Mailing Address:
Post Office Box 99
Hollister, NC 27844
Office: (252) 586-4017

Physical Address:
39021 Highway 561
Hollister, NC 27844
Fax: (252) 586-3918

STUDENT HOUSING PROGRAM APPLICATION

Purpose. The purpose of the College Student Housing Program is to aid full time students attending a nationally credited post-secondary educational institution that score the highest points based on the following eligibility requirements in the program policies:

(1) An enrolled citizen of the Haliwa-Saponi Indian Tribe; except as otherwise permitted; and
(2) Having a 2.0 or higher grade point average; and
(3) Income eligible based on the program requirements; and
(4) Age sixteen (16) or older; and
(5) Having voted in tribal elections; and
(5) Priority preference points are provided to the following Applicants:
  (A) Students who are disabled, homeless, elderly, or military/veteran; and
  (B) Students who were previously assisted in the most recent prior school term.

PLEASE NOTE:

- Incomplete applications shall not be considered.
- No person is authorized to guarantee any specific outcome. Any verbal or implied assurances made to the contrary are neither valid nor binding upon the Tribe.
- Completed applications should be mailed to ATTN: Tribal Administrator at the post office box address above or may be hand delivered to the physical address above or delivered electronically to Administrator@haliwa-saponi.gov.
- All application and supporting documents will be treated as confidential and maintained in the strictest of confidence.

Office Use Only:

Date Received: _____ Application Number Assigned: _____
Month/Day/Year

Received by: ☐USPS Mail ☐Office Delivery ☐Other: _____

I _____attest that I received this Report on _____
Person/Title Date

I also attest that the following Applicant items were received/enclosed with the Application:

___ **(1) Housing information documentation.**
___ **(2) Tuition and expenses documentation.**
___ **(3) Proof of disability or homeless status (if applicable).**
___ **(4) Proof of active or veteran military service (if applicable).**
___ **(5) Government issued identification and social security card.**
___ **(6) Tribal citizenship card (required for Haliwa citizens) or other tribal status documents (if applicable).**
___ **(7) Proof of all income including student loans (if applicable) and proof of household income (if applicable).**
___ **(8) Proof of legal authority to represent the Applicant (if applicable).**

Items noticed as missing/needed (if any) at submission:

_____

_____

_____ _____
Signature – Tribal Official/Staff **Print Name and Title of Tribal Official/Staff**

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Section 1. Type of Application. *(check and complete all that are applicable)*

____ (A) New Applicant ____ (B) Returning Applicant ____ (C) Academic Year: _____ (Start Date) to _____ (End Date)

____ (D) Partial Year (*Please Explain)*: _____

Section 2. Applicant – Primary Information. *(Please provide all information)*

(A) Applicant's Last Name:	(B) Applicant's First Name:	(C) Applicant's Middle Name:

(D) Applicant's Date of Birth:	(E) Applicant's Maiden Name: *(if applicable)*

(F) Applicant's Gender:*(check one)*	(G) Is the Applicant a Minor (under age 18): *(check one)*
☐ Male ☐ Female	☐ Yes ☐ No

(H) Applicant's Home Physical Street Address:				
(I) City/Town:	(J) County:	(K) State:	(L) Zip Code:	(M) Country:

(N) Applicant's Home Mailing Address: *(if different from physical address. If not, enter "N/A" and skip to item M)*				
(O) City/Town:	(P) County:	(Q) State:	(R) Zip Code:	(S) Country:

(T) Applicant's Primary Phone Number:	(U) Applicant's Email Address: *(if any)*

(V) Applicant's Social Security Number:	(W) Applicant's ID/Driver License Number:
	State:_____ / Number:_____

Section 3. Applicant – Status Information. *(Please provide all information)*

(A) Applicant's Primary Racial Identification:	
☐ American Indian ☐ Alaska Native ☐ Black/African ☐ White/Caucasian ☐ Other *(Please Specify)* _____	
(B) Is the Applicant a United States Citizen	(C) Is the Applicant enrolled in an Indian tribe/nation?:
☐ Yes ☐ No	☐ Yes ☐ No
(D) If enrolled in a Tribe, name of Tribe enrolled in?	(E) If enrolled in a Tribe, Applicant's Tribal Roll Number?:

(J) Applicant's Current Marital Status:						
☐ Single	☐ Married	☐ Separated	☐ Divorced	☐ Widow	☐ Other *(Please Specify)* _____	
(J) Is the Applicant a Veteran?: *(check one)*		(K) Is the Applicant Disabled or Homeless?: *(check one)*				
☐ Yes ☐ No If yes, branch:_____		☐ Yes ☐ No If yes, disability type: _____				
(L) Is the Applicant the Parent, Child, Sibling, Spouse or Grandchild of a Tribal Councilor or Tribal Employee:						
☐ Yes ☐ No If "yes", please explain: _____						
(M) Did the Application Vote in the most recent Haliwa-Saponi election(s)						
☐ Yes ☐ No If no, date of last tribal election in which you voted: _____						

Section 4. Applicant – Income Information.

(A) Name of Applicant's Current Employer:	(B) Date(s) Employed:
(C) Employer's Physical Address:	(D) Employer's City, State, Zip Code:

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STUDENT HOUSING PROGRAM APPLICATION

(E) Applicant's Employer's Primary Phone Number:	(F) Applicant's Employer's Email Address:
(G) Name of Applicant's Primary Supervisor:	(H) Applicant's Rate of Pay at Current Employer:
(I) Applicant's Other Source(s) of Income: *(if any)*	(J) Amount of Other Income and Frequency:
(K) Has Applicant Filed Income Taxes?: *(check one)*	(L) Most recent year income taxes filed?:
☐ Yes ☐ No	
(M) Is Applicant Head of Household: *(check one)*	(N) Is Applicant a dependent of Parents or other Person(s):
☐ Yes ☐ No	☐ Yes ☐ No
(O) Does Applicant have any student loans: *(check one)*	(P) If Applicant has student loan(s), how much is owed?:
☐ Yes ☐ No	
(Q) Will Applicant reside with family during school? If yes, list family members and the portion of housing they pay.	
☐ Yes ☐ No If yes, please explain:_____	
(R) Will anyone outside of Applicant's household provide regular financial support or pay any bills for Applicant?	
☐ Yes ☐ No If yes, please explain:_____	

Section 5. Applicant – Household Information.

(A) Applicant's Household Composition. *(If Applicant Household is more than six (6) provide full list on separate sheet)*

Last Name	First Name	Gender	Date of Birth	Relationship to Applicant
(1)				*Head of Household*
(2)				*Spouse of Head of Household*
(3)				
(4)				
(5)				
(6)				

(B) Applicant's Household Income. *(If Applicant Household is more than six (6) provide full list on separate sheet)*

Last Name	First Name	Gross Annual Income	Employer/Source of Income
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

(C) Applicant's Dependents *(if any)(If Applicant has more than three (3) dependents, provide full list on separate sheet)*

Last Name	First Name	Gender	Date of Birth	Relationship to Applicant
(1)				
(2)				
(3)				

(D) Residents of School Housing. *(If Applicant has dormitory or rental unit roommate(s), please list here with Applicant)*

Last Name	First Name	Gender	Portion of Housing Cost	Relationship to Applicant
(1)			$	*Applicant*
(2)				
(3)				
(4)				

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STUDENT HOUSING PROGRAM APPLICATION

Section 6. College/University Information.

(A) School Attending:				
(B) School's Physical Street Address:				
(C) City/Town:	(D) County:	(E) State:	(F) Zip Code:	(G) Country:
(H) School's Mailing Address: *(if different from physical address. If not, enter "N/A" and skip to item M)*				
(I) City/Town:	(J) County:	(K) State:	(L) Zip Code:	(M) Country:

(N) College Advisor's Name: *(if known)*	(O) Advisor's Phone Number:	(P) Advisor's Email:

(Q) Total Tuition & Expenses:	(R) Amount of Financial Aid Provided: *(if any)*	(S) Balance Remaining:
$	$	$

(T) Application is enrolled as a student/expects to enroll as a student: *(Check which applicable)*

☐ Full-time ☐ Part-time ☐ Other *(Please Specify)* _____

(U) Where will Applicant be housed: *(Check which applicable)*

☐ On-Campus/Dorm ☐ Off Campus/Lease ☐ Parents/Legal Guardian ☐ Other *(Please Specify)* _____

(V) Landlord/ Housing Contact Person *(First and Last Name)*:

(W) Landlord/Housing Phone:	(X) Landlord/Housing Email:	(Y) Applicant's Share of Housing Amount Not Paid:
		$

Section 7. Supplemental Information.

(A) Application filed by: *(Check which applicable)*

☐ Self ☐ Parent/Legal Guardian ☐ Other *(Please Specify)* _____

(B) If not completed by the Applicant, the reason is because the Applicant is: *(Check which applicable, if any)*

☐ Minor ☐ Disabled ☐ Other *(Please Specify)* _____

If person completing and submitting Application is not the Applicant, please complete the following:

(E) Submitter's Last Name:	(F) Submitter's First Name:	(G) Submitter's Phone Number:

(H) Submitter's Mailing Address:	(I) City, State, Zip Code & Country:
(J) Submitter's E-mail Address:	(K) Relationship to the Applicant:

(L) Additional information Applicant/Submitter would like to add or feels may be helpful: *(if any)*

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STUDENT HOUSING PROGRAM APPLICATION

Section 8. Documents Required. The Applicant bears the full burden of proof and is solely responsible for completing the Application and obtaining and submitting all required documentation. **Incomplete Applications will be rejected.**

(A) Housing Information: Lease agreement, dormitory housing agreement or other official documentation confirming Applicant's share of housing costs not covered by financial aid.

(B) Tuition & Expenses: Copy of FAFSA, Student Aid Report, Financial Aid Award Letter or other official document(s) confirming Applicant's tuition, fees, and expenses, as well as financial aid provided (if any) for the forthcoming School term.

(C) Disabled or other status: Copy of documentation attesting to the Applicant's status as having a disability, homeless, elderly or active/veteran military service (if applicable).

(D) Identification. Copy of Applicant's Social Security Card, and Applicant's valid government issued photo identification *(e.g. a state-issued driver's license, passport, Tribal citizenship card, etc.)*; and

(E) Verification of Tribal Citizenship: Supporting documentation such as copy of tribal enrollment card (required if claiming Haliwa-Saponi citizenship), or a certificate of degree of Indian descent, or letter confirming enrollment or or other tribal status documentation(if applicable) ***must*** be included with the Application submission.

(F) Proof of Income. If the applicant is or has been employed, the Applicant must provide proof of income, such as, but may not be limited to:

(1) The Applicant's calendar year end income taxes, W2 or similar documents.

(2) Student loan statement which includes amount loaned and balance (if any),

(3) If the Applicant is a dependent of Applicant's parents or other legal guardian, the Applicant must provide proof of such parent/legal guardian's income, and income for all household members, including a copy of the parent/legal guardian's most recently filed income taxes and supporting documents.

(G) Other Documents. Additional documents may be required depending on the Applicant's circumstances, including but not limited to:

(1) If the Application is submitted by a legal guardian, or other legally authorized representative, documentation of legal authority must be provided with the Application for us to correspond with such persons on an Applicant's behalf.

(2) The Tribe reserves the right to request additional documentation. This may occur at any stage of the review process. Failure to do so may render a submitted Application rejected.

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STUDENT HOUSING PROGRAM APPLICATION

Section 9. Acknowledgements, Certifications & Release of Information.

I fully acknowledge, understand and accept that completion and submission of this Application shall not be construed as an admission nor guarantee of any kind from the Tribe and does not, in any way, provide any guarantee or entitlement of any nature whatsoever from the Tribe.

I consent to the jurisdiction of the Tribe, and acknowledge that I am aware that in executing the foregoing Application and making the statements therein set forth and attached thereto, that I am subject to the applicable provisions of any law, rule or policy of the Tribe, providing that any false or misleading representations made may subject me to financial liability, imprisonment or both.

If I am selected for assistance, I agree to use funds received for housing expenses in accordance with the Tribe's policy, or to refund unused funds to the Tribe. I agree to repay any funds that the Tribe deems have been misused, and that the Tribe may pursue all available remedies at law or equity to recover misused funds.

I attest that the contents, attachments, appendices, and supplements submitted in this Application, are true and accurate to the best of my knowledge, I am a legal adult, I am the Applicant or the legal representative of the Applicant.

_____	_____	_____
Printed Name of Applicant:	**Signature of Applicant:**	**Date**

If the application was completed by someone other than the Applicant on the Applicant's behalf, or the Applicant is a minor, the submitter with legal authority of the Applicant must sign here:

_____	_____	_____
Printed Name of Submitter:	**Signature of Submitter:**	**Date**