



SAN PASQUAL HOUSING & COMMUNITY DEVELOPMENT  
HOME OWNERSHIP OPPORTUNITY PROGRAM (HOOP)

**\*Applications must be Updated Annually\***

NAME \_\_\_\_\_

DATE: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS (MUST BE VERIFIED) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT:  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FOR OFFICE USE ONLY:  
RECEIVED BY: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

FORWARD TO: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

FULL NAME(S) OF ALL HOUSEHOLD MEMBERS	RELATION TO HEAD	SEX M / F	DATE OF BIRTH	NATIVE AMERICAN Y / N	LIST TRIBE	SOCIAL SECURITY NUMBER *** REQUIRED ***
LAST, FIRST, MIDDLE						
	HEAD					
	SPOUSE					

Are there family members temporarily absent? \_\_\_\_\_ Yes \_\_\_\_\_ No if so, whom: \_\_\_\_\_

Where are they residing? \_\_\_\_\_ When are they to return? \_\_\_\_\_

Will any household member, including children, live in the unit on a less than full time basis? If yes, please explain \_\_\_\_\_

Do you anticipate any change in your household (someone moving in or out) during the next 12 months? If yes, please explain. \_\_\_\_\_

Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing, or visual impairments? \_\_\_\_\_

# TOTAL HOUSEHOLD INCOME:

Household Members	Employer	Gross Weekly Wages	Welfare TANF	Child Support Received	Social Security Benefits	Unemployment Benefits	All Other Income

## HOUSEHOLD ASSET INFORMATION

Yes	No	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
		21. Checking Accounts . . . . . (6 month average balance)	\$
		22. Savings Accounts . . . . .	\$
		23. Stocks . . . . .	\$
		24. Capital Investments . . . . .	\$
		25. Bonds . . . . .	\$
		26. Trusts* . . . . .	\$
		27. Securities . . . . .	\$
		28. Whole Life Insurance Policy (do not include term life insurance) . . . . .	\$
		29. 401K* . . . . .	\$
		30. IRA/KEOGH Accounts . . . . .	\$
		31. Certificates of Deposit . . . . .	\$
		32. Pension/Retirement/Annuity accounts . . . . .	\$
		33. Money Market Funds . . . . .	\$
		34. Treasury Bills . . . . .	\$
		35. Safety Deposit Box . . . . .	\$
		36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains). . . . .	\$
		37. Are any accounts held jointly with someone not in the unit? Which account and with whom? . . . . .	
		38. Other . . . . .	

\*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

Yes	No		Value
		39. Do you now own Real Estate? . . . . . If yes, list address(es):	\$
		40. Do you hold a contract for deed? . . . . .	\$
		41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)? . . . . .	\$
		42. Are any assets held jointly with another person? List person and asset(s). . . . .	
		Is combined cash value of all household assets over \$5,000? If yes, 3rd party verification of assets is required.	

Do you currently own your home? YES NO If NO, do you Rent Make a Mortgage/Bank Payment If so how much? Are you the legal owner or a direct descendant of the owner of the property? Yes No If you do not own, please provide the name(s) of owner(s) Have you or any other person named on the application as intending to reside in the unit, ever been convicted for using, dealing or manufacturing illegal drugs, or violent criminal activity?

**PREVIOUS PARTICIPATION**

Have you or any member of the household ever received housing services from another Tribe/Tribal Housing Authority, Public Housing Authority, or this Housing Department? ☐ YES ☐ NO

If you have had a home before, please provide information as to when the home was given up and list the name of the Agency who built it, state the reason why and which project {if known} and the name of person(s) to whom it was assigned {if known}. Also, state the condition of the house and if there was a delinquent balance.

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Have you or any member of the household ever received assistance from one or more of the following programs?

Low Income Rental Housing

Rental Assistance ☐ Yes ☐ No

Mortgage Assistance ☐ Yes ☐ No

Down Payment Assistance ☐ Yes ☐ No

Water and Sanitation ☐ Yes ☐ No

HIP ☐ Yes ☐ No

If you are participating or have participated in any of the programs, please provide information as to when and what county/city you resided.

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Do you or your spouse have any relative(s) presently working for, or holding office in this Tribe or Tribal Housing Program? Yes ☐ No ☐ If yes give the name(s) of relative(s), relation, and entity, if known.

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PLEASE READ BEFORE SIGNING APPLICATION PACKET.

IN ORDER TO RECEIVE SERVICES, YOU MUST QUALIFY BY MEETING ALL ELIGIBILITY REQUIREMENTS AND PROGRAM FUNDING MUST BE AVAILABLE.

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.**

**APPLICANT CERTIFICATION**

I/We certify that the answers/information given on this application in reference to household composition, income, Net family assets, allowances and deduction is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. No record will be communicated to anyone or agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency required it in the performance of their duties. This application will not be valid unless completely filled out. INCOMPLETE APPLICATIONS WILL BE RETURNED.

I hereby authorize and instruct the \_\_\_\_\_ Tribal Housing Program to obtain and review my credit report.

My signature below also authorizes the release of account information to and from other financial institutions. I have supplied to \_\_\_\_\_ Tribal Housing Program in connection with such evaluation. I understand the processing of this application will require providing my information to the \_\_\_\_\_ Tribal Housing Program.

I understand acceptance of assistance is contingent on all occupants meeting the selection criteria and the applicable program requirements and policies as they now exist or as they may hereafter be revised or added by the \_\_\_\_\_ Tribal Housing Program.

I hereby authorize the \_\_\_\_\_ Tribal Housing Program to request any information needed from my Lender/Broker. I hereby authorize my Lender/Broker to provide any and all information requested by the \_\_\_\_\_ Tribal Housing Program, including but not limited to a copy of my credit report, copies of income verifications, credit references, (including landlord references), copies of W-2 forms, tax returns, appraisals, and any other documentation used in processing my mortgage loan. The information obtained from the Lender/Broker is only to be used in the determination of eligibility for the \_\_\_\_\_ Tribal Housing Programs.

**Consent:**

I consent to allow the \_\_\_\_\_ Tribal Housing Program to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under \_\_\_\_\_ Tribal Housing Programs. I understand that income information obtained under this consent form cannot be used to deny, reduce, or terminate assistance without the Tribal Housing Program first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to consent those determinations.

Signature of Head of Household	Date	Social Security Number
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Signature of Co-Head	Date	Social Security Number
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Family Member over age 18	Date	Social Security Number
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Family Member over age 18	Date	Social Security Number
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PRIVACY ACT NOTICE: THIS INFORMATION IS TO BE USED BY THE AGENCY COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PROSPECTIVE PARTICIPANT OR BORROWER UNDER THE AGENCY'S PROGRAM(S). IT WILL NOT BE DISCLOSED OUTSIDE THIS AGENCY EXCEPT AS REQUIRED AND PERMITTED BY LAW. You do not have to provide this information, but if you do not, your application for approval as a prospective participant or borrower may be delayed or rejected, the information requested in this form is authorized by TITLE 38, USC, Chapter 37 (if VA by 12 USC, Section 1701 BT.SEQ;(if USDA/FmHA)