

Unit Data Flyer Revised 20200124

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 / 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
 Mobile Home *If yes, check one* Single Wide Double Wide Triple Wide
- _____ **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, check one:* Diesel Fuel LP Propane Gas
- _____ **Do you have a Fenced Yard?** Enter YES or NO *If yes, does it have a gated entry?* Yes No
- _____ **Is your home Handicap Accessible?** Enter YES or NO
- _____ **Do you have a swimming pool?** Enter YES or NO *If yes, check one:* In Ground Above Ground

What type of roof? Metal Shingle Tile Other: _____

Type of parking available: Single Car Garage Double Car Garage Triple Car Garage Carport
 Parking Space Paved Driveway Unpaved Driveway Other: _____

Do you have any of these options? Barn Chickee Surge Protector Impact Windows Hurricane Shutters
 Shed 2 Story Home Other Detached Structure

Special Features? _____
Enter any special features that you feel the Housing Department should be aware of regarding your home. _____
