



Qualla Housing Services

PO Box 1749
 687 Acquoni Road
 Cherokee, NC 28719
 Phone: 828-359-6320 / Fax: 828-359-6905

Tribal Housing Assistance Program Eligibility Application

Check Program Applying: Rental TSALAGI Home Rehab Home Tsali Manor

Office Use Only:

Original Application Date: _____	Qualifying Program(s): _____
Application Update Date: _____	Qualifying Bedroom Size: _____
	Family Composition #: _____

Applicant General Information

Name: _____	Phone #: _____
Mailing Address: _____	Alternate Phone #: _____
City/State/Zip: _____	Email Address: _____
Current Employer: _____	Employer Phone: _____
Address: _____	Length of Employment: _____
City/State/Zip: _____	Annual Salary: _____
Previous Employer: _____	Employer Phone: _____
Address: _____	Length of Employment: _____
City/State/Zip: _____	Annual Salary: _____

Spouse/Other Information

Name: _____	Phone #: _____
Mailing Address: _____	Alternate Phone #: _____
City/State/Zip: _____	Email Address: _____
Current Employer: _____	Employer Phone: _____
Address: _____	Length of Employment: _____
City/State/Zip: _____	Annual Salary: _____
Previous Employer: _____	Employer Phone: _____
Address: _____	Length of Employment: _____
City/State/Zip: _____	Annual Salary: _____

Custody Information

Do you have primary custody of the minor child(ren) listed below? Yes No
If so, legal documentation must be provided.

Do you plan on growing your family more in the future? Yes No

Housing Conditions – Present Living Arrangements

Have you or anyone who will be living in this household, ever been a participant of a QHS program in the past? Yes No

If so, location, program and date: _____

Do you or anyone who will be living in this household currently owe QHS money? Yes No

Would you be interested in a REHAB (Repossessed Home through QHS Program)? Yes No

Are you currently residing on or off the Qualla Boundary? On Boundary Off Boundary

Do you presently: Rent Share a home Own

Type of current housing: Apartment House Trailer

Condition of home: Good Fair Needs Repairs

Current rent payment: _____

Months/Years at present residence? _____

If renting:

Landlord Name: _____

Address: _____

City/State/Zip: _____

Contact Phone: _____

If Buying:

Mortgage Co: _____

Address: _____

City/State/Zip: _____

Contact Phone: _____

If sharing a home:

Name: _____

Address: _____

City/State/Zip: _____

Contact Phone: _____

Land Information – TSALAGI Home Only

Do you own property, Trust Land, that you wish your home to built on? Yes No

Location (community, physical address): _____

Parcel #: _____ Approximate Acreage: _____

Who owns the property (Trust Land), if not in your name?

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Relationship: _____

Do you have an application submitted for Tribal Infrastructure? Yes No

Do you have a Site Inspection submitted at Reality? Yes No

Please attach land map or site and land description.

Reference Contact Information

	Name	Contact Phone	Relationship
Reference #1			
Reference #2			
Reference #3			
Reference #4			

Additional Comments

Applicant Certification

I/We understand that the above information is being collected in determining eligibility for the Tribal Housing Assistance Programs. I/We understand that this application is not a contract and is not binding in any manner. I/We also understand that it is my responsibility to inform QHS if there is any change in my family status along with reporting any changes in income, living conditions and change of address. Information given will be verified and may be released to appropriate Federal, State, or Local Agencies. I/We certify the statements or information are punishable under Federal Law. I/We also understand that false statements or information are basis for eligibility.

Signature Head of Household: _____ Date: _____
 Signature of Spouse/Other: _____ Date: _____
 Signature of Other Adult: _____ Date: _____

THE FOLLOWING ITEMS MUST BE RECEIVED FOR APPLICATION TO BE CONSIDERED COMPLETE.

All Programs	Tribal Enrollment Card – for everyone in the household	_____
All Programs	Social Security Card – for everyone in the household	_____
All Programs	State ID Card or State Driver’s License	_____
All Programs	Immigration Verification – Green Card (if applicable)	_____
All Programs	Authorization for the Release of Information – for everyone age 18 or older	_____
All Programs	EBCI Tribal Lien Liability (Tribal Services Certification Form – Debt Owed – for everyone age 18 or older	_____
All Programs	QHS Lien Liability (Services Certification Form) – Debt Owed – for everyone age 18 or older	_____
All Programs	HCD Rentals & Mortgages Lien Liability (Services Certification Form) – Debt Owed – for everyone age 18 or older	_____
All Programs	Income Verification Form (Filled out by Employer) – for everyone age 18 or older	_____
All Programs	Recent Check Stubs – Most current (within 30 days)	_____
All Programs	Award Letters for Social Security Benefits or SSI – for current year	_____
All Programs	Any court orders pertaining to child support	_____
All Programs	Veterans Verification – Discharge Documents (DD214) – if applicable	_____
All Programs	Income Tax Returns – current filing year	_____
TSALAGI/Stick built	Preliminary Site Inspection Report (Long Form/BIA Reality)	_____
TSALAGI/Stick built	Proof of Ownership of land on which the home will sit (Legal Description, Map & ROW)	_____
TSALAGI/Stick built	Authorization to obtain Credit Report	_____