

Tribal Member Property Information Update Form

Property # _____

*To provide continued quality Housing Services to our Tribal Members
the following information will assist us in your personal Service needs.
*We thank you in advance for providing your current information for our records**

Date: _____

Tribal Member Name: _____ **Member #** _____

Full Address: _____

Street
City
County
State
Zip

Please Enter Informaton In Boxes Below
If you do not know the answer, please leave Blank

Type of Dwelling? <i>Check One</i>	<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Modular Home
	<input type="checkbox"/> Mobile Home <i>If Yes, Circle One: SingleWide DoubleWide TripleWide</i>	
Square Feet of Dwelling?	<input type="text"/> Enter total Square Feet if known; if unknown, leave Blank	
Number of Bedrooms?	<input type="text"/> Enter Total Number of Bedrooms	
Number of Bathrooms?	<input type="text"/> Enter Total Number of Bathrooms	
Do you have an Irrigation System?	<input type="text"/> Enter Yes or No	
Do you have a Generator?	<input type="text"/> Enter Yes or No	<i>If Yes, Circle One: Diesel Fuel or LP Propane Gas</i>
Do you have a Fenced Yard?	<input type="text"/> Enter Yes or No	<i>If Yes, Does it have a Gated Entry: Yes or No</i>
Is your Home Handicap Accessible?	<input type="text"/> Enter Yes or No	
What type of Roof?	<input type="text"/> Enter Metal, Shingle or Tile	<input type="text"/> Please Circle the Type
Do you have a Swimming Pool?	<input type="text"/> Enter Yes or No	<i>If Yes, Circle One: In Ground or Above Ground</i>
Type of Parking Available?	<input type="checkbox"/> Single Car Garage	<input type="checkbox"/> Carport
	<input type="checkbox"/> Double Car Garage	<input type="checkbox"/> Parking Space
	<input type="checkbox"/> Triple Car Garage	<input type="checkbox"/> Unpaved Drive
	<input type="checkbox"/> Paved Driveway	<input type="checkbox"/> Other
Do you have any of these Options?	<input type="checkbox"/> Barn	<input type="checkbox"/> Shed
	<input type="checkbox"/> Chickee	<input type="checkbox"/> Surge Protector
	<input type="checkbox"/> Other Detached Structure	<input type="checkbox"/> Impact Windows
	<input type="checkbox"/> Hurricane Shutters	<input type="checkbox"/> 2-Story Home

Special Features?
 Enter any Special Features that you feel the Housing Department should be aware of regarding your Home

