



Complete Only Highlighted Areas

Please return form to:  
Kaibeto Creek Independent Living Center  
Housing Department  
Post Office Box 600, Tuba City, Arizona 86045  
Phone: (928) 283-2873 ext. 40080  
Fax: (928) 283-2872

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Census No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Census No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Chapter Affiliation: \_\_\_\_\_ Chapter Affiliation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

FAMILY COMPOSITION (Complete all boxes.)								
Family Member No.	Name of Family Member	Relation To Family Head	Date of Birth	Age	Sex	Veteran Y/N	Disabled Y/N	Occupation
Applicant								
Co-Applicant								
3								
4								

Do you anticipate any changes in your family composition? ☐ Yes ☐ No Reason(s): \_\_\_\_\_

Name & Address of Closest Relative: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_



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## FAMILY INCOME & DEDUCTIONS

**DO NOT FILL OUT – Kaibeto Creek Independent Living Center USE ONLY**

Family Member No:	Employer or Source of Income	Length of Employment	Rate of Pay	Annual Income
			\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$ _____
			\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$ _____
			\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$ _____
			\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$ _____
<b>TOTAL FAMILY INCOME</b>				\$ _____

Family Member No:	DEDUCTIONS	Total
	\$400 for elderly family/disabled	\$ _____
	\$480 per dependent (other than head or spouse)	\$ _____
	Travel Expense (Cannot exceed \$25 a week or \$1,300 annually)	\$ _____
	Childcare with Certification (12 years of age and under)	\$ _____
	Medical Expenses in excess of 3% of Total Family Income – Elderly Family	\$ _____
		\$ _____
<b>TOTAL DEDUCTIONS</b>		\$ _____
<b>ANNUAL NET INCOME (Total Income – Deductions)</b>		\$ _____

Annual Net Income =	\$ _____
Annual Net Income x 30% ( <i>Housing Ratio</i> ) =	\$ _____
Yearly Gross Income =	\$ _____
Yearly Gross Income / 12 Months =	\$ _____
Utility Allowance =	\$ _____
Totally Monthly Rental Payment =	\$ _____



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**HOUSING CONDITION ( Answer All Questions.)**

**Present Housing Conditions and Need**

1. What is your current living situation? \_\_\_\_\_

Current Monthly Payment/Rent: \$ \_\_\_\_\_ Monthly Utilities: \$ \_\_\_\_\_

2. Are you without housing? ☐ Yes ☐ No

Reason(s): \_\_\_\_\_

3. Are you about to be without housing? ☐ Yes ☐ No

Reason(s): \_\_\_\_\_

4. Are you living under substandard conditions? ☐ Yes ☐ No *If yes, check conditions present.*

☐ Dwelling structurally unsafe

☐ No operating sink or proper stove connections in kitchen

☐ No indoor running water in dwelling unit

☐ Inadequate or no electric wiring system in dwelling unit

☐ No usable flush toilet in dwelling unit

☐ Overcrowded No. of Bedrooms \_\_\_\_\_ No. of Persons \_\_\_\_\_

☐ No installed usable tub or shower in dwelling Unit

☐ Single family unit occupied by 2 or more families

5. Other conditions and factors of housing needs (specify)? \_\_\_\_\_

**CERTIFICATION**

I hereby agree to participate in and cooperate fully with the Tuba City Regional Health Care Corporation - Kaibeto Creek Independent Living Center (KCILC) Housing Program. I understand that failure to participate without good reasons may result in revocation of the Notice of Selection, Renewal, or Termination of the Lease Agreement.

I/We certify that the information given to the KCILC-Housing Department on household composition, income, net family assets, and allowances, and deductions are 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 statement or information are grounds for termination of housing assistance and termination of tenancy.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**KAIBETO CREEK INDEPENDENT LIVING CENTER USE ONLY**

Application received by: \_\_\_\_\_ Date received: \_\_\_\_\_ Income Limits: \_\_\_\_\_

Total Annual Income: \_\_\_\_\_ Family Size: \_\_\_\_\_ Is the family Income eligible? ☐ Yes ☐ No

Type of Housing \_\_\_\_\_ Unit Size Required: \_\_\_\_\_

Displacement	Substandard	Local/Preference	
Disaster _____	Dilapidated; Declared Unfit _____	Elderly Family _____	
Domestic Violence _____	Homeless Family _____	Veterans _____	
Cultural Displacement _____	No Plumbing/Water _____	Overcrowded _____	
Inaccessibility of Unit _____	No Electrical System/Heating _____		
<b>TOTAL</b> _____	<b>TOTAL</b> _____	<b>TOTAL</b> _____	<b>TOTAL PREFERENCE POINTS:</b> _____

I certify that the information given to the KCILC-Housing Department on household composition, income, net family assets, allowance and deductions have been verified as required by Federal Law. The family has certified that it has given our agency accurate and complete information.

☐ Eligible for Admission

☐ Ineligible for Admission

Reason(s): \_\_\_\_\_

Name/Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_