



P.O. BOX 391820 • ANZA, CA 92539 • PHONE: 951-659-2700 • FAX: 951-659-2228

HOUSING ASSISTANCE APPLICATION

(Applications must be updated annually) New: _____ Update: _____

Name: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Age: _____ Sex: _____

Is applicant a Tribal Member? _____ Enrollment Number: _____

Has applicant received housing assistance in the past? _____

If yes, please list date and amount:

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Total number of adults in household: _____ Total number of minors in household: _____

Current occupation of applicant: _____ Full or Part Time: _____

Check all that apply:

Elderly _____ Over Crowding _____ Homeless _____ Disabled _____ Substandard _____

Please Describe Your Repair Needs:
