



CIHA Rental Housing Application

Additional Household Members

Additional Household Member Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Youth <input type="checkbox"/> Foster Child	Full Name: _____	Birthdate: _____	Student Status (circle): Full-time Part-time N/A
	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Decline to Answer	Social Security Number: _____	Marital Status (circle): Married Single Separated Divorced
	Race: <input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Decline to Answer		Citizenship Status <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Decline to Answer
	Please select all that apply Regional Corporation: _____ <input type="checkbox"/> Shareholder <input type="checkbox"/> Descendent Village Affiliation: _____ <input type="checkbox"/> Shareholder <input type="checkbox"/> Descendent Tribal Enrollee: _____		
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