



**Eastern Band of Cherokee Indians (E.B.C.I)
Housing & Community Development (HCD)
Intake Application**



The following items must be received before an application is considered complete and processed for pre-approval:

Loan Applicants:

Tribal Emollment Card (front & back) _____

Driver's License/State Issued Picture ID _____

Social Security Card _____

Authorization to Release Information (pg. 4) _____

Tribal Services Credit Application Form (pg. 7 & 8) _____

(Forms must be taken to E.B.C.I Finance & Qualia Housing Authority to be signed)

Documentation from Budget/Finance (Rhonica Via)- Per Capita Garnishments _____

Proof of land ownership (Legal Description, Map, & Right-of-Ways) _____

Completed Site Inspection Form _____

Current Mortgage Statement (if applicable) _____

Income Verification:

Valid proof of all income in the household _____

Employment (must submit a completed Employment Verification Form (pg. 5 & 6) & recent check stubs within the past 30 days), child support, social security, if applicable

Past two years W-2's, 1099's, & Tax Returns _____

Two months consecutive bank statements (most recent) _____

If you have any questions or concerns, please contact:

Tina Larch, Homebuyer Services Coordinator

HCD Office: (828)359-6906

Direct Line: (828)359-6912

Fax: (828)359-6905

Email: tinalarc@nc-chokeee.com



**Eastern Band of Cherokee Indians (E.B.C.I)
Housing & Community Development (HCD)
Intake Application**



Applicant Information:

Applicant Full Name: _____

Birthdate: _____ Enrollment #: _____ Social Security #: _____

Co-Applicant Full Name: _____

Birthdate: _____ **Enrollment #:** _____ **Social Security ## :** _____

Mailing Address: _____

Phone Number(s): _____

Email Address(s): _____

Income Information:

Please list all sources of income:

Source:	Amount:	Weekly, Bi-weekly, Monthly	Annual Income:

Employment History:

Please list employment history (for all applicants) for the past 10 years:

Employer/Dept: _____	Length of Employment: _____
Address: _____	Phone: _____
City/ State/ Zip Code: _____	Salary: _____
Employer/Dept: _____	Length of Employment: _____
Address: _____	Phone: _____
City/ State/ Zip Code: _____	Salary: _____
Employer/Dept: _____	Length of Employment: _____
Address: _____	Phone: _____
City/ State/ Zip: _____	Salary: _____
Employer/Dept: _____	Length of Employment: _____
Address: _____	Phone: _____
City/ State/ Zip: _____	Salary: _____

Land Information:

Do you own land outside Tribal Boundary? Yes No

Do you own the property, that you wish your home to be built on or have a lease? Yes No

Location (Community, Physical Address): _____

Approximate Acreage (if more than one; must have survey completed for 1 acre): _____

Parcel No.: _____

Applicant Certification:

I/We understand that the above information is being collected in determining eligibility for the EBCI HOUSING- Programs/Assistance. I/We understand that this application is not a contract and is not binding in any manner. I/We also understand that it is my responsibility to inform the Housing Division if there is any change in my family status along with reporting any changes in income, living conditions, and change of address. Information given will be verified and may be released to appropriate Federal, State, or Local Agencies. I/We certify the statements made in this application are true and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We understand that false statements or information are basis for ineligibility.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

INTERNAL USE ONLY:

- Tribal Enrollment Cards
- Social Security Cards
- Driver's License/Photo ID
- Completed Employment Verification
- Recent Check Stubs
- Recent Bank Statements
- Past two years Tax Returns & W-2's
- Tribal Services Credit Application- E.B.C.I Finance
- Tribal Services Credit Application- QHA
- Documentation from Budget/Finance (Per Capita Garnishments)
- Authorization to Release Information
- Proof of Ownership of Land (Legal Description, Map, ROWs)
- Completed Site Inspection Form
- Current Mortgage Statement (if applicable)

- Application Received
- Application Complete



**EASTERN BAND OF CHEROKEE INDIANS (EBCI)
HOUSING and COMMUNITY DEVELOPMENT DIVISION**

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the EBCI, Housing & Community Development Division or its designated agents to obtain and receive all records and information pertaining to eligibility for the Housing Programs, including credit history, employment earning records, income (including S returns), bank accounts, stock holdings and residency from all persons, companies or firms holding or having access to such information.

I further authorize EBCI, Housing & Community Development Division to order a consumer credit report and verify other credit information, including past and present mortgage references. It is understood that a photocopy of this form will also serve as authorization. I (We) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement of information released by them to EBCI for purposes of the program.

Signature of Applicant: _____

Date: _____

Signature of Applicant: _____

Date: _____

Street Address: _____

Phone: _____

City / State / Zip _____

Alternate Phone: _____

Post Office Box _____

City / State / Zip _____

Notice to Borrower: This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA/Rural Development and financial institutions without further notice or authorization but will not be disclosed or released by this institution to another Government or Department without your consent except as required or permitted by law.

Applicant



**EASTERN BAND OF CHEROKEE INDIANS (EBCI)
HOUSING and COMMUNITY DEVELOPMENT (HCD)**

EMPLOYMENT VERIFICATION

Date: _____

To: (NAME & Address of Income Source)

From: (Name, Address & Social Security # of Applicant)

Telephone Number: _____

Social Security Number: _____

Telephone Number: _____

TO BE COMPLETED BY SUPERVISOR OR MANAGER ONLY

Do you currently employ the applicant? _____

Position: _____

How long employed: _____

Date of Hire: _____

Probability of Continued Employment: _____

Hours worked per week: _____ Hours worked per year: _____ Full Time: _____ Part Time _____

Rate of Pay: \$ _____/per hour

Salary per Year: \$ _____

Overtime Pay: \$ _____/per hour

Overtime Pay: \$ _____/per year

Commission: \$ _____/per hour

Commission: \$ _____/per year

Bonus / other: \$ _____/per hour

Bonus / Other: \$ _____/per year

Employer Signature & Title

Date: _____

** The above information is confidential and will not be used for purposes other than qualifying the family for homeownership. This form can be returned by mail to EBCI Housing & Community Development Division, P.O. Box Box 445, Cherokee, NC 28719 or fax to 828-554-6905.



**EASTERN BAND OF CHEROKEE INDIANS (EBCI)
HOUSING and COMMUNITY DEVELOPMENT (HCD)**

Co-Applicant

EMPLOYMENT VERIFICATION

Date: _____

To: (NAME & Address of Income Source)

From: (Name, Address & Social Security # of Applicant)

Telephone Number: _____

Social Security Number: _____

Telephone Number: _____

TO BE COMPLETED BY SUPERVISOR OR MANAGER ONLY

Do you currently employ the applicant? _____

Position: _____

How long employed: _____

Date of Hire: _____

Probability of Continued Employment: _____

Hours worked per week: _____ Hours worked per year: _____ Full Time: _____ Part Time _____

Rate of Pay: \$ _____/per hour

Salary per Year: \$ _____

Overtime Pay: \$ _____/per hour

Overtime Pay: \$ _____/per year

Commission: \$ _____/per hour

Commission: \$ _____/per year

Bonus/Other: \$ _____/per hour

Bonus/Other: \$ _____/per year

Employer Signature & Title

Date: _____

** The above information is confidential and will not be used for purposes other than qualifying the family for homeownership. This form can be returned by mail to EBCI Housing & Community Development Division, P.O. Box Box 445, Cherokee, NC 28719 or fax to 828-554-6905.

EBCI Finance



EASTERN BAND OF CHEROKEE INDIANS
TRIBAL SERVICES CREDIT APPLICATION
OFFICE OF THE TREASURER - REVENUE

*Please return to the Revenue Office
PO Box 537 Cherokee NC 28719

APPLICANT INFORMATION

SECTION 1

FIRST NAME _____ LAST NAME _____ MIDDLE NAME _____

PHYSICAL ADDRESS (NO PO BOXES) FOR DELIVERIES _____ APT II _____ CITY _____

STATE _____ ZIP CODE _____ HOME TELEPHONE _____ CELL PHONE _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____ ENROLLMENT NO. _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE _____ APT // _____ CITY _____

STATE _____ ZIP CODE _____ DRIVER'S LICENSE NUMBER _____

EMPLOYMENT INFORMATION

SECTION 2

CURRENT EMPLOYER (IF SELF-EMPLOYED LIST BUSINESS NAME) _____ BUSINESS TELEPHONE _____

BUSINESS ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ POSITION/TITLE _____ YEARS WITH _____

SECTION 3

OTHER INFORMATION

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____ TELEPHONE NUMBER _____

MAILING ADDRESS _____ CITY, ST, ZIP _____

JOINT APPLICANT INFORMATION

SECTION 4

FIRST NAME _____ LAST NAME _____ MIDDLE NAME _____

PHYSICAL ADDRESS (NO PO BOXES) FOR DELIVERIES _____ APT II _____ CITY _____

STATE _____ ZIP CODE _____ HOME TELEPHONE _____ CELL PHONE _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____ ENROLLMENT NO. _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE _____ APT II _____ CITY _____

STATE _____ ZIP CODE _____ DRIVER'S LICENSE NUMBER _____

SIGNATURE OF PRIMARY APPLICANT DATE
•PLEASE SUBMIT TWO FORMS OF ID

SIGNATURE OF JOINT APPLICANT DATE
•PLEASE SUBMIT TWO FORMS OF ID



EASTERN BAND OF CHEROKEE INDIANS
TRIBAL SERVICES CREDIT APPLICATION
OFFICE OF THE TREASURER - REVENUE

Please return to the Revenue Office
PO Box 537 Cherokee NC 28719

APPLICANT INFORMATION

Form fields for Applicant Information including First Name, Last Name, Middle Name, Physical Address, APT #, City, State, ZIP Code, Home Telephone, Cell Phone, Social Security No., Date of Birth, Enrollment No., Mailing Address, APT #, City, State, ZIP Code, Driver's License Number.

EMPLOYMENT INFORMATION

Form fields for Employment Information including Current Employer, Business Telephone, Business Address, City, State, ZIP Code, Position/Title, Years With.

OTHER INFORMATION

Form fields for Other Information including Name of Nearest Relative Not Living With You, Telephone Number, Mailing Address, City, ST, ZIP.

JOINT APPLICANT INFORMATION

Form fields for Joint Applicant Information including First Name, Last Name, Middle Name, Physical Address, APT #, City, State, ZIP Code, Home Telephone, Cell Phone, Social Security No., Date of Birth, Enrollment No., Mailing Address, APT #, City, State, ZIP Code, Driver's License Number.

SIGNATURE OF PRIMARY APPLICANT DATE SIGNATURE OF JOINT APPLICANT DATE

*PLEASE SUBMIT TWO FORMS OF ID

*PLEASE SUBMIT TWO FORMS OF ID

