

# KARUK TRIBE TRAILER LOTTERY

## Application & Checklist

Please make sure that all information in this application is accurate. The application must be completed in full and all the attachments must be submitted in order to process your application.

**You must submit copies of the following information:**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b><u>Copies of Identification for all Household members listed in the application.</u></b>                                   |
| <input type="checkbox"/> | <b><u>Verification of Enrollment in an Indian Tribe, if claiming Indian Preference:</u></b> Tribe Enrollment card, CDIB, etc. |

**Trailer Lottery  
Point System Guidelines**

*Applications will be scored using a point-based system to prioritize housing need. Points may be combined when circumstances reasonably apply and are supported by documentation, in addition to other qualifying factors.*

*The Karuk Tribe reserves the right to verify documentation and determine final scoring. Submission of an application does not guarantee placement.*

**You will not be considered until your application is complete. Preference points and the date of your completed application will determine eligibility.**

**ADMISSIONS PREFERENCE (POINTS AS INCLUDED BELOW)**

Enrolled Karuk Tribe Member =	3	Referred From Tribal Program =	2
Enrolled Karuk Descendent =	2	Secured Location for Trailer =	3
Other Tribal Member =	1	Disabled/Handicap =	2
Enrolled Karuk Elder (65) =	3	Veteran =	2
Karuk Near Elder (55 to 64) =	2		
Retired Karuk Elder =	3		
Karuk Tribe Employee =	2		
Employed/Actively Seeking =	1		
Without Permanent Housing/Homeless =	6		
Substandard Housing =	4		
Renting =	2		

**If there are any additional circumstances or factors you believe should be considered in the review of your application, please describe them in detail and attach any supporting documentation you would like to be considered.**

**Upon receipt of your application, if there is missing information, you will be mailed a letter requesting the information. If you do not respond within fourteen (7) days, a second letter will be sent requiring a response within fourteen (7) days. If you do not respond to any of the letters your application will not be processed.**

**SUBMIT YOUR APPLICATION TO:**

**Karuk Tribe, ATTN: Jacob Lantz  
P.O. Box 1016, Happy Camp, California 96039  
or trailerapp@karuk.us  
Phone: (530) 493-1600 ext. 2016**

*The Karuk Tribe has an inventory of RV/Travel Trailers that will be made available to the Tribal membership who are currently experiencing homelessness or unstable housing. This project is intended to provide safe, stable, and temporary housing for those in need within our service area. Through this effort, the Tribal Council hopes to provide immediate housing support to our membership, reduce housing instability, and assist in securing a safer living environment.*

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**Area of Preference:** [ ] Yreka [ ] Happy Camp [ ] Orleans [ ] Other, Explain

### Applicant Information

Full Name		
Social Security #		
Date of Birth	Age	
Present Street Address		
Mailing Address		
City	State	ZIP
Home Phone	Cell/Message Phone	

### Co-Applicant Information

Full Name		
Social Security #		
Date of Birth	Age	
Present Street Address		
Mailing Address		
City	State	ZIP
Home Phone	Cell/Message Phone	

### Household Member Information

List Head of Household First and include all persons who will live in your home.

Full Legal Name	Date of Birth	Sex	Relationship	Tribal Roll #	Enrollment Status

### Indian Verification

Qualifying Household Member(s):	Enrollment Number(s):
Tribes:	Other Verification:

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### Current Rental Situation

<b>5</b>	Are you living in substandard housing? <b><u>If yes, explain:</u></b>	[ ] Yes [ ] No
<b>6</b>	Are you paying rent in excess of 50% of your income? <b><u>If yes, explain:</u></b>	[ ] Yes [ ] No

### Disabled / Handicapped Status

<b>7</b>	Is any household member Disabled or Handicapped? <b><u>If yes, attach documentation.</u></b>	[ ] Yes [ ] No
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### Condition of Current Living Unit

<b>Do you:</b>	[ ] Own [ ] Rent [ ] Share [ ] Other, explain:				
<b>Number in current residence:</b>		<b>Number of Bedrooms:</b>		<b>Monthly Rent:</b>	
<b>Type of Housing:</b>	[ ] Single Family [ ] Duplex [ ] Apartment [ ] Mobile/Mfg. Home [ ] Other, explain:				
Current Landlord	Address	City	State	Zip	Phone
Previous Landlord	Address	City	State	Zip	Phone
<b>Please list all household items that are in need of repair, or inadequate:</b>					

### Background Information

<b>8</b>	List any other names used (including Maiden Names):	
<b>9</b>	Has any household member lived in low-income housing?	[ ] Yes [ ] No
	<b><u>If yes, list address/dates:</u></b>	
<b>10</b>	Have you or any household member been evicted from a residence?	[ ] Yes [ ] No
	<b><u>If yes, explain:</u></b>	
<b>11</b>	Have you or any household member been convicted of a crime?	[ ] Yes [ ] No
	<b><u>If yes, explain:</u></b>	

***Failure to provide requested information may result in delay or denial of application.***

### Trailer Location

<b>Please provide address where you are able to locate a trailer with adequate water, sewer and power hook-ups:</b>					

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## Declarations of Applicant and Co-Applicant

*The undersigned specifically acknowledges and agrees that all information on this Application is true and accurate. I/We understand that all changes in income or household members must be reported immediately. I/We understand that any intentional or negligent misrepresentation of the information contained on this application may result in denial of the application. The Karuk Tribe may verify any information contained on this application through any sources, including background checks, criminal investigations or any other form of written or electronic media.*

\_\_\_\_\_  
Applicant Signature (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household Member Over 18 Signature

\_\_\_\_\_  
Date