



Northwestern Band of the Shoshone Nation  
Housing Services

## APPLICATION

### Down Payment Assistance & Closing Costs

**Revision Number & Date**  
Revision Number 1 – 1 June 2015

**Document Control Number**  
NWBSN HA-PM-006

### GENERAL INFORMATION

<b>Name:</b>			
<b>Physical Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Home Phone:</b>	<b>Mobile Phone:</b>	<b>Work Phone:</b>	
<b>Email Address:</b>			
<b>NWBSN Enrollment Number:</b>		<b>Total Number Living in Household:</b>	

### PERSONAL DECLARATION

HOUSEHOLD COMPOSITION: List ALL persons who will be living in your home, listing head of household first.

Name	Date of Birth	SSN	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

### REAL ESTATE PROFESSIONALS CONTACT INFORMATION

Real Estate Company	Realtor	Phone	Email
Title Company	Agent	Phone	Email

I do hereby swear and attest that all of the information above about me is true and correct.

Signature: Head of Household	Date
Signature: Spouse	Date

HOUSING USE ONLY:	DATE RECEIVED	TIME RECEIVED	APPLICATION NUMBER