

SHINNECOCK HOUSING DEPARTMENT HOUSING ASSISTANCE APPLICATION

PLEASE PRINT ALL INFORMATION

Head of Household

Street Name and Number, Marker No. and PO Box:

City: _____ State: _____ Zip: _____

Telephone Numbers:

_____, _____

Have you received assistance from the Shinnecock Housing Department in the past? Yes No

List All Members of Your Household	Relationship	Date of Birth	Social Security Number
	SELF		

Are you an enrolled member of the Shinnecock Indian Tribe? Yes No

Are you or spouse a person with a disability? Yes No

Are you or your spouse a Veteran? Yes No

Do you or a member of your household receive any of the following:

SNAP **HEAP** **MEDICAID** **MEDICARE** **SSI** **SSD**

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2. Family Income

	Who Receives	Monthly Amount
1.		
2.		
3.		
4.		

3. Describe Housing Needs:

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the **Shinnecock Housing Department** to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform **Shinnecock Housing Department** if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

Signature

Date