



Modoc Housing Authority

Cool Living 6000 BTU Air Conditioner and Oscillating Fan Application

All applications will be processed in the order they are received. If approved the applicant will receive one Air Conditioner and one fan per household. The following documentation is required for eligibility.

- 1. Copy of CIDB cards for all card holders**
- 2. Copy of ID**
- 3. Income and Work Verification:**
 - a. Last 30-day paystubs**
 - b. Letter from employer**
 - c. Social Security Award Letter**
 - d. Unemployment**
- 3. If card holder is Minor. Parent/Legal Guardian must also provide one of the following:**
 - a. Copy of Birth Certificate**
 - b. Copy of Legal Guardianship order**

Date ____ / ____ / ____

Name: _____
First Middle Name Last

Maiden Name: _____

Telephone: _____ Alt.Ph: _____ Email: _____

Address _____

City _____ State _____ Zip _____

Total number of people in household _____ Adults _____ Children

Complete information for every person who would live in the home including the name listed above.
(add additional pages if needed)

First Name: _____ Middle Name: _____ Last: _____ Relation: ___ Self ___
Tribal Affiliation _____ Membership # _____
S.S. # _____ Age: _____ DOB _____ Male/Female

First Name: _____ Middle Name: _____ Last: _____ Relation: _____
Tribal Affiliation _____ Membership # _____
S.S. # _____ Age: _____ DOB _____ Male/Female

First Name: _____ Middle Name: _____ Last: _____ Relation: _____
Tribal Affiliation _____ Membership # _____
S.S. # _____ Age: _____ DOB _____ Male/Female

First Name: _____ Middle Name: _____ Last: _____ Relation: _____
Tribal Affiliation _____ Membership # _____
S.S. # _____ Age: _____ DOB _____ Male/Female

First Name: _____ Middle Name: _____ Last: _____ Relation: _____
Tribal Affiliation _____ Membership # _____
S.S. # _____ Age: _____ DOB _____ Male/Female

Household Income

List every source of income from all persons in household. (income verification documents needed)

Employment income: \$ _____ Monthly Gross

Employee's name: _____

Employer: _____

How long at this job? _____

Employment income: \$ _____ Monthly Gross

Employee's name: _____

Employer: _____

How long at this job? _____

Employment income: \$ _____ Monthly Gross

Employee's name: _____

Employer: _____

How long at this job? _____

- **Other Income.** List income from all other sources, Social Security, Unemployment. , etc. :

Person receiving income _____

Other Income: \$ _____ Monthly Gross

Income source _____

Person receiving income _____

Other Income: \$ _____ Monthly Gross

Income source _____

Person receiving income _____
Other Income: \$ _____ Monthly Gross
Income source _____
Person receiving income _____

By my signature below, I certify that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Application Received date:	Employee Signature:
Approved/Denied:	