



HOUSING ASSISTANCE APPLICATION

Tribal Home
 AMIHA Home
 Emergency
 Elder
 Disabled
 Substandard

Name: _____ Phone Number: _____

Mailing Address: _____ On Reservation

Email Address: _____ Off Reservation

(Please make sure to check below all that apply.)

Tribal Member
 18 yrs. or older
 Quotes
 Denial Letter

Has applicant received housing assistance within calendar year?
 Y
 N
 Date: _____
 (If so, please provide date and amount)
 Amount: _____

What type of housing assistance are you requesting for?
 Amount requesting for? _____

Plumbing
 Electrical
 Septic
 Structural
 Leak
 Other: _____

Please describe in detail of repairs and or replacements that are needed.

* If requesting for tribal funds for AMIHA home, denial letter of MEPA or NAHASDA funds will need to be submitted with application.

Waiver: I understand that if I am approved for housing assistance, I may choose to have the work completed by a non-licensed laborer, however the Santa Rosa Band of Cahuilla Indians will not guarantee the work and therefore will not be held liable or responsible for future repairs on the above request. **Please note that all receipts are due 2 weeks after cashing the check.**

Please note until a minimum of (1) quote is received by the applicant, the SRHC will not be able to process your request.

Waiver:

Signature: _____

Date: _____

HOUSING ASSISTANCE VERIFICATION

To be filled out by representative of the SRHC

1) Has applicant had previous housing assistance request with in calendar year? Y N

If so: Date: _____ Amount: _____

2) Supporting documents been submitted with application? Y N

If so: Quote _____ Denial Letter _____

3) Motion: For _____ Against _____ Abstain _____
 Date: _____

Motion: _____

4) Tribal Funds Available: Y N

5) Application Complete: Y N

6) Date Application Received : _____

7) Recommendation to TC date: _____

8) Date NOA mailed: _____

9) Request recommended for: Approval Denial

Denial Reason:

SRHC Rep: _____