



# HUALAPAI HOUSING

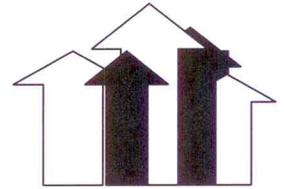
Hwal'bay Ba:j Wayo:wo'jo

Higher Education Rental Assistance Program

600 Highview Street ♦ P.O. Box 130 ♦ Peach Springs, Arizona 86434

Phone (928) 769-2274 Fax (928) 769-2703

Email: Mariesa Sullivan ♦ [MSullivan@Hualapai-nsn.gov](mailto:MSullivan@Hualapai-nsn.gov)



## Rental Assistance Application

Date of Application: \_\_\_\_\_

### Personal and Family Information

Full Legal Name: \_\_\_\_\_ Hualapai Tribal ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender:  Male  Female

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

### List all other household members and their relationship to you:

Name of Spouse (if applicable): \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Total Number of people in the household: \_\_\_\_\_

**INCOME**

Please list what type of income that you are receiving. If you have no income please write how you are getting by to pay for your bills.

Source of income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Data**

Name of High School Attended: \_\_\_\_\_

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

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

College Level:  Freshman  Sophomore  Junior  Senior  Graduate Student

Name of the Educational Institute you will be attending: \_\_\_\_\_

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

Name of Financial Officer or Contact Person: \_\_\_\_\_

Financial Aid Office Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Have you applied for Federal Financial Aid?  Yes  No

Have you applied for the Hualapai Higher Education Assistance Grant/Scholarship?  Yes  No

**Please Read, Check, and Initial the following:**

\_\_\_\_\_ (Initials) I have read and understand the Hualapai Housing Higher Education Rental Assistance Policy.

\_\_\_\_\_ (Initials) I understand that any awarded assistance will be terminated in the event I should withdraw, fail to maintain a 2.0 GPA, drop – out, or drop below twelve (12) credit hours.

\_\_\_\_\_ (Initials) I also agree to adhere to all other provisions stated in the Higher Education Rental Assistance Policy.

**Please remember that there is a 15 day approval period to process all completed applications.**

Applicant Signiture: \_\_\_\_\_ Date: \_\_\_\_\_