



# The Department of Community Housing Public Rental Housing Program



The Department of Community Housing (DCH) has revised the **GRIC Admissions and Occupancy Policy (A&O)** to better serve the Low-income Gila River Indian Community members. With the revised A&O policy in place, this allows the DCH to accept Low Rental Housing Applications on a daily basis; applications are available for distribution.

**To qualify: (All information must be no more than 90 days old):**

Completed applications are required to have the following documents upon submission to the Department. It is the applicant’s responsibility for obtaining all supporting documentation and must be available at time of submission.

The required documents include the following:

- **MUST** be 18 years of age on the date of application when submitted.
- State Identification for **all** members 18 years of age and older
- Current CDIB (Certified Degree of Indian Blood) for **all** members of the Household
- Social Security Cards for **all** members
- Birth Certificates for **all** members under 18 years of age. (Exceptions for newborns; will accept crib card/bracelet or immunization record until birth certificate is received)
- Proof of Marriage License
- Any form of Legal Identification
- Proof of Guardianship, Power of Attorney and/or other legal documents establishing custody arrangements for children placed in the applicant’s home
- Signed “**Consent to Release**” form by **all** members 18 years and older
- Income Verification (**All members of Household**) – Current Check Stub(s) for Employment **Award Letter for:** SSI, SSA-Retirement, Survivors, Child Support,

**Application may be turned in at the following DCH locations:**

**DCH Main Office – Sacaton,  
136 South Main Street  
Sacaton, Arizona  
8 am – 5 pm (M-F)**

**DCH Westend Office – Komatke,  
119 Tashquinth Drive  
Laveen, Arizona  
9 am -3:30 pm (M-F)**

**Family Households are ELIGIBLE at the 80% of (HUD) Area Median Income Level (AMI):**

Income Limits Are Subject to Change

FY - 2020	United States Median Family Income Limits under the NAHASDA Act of 1996							
HH Size	1	2	3	4	5	6	7	8
80%	\$43,960	\$50,240	\$56,520	\$62,800	\$67,824	\$72,848	\$77,872	\$82,896

**For questions or for more information please contact  
, Housing Intake Specialist (520) 562-3904  
E-mail:**



# GILA RIVER INDIAN COMMUNITY

## DEPARTMENT OF COMMUNITY HOUSING



### Low Rent Housing: Check-Off List

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

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

Time: \_\_\_\_\_

Recvd	Pending	Description	
1		Application	_____
2		Applicant/Resident Certification	_____
3		Consent to Release Form (All Household Members over 18-yrs)	_____
4		ID's for all 18 yrs. & Over	_____
5		Birth Certificate / Guardianship Letter (17yrs and under)	_____
6		Social Security Cards (For All House Hold Members)	_____
7		Current CDIB for all members of the Household	_____
8		Proof of Marriage License	_____
9		Proof of Guardianship, Power of Attorney	_____
10		Pay-Stub (past 30-days)	_____
11		Per Cap Form or Ledger	_____
12		Verification of Income Form	_____
13		Unemployment Form (If Applicable)	_____
14		DES/TSS Verification (If Applicable)	_____

Must be filled out by each adult listed on the application. (If more than one adult you will need to make copies)

Comments:

\_\_\_\_\_

\_\_\_\_\_

Office Use Only:

Submit Date	Initial	Complete Date	Initial
1		Work Sheet (Excel)	
2		Per Capita Verification	
3		Income Verification	
4		DES Verification	
5		Tribal Social Services Verification	

Submit Date	Initial	Complete Date	Initial
6		Denied	
7		Approved	
8		Letter to Tenant	

# GILA RIVER INDIAN COMMUNITY

DEPARTMENT OF COMMUNITY HOUSING

## APPLICATION FOR HOUSING ASSISTANCE LOW RENT

NAME \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ BDRM SIZE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
WORK: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Have you ever lived in a HUD Assistant Home under Gila River Housing Authority?  Yes  No  
if Yes, When: \_\_\_\_\_ Where: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

1. Family Composition

Persons who will move into unit.

	Family Members	Relation	Birth Date	Age	Sex	S.S.N.	Enrollment No.
1		H.O.H.					
2							
3							
4							
5							
6							
7							
8							
9							
10							

Anticipated Change in Family Composition: \_\_\_\_\_

2. Source of Family Income

Family Member	Name of Business	Business Address	Estimated Yearly Income or Hourly Rate

Total Yearly Family Income.....\$ \_\_\_\_\_