

**Unit Data Flyer Revised 20200204**

**Tribal Member Property Information Update**

**Property # \_\_\_\_\_**

*To provide continued quality Housing Services to our Tribal Members  
the following information will assist us in personal service needs.*

**Date: \_\_\_\_\_**

Tribal Member Full Name: \_\_\_\_\_ Member # \_\_\_\_\_

Complete Address: \_\_\_\_\_  
 Street City County State Zip

Contact Information: \_\_\_\_\_  
 Home Phone Cell Phone Email Address:

**Check Boxes Below Accordingly or enter N/A**

Homeowner Insurance:  HOI Declaration Attached  Check this box if UNINSURED

Primary/Secondary:  Designation Form Attached  No other property in TM's name (Check if applicable)

Non-Rez Proof of Ownership:  County Appraiser Doc Attached  Warranty Deed / Quit Claim Deed / Bill of Sale

Emergency Contact Information:  Contact Form Attached  Roommate Form (Optional if TM will provide)

**All Documents must be Scanned and Titled Separately**

*Please Enter Information in Boxes Below  
If you do not know the answer, please leave Blank*

Type of Dwelling? *Check One*  Single Family Home  Modular Home

Townhome  Duplex

Mobile Home *If Yes, Circle One: SingleWide DoubleWide TripleWide*

Square Feet of Dwelling?  Enter total Square Feet if known; if unknown, leave Blank

Number of Bedrooms?  Enter Total Number of Bedrooms

Number of Bathrooms?  Enter Total Number of Bathrooms

Do you have an Irrigation System?  Enter Yes or No

Do you have a Generator?  Enter Yes or No  *If Yes, Circle One: Diesel Fuel or LP Propane Gas*

Do you have a Fenced Yard?  Enter Yes or No  *If Yes, Does It have a Gated Entry: Yes or No*

Is your Home Handicap Accessible?  Enter Yes or No

What type of Roof?  Enter Metal, Shingle or Tile  *Please Circle the Type*

Do you have a Swimming Pool?  Enter Yes or No  *If Yes, Circle One: In Ground or Above Ground*

Type of Parking Available? *Check All Applicable*  Single Car Garage  Carport

Double Car Garage  Parking Space

Triple Car Garage  Unpaved Drive

Paved Driveway  Pavers

Do you have any of these Options?  Barn  Shed

Chickee  Surge Protector

Other Detached Structure  Impact Windows

Hurricane Shutters  2-Story Home

Special Features? \_\_\_\_\_

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

\_\_\_\_\_  
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