



## MOVE-IN ASSISTANCE APPLICATION

### YAVAPAI-APACHE NATION Tribal Assistance Program

The Yavapai-Apache Nation Tribal Council has recognized the critical importance of establishing a Tribal Assistance Program to provide temporary financial relief for Tribal Members and their families. The Tribal Assistance Program was developed May 14, 1998.

#### What does Move-In Assistance Provide?

- In an **emergency situation**, Move-In Assistance is offered to eligible adult Tribal Members by assisting with the first & last month rent only towards move-in cost.

#### How do I become eligible for Move-In Assistance?

- Adult Tribal Member becomes eligible for Move-In Assistance when they meet all the following requirements:
  - ❖ **Lease agreement lists adult Tribal Member as “primary tenant” (head of household).**
  - ❖ **A period of five years has expired since the date adult Tribal Member previously received Move-In Assistance or 12 months since receiving Rental Assistance benefits.**

#### How do I Apply?

- Adult Tribal Member who is head of household and in the process of relocating into rental housing must complete the attached application forms and return it to the Tribal Assistance Program with copies of all the following documents:
  - ✓ **Yavapai-Apache Nation Enrollment Card**
  - ✓ **Entire lease agreement**
  - ✓ **W9 Tax Form- must be completed by landlord in order for payment to be processed.**
- If you are determined eligible for Move-In Assistance, payment will be issued directly to the landlord at the time of move-in. Funds are not subject to reimbursement after Tribal Member moves in.
- Payments include first & last month's rent only, not to exceed \$1500. The remaining cost for move-in will be the responsibility of the adult Tribal Member. Move-In Assistance is available once every five years.

#### How long can the Tribal Assistance Program take to decide my eligibility?

- When entire application form is complete and returned with all required documents, the Tribal Assistance Program must make a decision within 2 business days from the date and order your application is received.

#### IMPORTANT INFORMATION:

- \* Move-In Assistance is not offered for down payments to purchase any type of home.
- \* **All adult residents** of household must sign & date Authorization for Release of Information Form.
- \* When inquiring about the status of your application, information will only be disclosed to the adult Tribal Member who has applied for assistance.
- \* If you require assistance in completing the application or have any questions regarding the assistance available, please contact the Tribal Assistance Program.

Mailing: 2400 W. Datsi Street, Camp Verde AZ 86322 Telephone: (928) 649-7147  
Email: [TribalAssistanceSS@yan-tribe.org](mailto:TribalAssistanceSS@yan-tribe.org) Website: [www.yavapai-apache.org](http://www.yavapai-apache.org)

**MOVE-IN ASSISTANCE APPLICATION**  
**YAVAPAI-APACHE NATION**  
**Tribal Assistance Program**

LEGAL NAME (Last, First, Middle)				MAIDEN NAME		
MAILING ADDRESS		P.O. BOX/Street	CITY	STATE	ZIP CODE	
PHYSICAL ADDRESS		Street	CITY	STATE	ZIP CODE	
HOME TELEPHONE	WORK TELEPHONE	CELLULAR OR MESSAGE NUMBER	EMAIL ADDRESS			
LIST EVERYONE THAT LIVES WITH YOU. START WITH YOURSELF		RELATION TO APPLICANT	ENROLLMENT NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
1.		<b>SELF</b>				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

- Check here if you have ever received Move-In or Rental Assistance and provide date received. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨
- Check here if you are currently without housing and provide date you became displaced. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨  
 What is the reason for displacement? \_\_\_\_\_
- Check here if you were or are scheduled to be evicted from current rental housing, provide dates. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨

**WHAT IS YOUR PRIMARY REASON FOR MOVING INTO RENTAL HOUSING?**

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**WHAT MOVE-IN FEES IS THE LANDLORD REQUIRING UPON MOVE-IN?**

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**WHY ARE YOU REQUESTING ASSISTANCE WITH THE REQUIRED MOVE-IN COSTS?**

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**STATEMENT OF COOPERATION**

1. I have supplied a copy of my Yavapai-Apache Nation Enrollment Card to verify enrollment membership.
2. I have supplied a copy of my entire lease agreement.
3. I have read or had explained to me the application process to receive Move-In Assistance benefits.
4. I give my permission for the Yavapai-Apache Nation Tribal Assistance Program to obtain any information needed to determine potential eligibility for Rental Assistance Benefits.
5. By signing below I am stating that the information provided to the Tribal Assistance Program is true to the best of my knowledge.

APPLICANT'S SIGNATURE	DATE
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**MOVE-IN ASSISTANCE APPLICATION**  
**YAVAPAI-APACHE NATION**  
**Tribal Assistance Program**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the release of information requested by the Department of Social Services Tribal Assistance Program or its representatives to verify my financial information, where I live, and residents of my household. The Department of Social Services Tribal Assistance Program will only use the information for the assistance of which I have applied. The Department of Social Services Tribal Assistance Program will not release this information to any other person or agency outside the Tribal Assistance Program or its representatives. This release of information remains in effect while I am a recipient of the Tribal Assistance Program, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: local governments, public assistance programs, health care providers, landlords, employers, private individuals and other departments within the Yavapai-Apache Nation.

**A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

APPLICANT'S SIGNATURE	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE

SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE