot be anticipated with certainty.

C. Please attach copies of the most recent paystubs for the month for each family member employed. Other forms to verify income can be current IRS 1040, W-2 form.

**3. Signature and consent to release information.**

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish San Pasqual Housing, permissions and authority to conduct a background check on **all** applicants over 18 who will be living in the unit to determine my suitability for screening with San Pasqual Housing Programs. This could include criminal and civil record check, credit reports, employment verification.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees of the San Pasqual Band of Mission Indians.

It is my responsibility to notify the San Pasqual Housing Department of any changes in the family composition and incomes. **Additionally, if selected, I agree to use the unit as my principal residence during the term of the lease agreement. I understand that applications must be updated annually.**

I understand the above requirements and consent to release of the information

Applicants Signature\_\_\_\_\_

Date\_\_\_\_\_

Applicants Signature\_\_\_\_\_

Date\_\_\_\_\_

San Pasqual Housing Representative\_\_\_\_\_

Date\_\_\_\_\_

**MANUFACTURED OPPORTUNITY REVITALIZATION**  
**(MORE)**

4. What are your present housing conditions and rehabilitation needs? If repairs need to get done what are the estimated cost and what type of repairs \$\_\_\_\_\_.

Please rate 1-5 with 1 being the minimum need and 5 being the highest need.

- ☐ Roof
- ☐ Flooring
- ☐ Paint
- ☐ Air conditioning
- ☐ Appliance replacement \_\_\_\_\_
- ☐ Plumbing
- ☐ Stairs
- ☐ Doors
- ☐ Electrical
- ☐ ADA need
- ☐ Heating
- ☐ Countertops
- ☐ Cabinets
- ☐ Drywall
- ☐ Water heater

Comments \_\_\_\_\_



**Manufactured Opportunity Revitalization (More)**  
**San Pasqual Housing and Community Development**

**San Pasqual Housing Application**  
**Authorization for Background Check**

Federal law requires us to verify certain information about all members of families living in or applying for admission to our developments. The San Pasqual Housing wishes to avoid admitting a family that would adversely affect the safety, health, or welfare of other tenants or the community. Prohibition of illegal drugs and **any** criminal activities by the participants to include but not limited to gang related affiliations, drug use, crimes against minors, domestic violence, or sex related crimes i.e. Megans Law list.

Please list the family members who will be living in the unit over the age of 18.

<b>Family Member Names</b>	<b>S.S #</b>	<b>Date Of Birth</b>

I hereby authorize the release of the information requested above to the San Pasqual Housing and Community Development.

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

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

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

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

San Pasqual Housing Representative \_\_\_\_\_ Date \_\_\_\_\_

