

Applicant's	
Name: _	_

## TO ALL NEW APPLICANTS

We appreciate your interest in applying for Housing with the Kaibeto Creek Independent Living Center (KCILC). It is very important that you provide the following documents to determine your eligibility.

Completed Housing Application
Income verification form; Must be verified by your employer before interview date.
Copy of marriage license or divorce decree. Copy of court documents verifying legal guardianship of other family members (ex. Nieces, nephews, and grandchildren)
Copy of Social Security cards for all household member(s)
Copy of Certificate of Indian Blood for all household member(s)
Copy of Birth Certificates for all household member(s)
Veteran Status – Copy of your DD-214 document
Rental History – This is to be completed by the property manager if applicant has rented in his/her name within the past 3 years
Criminal Background Check- For all household member(s) over 18 years of age
Notice and Consent for the Release of Information (All household member(s) over the age of 18 need to sign this form)

Please return completed application packet to TCRHCC Housing Department, Post Office Box 600, Tuba City, Arizona 86045 (WE DO NOT ACCEPT FAXED APPLICATIONS). If you have questions, please contact our office at (928) 283-2873 extension 40080.

An interview will be scheduled when eligibility is determined. It is mandatory the interview is done in person. All household members over the age of 18 must be present at the time of interview.



Title:

## PLEASE RETURN COMPLETED FORM TO: KAIBETO CREEK INDEPENDENT LIVING CENTER Applicant: TCRHCC HOUSING DEPARTMENT Social Security#: Post Office Box 600 Tuba City, Arizona 86045 Phone (928) 283-2873 Ext 40080 TCRHCC Fax (928) 283-2872 Representative: \_\_\_\_ **INCOME VERIFICATION** Dear Sir/Madam: The Kaibeto Creek Independent Living Center is required to verify the eligible income(s) provided for all family members applying for admission as tenants to the Kaibeto Creek Independent Living Center. All income(s) are re-examined periodically to ensure proper qualifications for continued housing. This verification of income form is a federal requirement and your cooperation in supplying the information below for the eligibility status for rent payments of the applicant. Please complete and sign the authorization below and return completed form to the TCRHCC Housing Department. Your prompt return of the information will be appreciated. If you should need further assistance, please contact our TCRHCC Housing Department directly. "I HEREBY AUTHORIZE THE RELEASE OF ALL INFORMATION RELATING TO MY INCOME TO THE TUBA CITY REGIONAL HEALTH CARE CORPORATION - HOUSING DEPARTMENT AND KAIBETO CREEK INDEPENDENT LIVING CENTER FOR USE IN OBTAINING HOUSING." Signature TO BE COMPLETED AND SIGNED BY AUTHORIZED REPRESENTATIVE **Income Verification Benefit Verification** Position Type of Benefit Hourly Rate \$ Monthly Benefit \$ Total Hours Per Week \$ Weekly Benefits \$ Total Annual Income \$ Bi-Weekly Benefits \$ **Employment Dates: Effective Date of Benefit:** Employer \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

Date: \_\_\_\_\_ Telephone No. \_\_\_\_

Signature:



## PLEASE RETURN COMPLETED FORM TO: KAIBETO CREEK INDEPENDENT LIVING CENTER

TCRHCC HOUSING DEPARTMENT Post Office Box 600 Tuba City, Arizona 86045 Phone (928) 283-2873 Fax (928) 283-2872

## **RENTAL HISTORY**

Name of Applicant(s):						
Address:		City:		State:	Zip:	
Date of Tenancy: From:			To:			
I authorize the landlord to rele	ease the reques	sted information	regarding my pri	or/present tenancy	y:	
·····	Applicant Signatur	re	······································	·····	Date	
The above applicant(s) have Please answer the questions						
				Housing Departme	ent Manager	
<ol> <li>Rent paid on timely matter?</li> <li>Damage to unit or common areas?</li> <li>Problems with tenant's children?</li> <li>History of disturbing the quiet enjoyment of neighbors?</li> <li>History of violence or harassment of neighbors or manage</li> <li>Rent or damages still owing?</li> <li>Would you re-rent to this tenant?</li> </ol>			gement?	YES	S NO	
9. Number of people on leas	se Adults	:	Children:	Rer	nt: _\$	
Comments:						
Name of Landlord			Date			
Add			Telephone			
City	State	Zip		Landlord Signature		