

SHINNECOCK HOUSING DEPARTMENT HUD PROGRAM APPLICATION

Head of Household:

Street (Marker #) - PO Box:

City: _____ State: _____ Zip: _____

Best number (s) to reach you:

Have you received assistance from the **Shinnecock Housing Department Housing Program** in the last two years? Yes No

1.

	List All Members In Your Household	Relationship	Date of Birth	Social Security #
1.		SELF		
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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

2. Family Income

	Source(s) of Income	Monthly	Yearly
1.			
2.			
3.			
4.			

