



Administered by The TANF Program

Eligibility Determination
This applicant is eligible for the NEW Program (YES) or (NO)

- If an answer does not apply to you, mark "N/A" DO NOT LEAVE BLANK.
- Print clearly in ink. If you make a mistake, draw a single line through the original, include your initials, and rewrite the answer.
- Applicants must provide verification to support each answer as shown in the yellow shaded areas below.

1 a Are you a Karuk Tribal member or a lineal descendant residing in Siskiyou or Humboldt county, California? ☐ Yes ☐ No

1 b Do you have a outstanding delinquent or default loan with the tribe? ☐ Yes ☐ No

<input type="checkbox"/> Tribal Membership Enrollment # _____	<input type="checkbox"/> Tribal Affiliation Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified: _____ <input type="checkbox"/> TAS Entry _____ Initials
--	---

(2a) Family Size _____ **(2b)** Family income \$ _____ per _____

<u>Family</u>	<u>Annual Income</u>	<u>per Month</u>	<u>per Week</u>	<u>per Hour</u>
<input type="checkbox"/> 1	\$ 15,080	\$ 1,862	\$ 429.	\$ 11.
<input type="checkbox"/> 2	\$ 20,426	\$ 2,522	\$ 581.	\$ 14.
<input type="checkbox"/> 3	\$ 25,772	\$ 3,182	\$ 734.	\$ 18.
<input type="checkbox"/> 4	\$ 31,118	\$ 3,842	\$ 886.	\$ 22.
<input type="checkbox"/> 5	\$ 36,463	\$ 4,502	\$ 1,038.	\$ 25.
<input type="checkbox"/> 6	\$ 41,565	\$ 5,162	\$ 1,191.	\$ 29.

City	State	Zip Code
------	-------	----------

☐ Rental / Lease Agreement / Trust Deed or (KTP) Residency Form ☐ Orig. Date _____ ☐ TAS ☐ Verified

City	State	Zip Code
------	-------	----------

☐ Current Utility Bill: ☐ Date of Last Service: ☐ TAS
☐ Verified

4 Is there a crisis situation? (Such as domestic violence, homelessness, eviction, no transportation, or an interruption in utilities, food or other basic needs) ☐ Yes ☐ No
If yes, explain: _____

☐ Referral Date _____ ☐ TAS
☐ Notify CM / SM
 Date: _____

5 Please list spouse & children living in your home.

[illegible]

Educational / Veteran / Miscellaneous (Circle One)						
Citizenship 1. Citizen 2. Eligible Non-Citizen 3. Non-Eligible Non-Citizen	Marital Status 1. Single 2. Married 3. Divorced 4. Widowed 5. Separated 6. Common Law	Educational Status 1. In-School, H.S. or Less 2. In-School, Post H.S. 3. Not Attending School 4. High School Graduate 5. H.S. Drop Out 6. Other	School Attendance 1. Elementary 2. Secondary 3. Trade/Tech/Voc 4. Community/ College 5. Four Year University 6. Not Applicable	Type of School Attending 1. Full-Time 2. Part-Time 3. Not Attending School 4. Last Grade Completed _____	Veteran Status 1. Eligible Veteran, less than or equal to 180 days 2. Eligible Veteran 3. Eligible Spouse 4. Not an Eligible Veteran	Selective Service 1. No 2. Yes 3. Exempt 4. Not required to register or document Registration 5. Beyond Registration Age; failure to register unintentional.

Employment Status at Intake(Circle One)			
1. Employed a. Employed Full-time b. Employed Half-time c. Underemployed	2. Employed a. But received notice of termination or employment or military separation	3. Not Employed a. Was employment sought in the last 28 days?	

Barriers to Employment (Circle all that apply)			
1. Basic Skills deficient 2. Low Income 3. Long-term Unemployed 4. Offender/ Criminal Justice 5. Poor Work History	6. Single Head of Household 7. Limited English Proficiency 8. Individual with Disability 9. Learning Disability	10. Substance Abuse 11. Homeless 12. Displaced Homemaker 13. School Drop-out	14. Pregnant/Parenting Teen 15. Runaway Youth 16. Youth Additional Services 17. Not Applicable

Work History			
Work History #1			
EMPLOYMENT HISTORY (26 Weeks Pre-program Current/Last Job First) Enter the employer's name, address, zip code and telephone number.			From: Mo/Day/Yr
			To: Mo/Day/Yr
Job Title	Hourly Wage	Hours Per Week	Reason for leaving
Work History #2			
EMPLOYMENT HISTORY (26 Weeks Pre-program Current/Last Job First) Enter the employer's name, address, zipd code and telephone number.			From: Mo/Day/Yr
			To: Mo/Day/Yr
Job Title	Hourly Wage	Hours Per Week	Reason for leaving

Certification Statement

I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and verification and that I may have to provide documents to support this intake. It has been explained to me and I understand that:

Information collected on this intake record will be entered into the NEW program collection system. I also understand that the information recorded on the intake record will be protected in accordance with the privacy act.

Misstatements or misrepresentation on my part on this or other related forms may be cause for dismissal and possible actions for the collection of any payments received by me. Anyone who makes a false statement or misrepresentation of facts in an application for determination of program eligibility may be committing a crime punishable by law and may be fined or put in jail for fraud and/or perjury.

Should I be deemed ineligible for the Native Employment Works Program by the official verification process, I agree to immediately cease employment or training and I may be liable for all payments made to me and/or on my behalf while enrolled in the Native Employment Program.

Signatures: This signature of the client and/or parent/Guardian is acknowledgement of the Certification Statement above.	
Client Signature	Date
Parent/Guardian Signature	Date
Interviewer Signature	Date
Certifier Signature	Date
Reviewer Signature	Date

KARUK TRIBE
NATIVE EMPLOYMENT WORKS PROGRAM

Happy Camp Tribal TANF Office

64101 Second Avenue

P.O. Box 1016

Happy Camp, CA 96039

Telephone (530) 493-1440 FAX (530) 493-1442

INTAKE DOCUMENTATION REQUIREMENT

Eligibility Document Requirement

APPLICANT: _____

Date of Intake ____/____/____

Eligibility Document Requirement notice must be completed at the time of Intake. The required documents must be received by the Karuk Tribal NEW Program within (2) two weeks of the date of intake.

☐ **Indian Certification**

The applicant must provide copy of their Karuk tribal membership card.

1. Types of documentation may include:

- a. Karuk Tribal Membership Card
- b. Karuk Tribal Descendancy Card

☐ **Proof of Residence**

The applicant must verify residency in Karuk tribe's service area as of the date of intake. Documents may not be older than thirty (30) days from the date of the Intake.

Types of documentation may include:

- Utility Bill
- Rent Receipt
- Cancelled Check
- Voter Registration Card
- Postmarked Mail addressed to the applicant
- School Records/Work permit

☐ **Selective Service Status**

Male applicants 18 years of age and older, born on or after 1/1/60 must provide proof of having complied with the Military Selective Service Act, i.e. must have registered with the Selective Service System. Those applicants 26 and older who failed to register must provide a Status Information Letter and documentation that they did not knowingly and willingly fail to register. Veterans who did not register may provide a DD214, current full-time active duty orders or military ID.

☐ **Proof of Income**

The applicant must verify the level of family income for the past six (6) months.

Types of documentation may include:

- Payroll Check Stubs
- Wage Statement from Employer
- Unemployment Insurance documents.

☐ **Public Assistance**

The applicant must provide verification of receipt of public assistance or applicant family dated within thirty (30) days of the date of Intake.

Types of documentation may include:

- Current Award Letter
- Passport to Services
- Notice of Action
- Food Stamps/Food commodities

☐ **Labor Force Status**

Applicant must provide verification of their labor force status.

Types of documentation may include:

- UI benefits claim
- UI benefits check copy
- EDD Job Registration
- Lay-off notice within last 28 days
- Work Permit

☐ **Proof of Age (Youth Services)**

The age of the applicant must be verified.

Types of acceptable documentation may include:

- Birth Certificate
- CA ID Card
- Tribal ID Card
- School Records/Work Permit

Correction Action:

Please submit the required documents within two (2) weeks of the date of the intake and must be received by the Karuk Tribal NEW Program within (2) two weeks of the date of intake. The documents can be dropped off at any Karuk Tribal TANF Program.

Acknowledgement:

I understand that I will not be able to participate in the Karuk Tribal NEW Program until the items checked are provided to and approved by the Karuk Tribal NEW Program. I further understand that eligibility is not a guarantee of services.

Signature: _____

Date: _____

Date: _____

Applicant or Parent/Guardian: _____

NEW Interviewer _____



**Native Employment Works Program
Application for Services**

Personal Information: (Please Print)

Social Security Number: _____/_____/_____

Name: _____
Last First Middle

Address: _____ City: _____ Zip Code: _____ State: _____ County: _____

Telephone Number: _____ Message Number: _____

Date of Birth: _____ Age: _____ Gender: (Circle One) Male Female

(Circle One)

- | | | |
|--|-----|----|
| 1. Are you a Karuk member? | Yes | No |
| 2. Do you live within The Karuk service area? | Yes | No |
| 3. Are you currently in the military? | Yes | No |
| 4. If you are male, are you registered with Selective Service? | Yes | No |
| 5. Are you a Veteran or the Spouse of a Veteran? | Yes | No |
| 6. Are you a Foster Youth? | Yes | No |
| 7. Are any auxiliary aids, services or accommodations needed? | Yes | No |

Employment Status: Check applicable box(es).

☐ Unemployed ☐ Employed ☐ Recipient of Layoff Notice ☐ Working part-time ☐ Seeking full-time work

Educational Status: Circle the highest grade you have completed.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Public Assistance:

Are you currently receiving public assistance? Yes ☐ No ☐

☐ TANF ☐ GA ☐ SSI ☐ Food Stamps ☐ Food Commodities ☐ Food Distribution Program

Services Needed: Briefly explain what services you are seeking from Karuk Native Employment Program.

Signature _____

Date _____



**Native Employment Works Program (NEW)
Application for Services**

Applicable.

This program is only for Karuk Tribal Members and their lineal descendants.

Purpose.

The purpose of this form is to collect cursory (minimal) information to determine if you are eligible for the NEW program.

Instructions for filling out this form:

Enter the following:

Personal Information

- | | | |
|-----------------------------|---|--|
| 1. SSN | = | Enter Social Security Number |
| 2. Name | = | Enter your – Last Name , First Name, and Middle Initial |
| 3. Address | = | Enter an address where correspondence (letters, forms, notice of actions, etc.,) can be sent to you. |
| 4. Telephone # | = | Enter a telephone number where you can be reached |
| 5. 1 – 7 Question | = | Answer questions 1-7 under personal information |
| 6. Employment Status | = | Check the applicable box |
| 7. Educational Status | = | Circle highest grade completed |
| 8. Public Assistance | = | Check the applicable box |
| 9. Service Needed | = | Give a brief description of educational or employment needs. |
| 10. Sign and date this form | | |

You can turn this application into any Karuk TANF office, or you can send or FAX this form to:

Karuk Tribal TANF Administration Office
64101 Second Avenue
P.O. Box 1016
Happy Camp, CA 96039
FAX: (530 493-1441)

Karuk Tribe

Karuk Native Employment Works (NEW) Program

1517 South Oregon Street
P.O. Box 1730
Yreka, CA 96097
(530) 842-842-4775
Fax (530) 842-4702

64101 Second Avenue
P.O. Box 1016
Happy Camp, CA 96039
(530) 493-1440
Fax (530) 493-1441

39051 Highway 96
P.O. Box 141
Orleans, CA 95556
(530) 627-3680
Fax (530) 627-3459

EDUCATION/TRAINING HISTORY FORM

Name: _____ SSN: _____ CIF# _____

Physical Address: _____ Birthdate: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Mailing Address: _____ Msg. Telephone: _____

City: _____ State: _____ Zip Code: _____ E-mail Address: _____

TRIBAL AFFILIATION

(☒ One that applies)

_____ Karuk Tribal Member Roll# _____ _____ Karuk Descendant Roll# _____

_____ Non-Indian Spouse/Parent of Karuk Tribal Member

_____ Other Indian - Name of Tribe: _____ Roll: _____

_____ N/A _____ Veteran (Attach DD-214) Branch of Service: _____

Valid Driver's License # _____ Classification: _____ State: _____

Valid State ID# _____ State: _____

EDUCATION

1. Have you completed secondary school? High School GED (Circle one)
2. If you have not received your high school diploma or complete the GED, circle the highest grade level completed:
- 1 2 3 4 5 6 7 8 9 10 11 12
3. Have you completed post-secondary school? Jr./Community College / University / Four (4) Year University
- Do you have a degree? ☐ NO ☐ YES If yes, list below and provide a copy of degree(s) or transcript(s))

Name of Organization	Dates Attended	Degree
GED/High School Proficiency		
High School:		
College:		
Trade School:		

4. Are you participating in any of the following at the current time?

G.E.D. Classes College Level Courses
Reading Skills Class Vocational Training Courses
High School Other _____

In what areas have you received (all types) training? _____



KARUK NEW PROGRAM EDUCATION/TRAINING HISTORY FORM

WORK STUDY

2. Please explain what you expect from the Karuk Tribal NEW Program? _____

3. What kind of help do you feel that you need? _____

4. Do you have a job goal? _____

5. Why do you want to do this type of work? _____

6. Do have skills related to your job goal? _____

7. Do you have a resume or generic application completed? ☐ YES ☐ NO (If yes, please provide a copy)
8. What is your Primary Skill/Trade? _____
9. What is your Secondary Skill/Trade? _____

Karuk Tribe

KARUK NEW PROGRAM Employment History Form

CIF#

Last Name

First Name

MI

Employment Status: (Check One) ☐ Employed ☐ Unemployed ☐ Not in Labor Force

Receives Federal Disability Insurance Benefits under the Social Security OASDI Program:

YES

NO

Receives Benefits Based on Federal Disability Status under Non-Social Security Act Programs: (These programs include: Veteran's Disability Benefits, Worker's Disability Compensation, Black Lung Disease, Disability Benefits)

YES

NO

Receives Aid to the Permanently and Totally Disabled Under Title XIV-APDT of the Social Security Act.

YES

NO

Receives Supplemental Security Income under Title XVI-SSI of the Social Security Act.

YES

NO

Work History (Beginning with your most recent employment)

From: _____
Month/Year

Name of Employer: _____

To: _____
Month/Year

Address of Employer: _____

Salary: _____

Supervisor: _____

Position: _____ Telephone: _____

May we call your previous employer for reference? ☐ YES ☐ NO

Reason For Leaving: _____

Duties Performed:

From: _____
Month/Year

Name of Employer: _____

To: _____
Month/Year

Address of Employer: _____

Salary: _____

Supervisor: _____

Position: _____ Telephone: _____

May we call your previous employer for reference? ☐ YES ☐ NO

Reason For Leaving: _____

Duties Performed:

From: _____
Month/Year

Name of Employer: _____

To: _____
Month/Year

Address of Employer: _____

Salary: _____

Supervisor: _____

Position: _____ Telephone: _____

May we call your previous employer for reference? ☐ YES ☐ NO

Reason For Leaving: _____

Duties Performed:



Karuk Tribe

Work History (Beginning with most recent employment)

(Employment History Form Continued)

From: _____
Month/Year

To: _____
Month/Year

Salary: _____

Name of Employer: _____

Address of Employer: _____

Supervisor: _____

Position: _____ Telephone: _____

May we call your previous employer for reference? ☐ YES ☐ NO

Reason For Leaving: _____

Duties Performed: _____

From: _____
Month/Year

To: _____
Month/Year

Salary: _____

Name of Employer: _____

Address of Employer: _____

Supervisor: _____

Position: _____ Telephone: _____

May we call your previous employer for reference? ☐ YES ☐ NO

Reason For Leaving: _____

Duties Performed: _____

From: _____
Month/Year

To: _____
Month/Year

Salary: _____

Name of Employer: _____

Address of Employer: _____

Supervisor: _____

Position: _____ Telephone: _____

May we call your previous employer for reference? ☐ YES ☐ NO

Reason For Leaving: _____

Duties Performed: _____

From: _____
Month/Year

To: _____
Month/Year

Salary: _____

Name of Employer: _____

Address of Employer: _____

Supervisor: _____

Position: _____ Telephone: _____

May we call your previous employer for reference? ☐ YES ☐ NO

Reason For Leaving: _____

Duties Performed: _____

KARUK NEW PROGRAM

PERSONAL INFORMATION

1. Do you have limitations on the job due to your medical situation? ☐ YES ☐ NO

If yes, please explain: _____

2. Are you taking prescribed medications? ☐ YES ☐ NO

If yes, please explain: _____

3. Do your medications cause any side effects that may affect your job performance or schooling? ☐ YES ☐ NO If yes, please explain? _____

4. Do you have any legal (civil/criminal) cases pending? YES NO

If yes, list charge(s) and court dates: _____

5. Do you have any felony convictions? YES NO

If yes, please list charge, date, and if charge is resolved, if not, explain the circumstances: _____

6. Do you have a probation or parole officer? YES NO

If yes, please explain: _____

7. If you were to be selected for training, do you have any planned events that would require you to be absent (vacation, surgery, family reunion, court appearance, etc.)? YES NO

If yes, please explain: _____

OTHER INFORMATION

1. Do you have other work skills and certifications? YES NO

If yes, please explain: _____

2. Do you have any cultural skills you are willing to share? YES NO

If yes, please explain: _____

3. Do you have any other hobbies/activities (civic, athletic, etc.,)

If yes, please explain: _____



Karuk Tribe

KARUK NEW PROGRAM

DAYCARE

1. If you have small children, do you have childcare arranged? ☐ YES ☐ NO

If yes, list the name of the primary provider: _____

Secondary Provider: _____

TRANSPORTATION

1. Please check your method of transportation.

☐ Automobile

☐ Bus

☐ Walk/Bicycle

☐ Other: Please Explain:

2. Do you have a valid driver's license? ☐ YES ☐ NO

If no, why?

3. Do you have vehicle insurance? ☐ YES ☐ NO

If yes, you will have to provide proof of Insurance.

4. Do you live on the bus line? ☐ YES ☐ NO

If yes, when does the bus run by your home?

5. What would you do if your car broke down and you needed to get to work or job training?

Release of information to obtain a background check:

Name: _____ DOB: _____

Social Security Number _____ / _____ / _____

By signing below, you are giving the Karuk Tribal NEW Program the right to obtain a background check regarding your personal information.

I give my consent and authorization for the information contained in this document and in my file to be released to prospective employers who request employment information on me through the Karuk NEW Program.

Print Name

Signature

Date



Karuk Tribe

KARUK NEW PROGRAM

Employed Part-Time Seeking Full-time Employment

I _____, am employed part-time and seeking full-time employment. I have sought employment within the last 28 days at the following locations.

Name of Potential Employer	Date

SIGNATURE:

Signature

Date



KARUK NEW PROGRAM
Self-Certification of Unemployment

I _____, am employed part-time and seeking full-time employment. I have sought employment within the last 28 days at the following locations.

Name of Potential Employer	Date

SIGNATURE:

Signature _____

Date _____



KARUK NEW PROGRAM

CONSENT FOR RELEASE OF INFORMATION

I _____, hereby authorize and request that the Karuk NEW Program may release and/or exchange all confidential professional information pertaining to me to the following individuals and agencies.

- ☐ All Courts (Tribal, Federal, State, and County): _____
- ☐ TANF: _____
- ☐ Social Services: _____
- ☐ ICW/CWS/CPS: _____
- ☐ Probation Officer: _____
- ☐ Parole Officer: _____
- ☐ Prop. 36 Programs: _____
- ☐ Housing Authority: _____
- ☐ Mental Health: _____
- ☐ Education/School: _____
- ☐ Karuk Community Medical Clinics: _____
- ☐ Other Medical Facilities: _____
- ☐ Other: _____

I understand that this Release of Information (ROI) will remain in effect for one (1) year and that I may revoke this consent at any time by informing the above parties in writing. My signature below indicates that I have read and thoroughly understand the terms of this consent for release of confidential information.

SIGNATURE:

TANF Participant Signature

Date

Please print Name Legibly

Date of Birth

CA/ID/DL/Tribal ID Number

CIF#

TANF Representative

Date

KARUK TRIBAL TANF/NEW OFFICES

PROHIBITION OF IMPROPER CONDUCT AT TRIBAL OFFICES AND SURROUNDING PREMISES

Improper conduct at any tribal TANF offices and surrounding premises shall be grounds for the removal of any person or persons from any meeting or tribal office or said office's surrounding premises. Any person found to be engaging in such improper conduct shall be requested to voluntarily remove themselves from the premises by the chairman of the meeting or immediate supervisor of the respective tribal office. If removal is not done on a voluntary basis, the assistance of local police authorities shall be employed and any and all legal action shall be taken against a person requested to leave on the basis of the foregoing herein.

That "Improper Conduct at Tribal Offices and Surrounding Premises" shall mean any conduct which threatens the health and safety of participants at meetings, disrupts the orderly functioning of a tribal office and tribal employees, endangers tribal property, or obstructs the orderly functioning of a meeting or tribal office, and more specifically, includes but is not limited to the following:

1. Partaking of intoxicating beverages or illegal non-prescription drugs;
2. Use and/or possession of firearms or other dangerous weapons;
3. Continuation of any action or behavior after the immediate supervisor of a tribal office or department has requested that such activity be refrained from for the benefit of maintaining a safe and business-like atmosphere for tribal employees and other personnel;
4. Verbal and/or physical assaults upon tribal officials, employees or guests which threaten the efficient working atmosphere of tribal offices and their immediate premises.

I have read the Tribal TANF Office Prohibition of improper conduct at Tribal TANF Offices and Surrounding premises.

Signature

Date

Signature

Date



Karuk Tribe

(Demographics and Needs Assessment Survey)



HOUSEHOLD CONTACT INFORMATION

Address: Mailing: _____
City: _____ State: _____ Zip Code: _____
County: _____ Country: ☐ USA ☐ Other: _____
Address: Physical: _____
City: _____ State: _____ Zip Code: _____
County: _____ Country: ☐ USA ☐ Other: _____
Specific Res. Area: _____
Directions to Dwelling: _____

☐ No Phone

Phone Number: (____) _____ - _____
Phone Number: (____) _____ - _____
Phone Number: (____) _____ - _____

☐ Home ☐ Cell ☐ Work ☐ Message
☐ Home ☐ Cell ☐ Work ☐ Message
☐ Home ☐ Cell ☐ Work ☐ Message

HOUSEHOLD MEMBERS

HEAD OF HOUSEHOLD: (Name - Last, First, MI)

☐ Male ☐ Female
Birth Date: ____/____/____

Maiden Name: _____

Other Names: _____

Marital Status: ☐ Individual ☐ Domestic Partner ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Race and Citizenship:

Country of Birth: ☐ USA ☐ Other _____
☐ White ☐ Black ☐ Hispanic ☐ Asian/ Pacific
Islander
☐ American Indian/Alaskan Native ☐ Canadian 1st Nation

Ethnicity (ex. Karuk/ Yurok): _____

US Citizen: ☐ Yes ☐ No **Reg. Voter:** ☐ Yes ☐ No

Tribal/Band Voter: ☐ Yes ☐ No

Tribe/Band Affiliation: _____

Tribe/Band Status: ☐ Enrolled ☐ Pending
☐ Descendent ☐ Not Enrolled

Tribe/Band ID Number: _____

Disability: Disabled: ☐ Yes ☐ No **Percent:** ____%

Category of Disability: (Check all That Apply)

☐ Mobility ☐ Vision ☐ Hearing ☐ Mental
☐ Other ☐ Military related

Describe: _____

Military Status:

Veteran: ☐ Yes ☐ No

Currently Enlisted: ☐ Yes ☐ No

Branch of Service: _____ **Era:** _____

Years served: _____ to _____ **Total Years:** _____

Employment:

Employed: ☐ Yes ☐ No

☐ Full time ☐ Part time ☐ Seasonal ☐ Self-Emp.

Reason for Unemployment: _____

Present Occupation: _____

Vocation: _____

List additional job skills: _____

Education:

High School Graduate: ☐ Yes ☐ No

Years completed: _____ ☐ GED: ☐ Diploma

College/Higher Education: ☐ Yes ☐ No

Degree(s): _____

Current Student: ☐ Yes ☐ No

Vocation/Trade School: ☐ Yes ☐ No

Received Certificate: ☐ Yes ☐ No

Personal Income:

Gross Monthly Income: Amount: \$ _____

Source(s): ☐ Employment/Self-Employment ☐ Unemployment ☐ Government/Tribal TANF ☐ Alimony / Child Support
☐ Retirement ☐ Soc. Sec./SSI ☐ Tribal Payments ☐ Other Sources: _____**Household Member Name: (Last, First, MI)** _____☐ M☐ F

DOB: ____/____/____

Maiden Name: _____**Other Names:** _____**Relationship:** ☐ Spouse ☐ Dependent Child ☐ Custodial Child ☐ Adult Child ☐ Non-married partner ☐ Other: _____**Marital Status:** ☐ Individual ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Common law ☐ Domestic partner**Race and Citizenship:****Country of Birth:** ☐ USA ☐ Other _____☐ White ☐ Black ☐ Hispanic ☐ Asian/ Pacif. Islander
☐ American Indian/Alaskan Native ☐ Canadian First Nation**Ethnicity (ex. Karuk/ Yurok):** _____**US Citizen:** ☐ Yes ☐ No Reg. Voter: ☐ Yes ☐ No**Tribal/Band Voter:** ☐ Yes ☐ No**Tribe/Band Affiliation:** _____**Tribe/Band Status:** ☐ Enrolled ☐ Pending
☐ Descendent ☐ Not Enrolled**Tribe/Band ID Number:** _____**Disability:** Disabled: ☐ Yes ☐ No Percent: ____%**Category of Disability: (Check all That Apply)**☐ Mobility ☐ Vision ☐ Hearing ☐ Mental
☐ Other ☐ Military related

Describe: _____

Military Status: Veteran: ☐ Yes ☐ NoCurrently Enlisted: ☐ Yes ☐ No

Branch of Service: _____ Era: _____

Years served: _____ to _____ Total Years: _____

Employment: Employed: ☐ Yes ☐ No☐ Full time ☐ Part time ☐ Seasonal ☐ Self-employed

Reason for Unemployment: _____

Present Occupation: _____

Vocation: _____

List additional job skills: _____

Education: High School Graduate: ☐ Yes ☐ NoYears completed: _____ GED: ☐ DiplomaCollege/Higher Education: ☐ Yes ☐ No

Degree(s): _____

Current Student: ☐ Yes ☐ NoVocation/Trade School: ☐ Yes ☐ No**Gross Personal Monthly Income: Amount:** \$ _____Source(s): ☐ Employment/Self-Employment ☐ Unemployment ☐ Government/Tribal TANF ☐ Other: _____**Household Member Name: (Last, First, MI)** _____☐ M☐ F

DOB: ____/____/____

Maiden Name: _____**Other Names:** _____**Relationship:** ☐ Spouse ☐ Dependent child ☐ Custodial child ☐ Adult child ☐ Non-married partner ☐ Other: _____**Marital Status:** ☐ Individual ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Common law ☐ Domestic partner**Race and Citizenship:****Country of Birth:** ☐ USA ☐ Other _____☐ White ☐ Black ☐ Hispanic ☐ Asian/ Pacif. Islander
☐ American Indian/Alaskan Native ☐ Canadian First Nation**Ethnicity (ex. Karuk/ Yurok):** _____**US Citizen:** ☐ Yes ☐ No Reg. Voter: ☐ Yes ☐ No**Tribal/Band Voter:** ☐ Yes ☐ No**Tribe/Band Affiliation:** _____**Tribe/Band Status:** ☐ Enrolled ☐ Pending
☐ Descendent ☐ Not Enrolled**Tribe/Band ID Number:** _____**Disability:** Disabled: ☐ Yes ☐ No Percentage: ____%**Category of Disability:**☐ Mobility ☐ Vision ☐ Hearing ☐ Mental
☐ Military related:

Other (Describe): _____

Military Status: Veteran: ☐ Yes ☐ NoCurrently Enlisted: ☐ Yes ☐ No

Branch of Service: _____ Era: _____

Years served: _____ to _____ Total Years: _____

Child Care Assistance: Family Cost: _____ Assisted Cost: _____

Pre-School Cost: _____ Other Cost: _____

Description: _____

Employment: Employed: ☐ Yes ☐ No
☐ Full time ☐ Part time ☐ Seasonal ☐ Self-employed
Reason for Unemployment: _____
Present Occupation: _____
Vocation: _____
List additional job skills: _____

Education: High School Graduate: ☐ Yes ☐ No
Years completed: _____ GED: ☐ Yes ☐ No
College/Higher Education: ☐ Yes ☐ No
Degree(s): _____
Current Student: ☐ Yes ☐ No
Vocation/Trade School: ☐ Yes ☐ No

Gross Personal Monthly Income: Amount: \$ _____

Source(s): ☐ Employment/Self-Employment ☐ Unemployment ☐ Government/Tribal TANF ☐ Other: _____

OCCUPANCY STATUS: Complete this section based on your present occupancy status:

☐ **Own or Buying the Dwelling You Reside in:**

- Dwelling Type: ☐ Single-Family Dwelling ☐ Multi-Family ☐ Mobile Home ☐ Hogan ☐ Other: _____
Own or Buying your Home? ☐ Yes ☐ No Monthly House Payment Amount \$ _____ ☐ No House Pmt.
 - Amount of annual property taxes (if any) \$ _____ ☐ None
 - Home / property insurance amount \$ _____ (if not included in house payment ☐ None
- ☐ Home Purchased through "Assisted" Program (Specify the source of home purchase assistance below:
☐ HUD Home "Purchase" Program ☐ BIA / HIP Program ☐ Veterans Program ☐ Other: _____
- Mobile Homes: If living in a mobile home, list all the other combined yearly expenses not listed above (example:
Personal property taxes, site rent, registration fees, license fees, etc.
Mortgage on mobile home \$ _____ All other site expenses \$ _____

Renting the Dwelling You Reside in:

- Monthly rent amount \$ _____ Cost for Insurance \$ _____ Annual cost for utilities \$ _____
☐ Meals are included in rent payment ☐ Energy costs included in rent payment
- Paying more than 30% of your monthly income for rent? ☐ Yes ☐ No Paying more than 50%? ☐ Yes ☐ No
- Are you renting through this Tribe's Housing Authority? ☐ Yes ☐ No
- If Other Housing Authority, please identify the type:
☐ A different Tribe's Housing Authority ☐ County / City Housing Authority ☐ Other: _____
- If renting through another program, please identify:
☐ Tax Credit Rental ☐ College Housing ☐ Military Rental Housing ☐ Private Rental ☐ Public Rental
☐ USDA ☐ Other Rental Category: _____

Neither Own or Rent: Check one of these categories ☐ Living with extended family or, ☐ Living in available shelter

- Present Non-owner/Non-Renter circumstances. Provide complete descriptions of circumstances (Example: Living with parents in a single-wide trailer that is overcrowded and dilapidated) _____

If a Non-owner/Non-renter, Please identify the general reason: ☐ Unemployed ☐ Under-employed (can't afford to buy/rent)
☐ Full time student ☐ Institutionalized ☐ Military ☐ Other (describe): _____

Overcrowding Factors:

Overcrowding - HUD Section 8 Occupancy Standards- For HUD Sec. 8 related housing needs assessment, the following clarifications may be considered: Overcrowding is determined by the number of bedrooms in a dwelling, as well as the age/gender/relationship of the occupants/ Example: One adult (or adult cohabitant unit), plus two minor children by gender per livable room.

- **Factors-** Age/ Gender / Relationship, by number of rooms used as bedrooms
 - Number of people living in the dwelling _____ ☐ Multiple family units in dwelling _____ # of family units _____
 - Number of Bedrooms _____ Number of livable rooms _____ Approx. square footage _____
 - Based on Age /Gender /Num. Bedrooms: ☐ This dwelling is "Overcrowded" (by HUD / Section 8 Stds.)

Overcrowding – US Census Definition- For use in HUD NAHASDA Census challenge applications- 1.01 person per “livable room”.

For surveys using the US Census definition for overcrowding, the term “livable room” will include bedrooms, living rooms, kitchens, a separate dining room, and rooms in a finished basement. Do not count bathrooms, porches, balconies, entry areas, halls, or half-rooms as livable rooms. Count multipurpose rooms only one time, for example, a kitchen and dining room combination, or a living room that is used as a bedroom at night.

- Based on 1.01 persons per “livable Room”: ☐ This dwelling is “Overcrowded” (by US Census Standards)

Property Status:

Identify the property status of current residence: ☐ Fee Status (taxed) ☐ Public Domain ☐ Trust Status (not taxed)

- If living on trust property, identify the status: ☐ Individual Allotment ☐ Assignment (ex. Lease) ☐ Tribal Land
- How long have you lived in this community? ____ year(s) In this dwelling? ____ year(s) # of moves in the last 5 yrs. ____

Present Housing Condition:

Do you have complete / operable bathroom facilities? (hot/cold piped water, flush toilet, bathtub or shower) ☐ Yes ☐ No

Do you have complete / operable kitchen facilities? (hot/cold piped water, range / cook stove & refrigerator) ☐ Yes ☐ No

Electrical Source: ☐ Public ☐ Community ☐ Private Generator ☐ Solar ☐ Other: _____ ☐ None

Water Source: ☐ Public ☐ Community ☐ Private Well ☐ Off-Site ☐ Other: _____ ☐ None

- If hauling water from an off – site location, for family and/or animal consumption? ____ Num. miles (roundtrip)

Heat Source: ☐ Electricity ☐ Wood/Pellet Stove ☐ Coal ☐ Nat .Gas/Propane ☐ Other: _____ ☐ None

Safety: ☐ Fire Exting ☐ Smoke Detector ☐ Carbon Mon. Detect. ☐ First Aid Supp. ☐ Other: _____ ☐ None

Handicap Access: ☐ Exterior Ramps ☐ Bathroom Modifs. ☐ Kitchen Modifications ☐ Handicap Doors ☐ Other: _____ ☐ None

Dwelling Condition:

What is the approx. age of your dwelling unit? ____ Years old Check one box in each of the categories below:

Foundation Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Building Envelope Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Windows: Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Doors Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Roof Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Electrical System Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Plumbing System status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Yard / Property Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Outbuildings / Fences: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable

List any major repairs that are presently needed on this dwelling unit (interior and exterior). Be complete when describing deficiencies. (Example: if listing roofing, do not simply enter the word “roof”. Describe in detail what’s wrong, “roof is leaking” etc.)

Based on the age and condition in the dwelling, estimate the approx. Cost to bring this unit up to standard condition. Include “overcrowding” factors and potential costs for necessary additions.

<input type="checkbox"/> Good Condition Between \$1- \$5,000	<input type="checkbox"/> Needs Minor Repairs (Between \$5,001- \$10,000)	<input type="checkbox"/> Needs Major Repair (Between \$10,001-\$35,000)	<input type="checkbox"/> Exceeds \$35,000, and/or Not Repairable
---	---	--	---

Certification:

Form completed by: (Name) _____ Title: _____ Date: ____/____/20____

If information was not collected directly from the household head or spouse/partner, was it provided by a close (adult) family member? ☐ Yes ☐ No Information Source (ex. Mother/grandmother, etc.) _____

Comments: _____

Karuk Tribe

(Demographics and Needs Assessment Survey)