Housing Application Information
For Tribal Rental Housing

In order for the Office of Housing to process and determine eligibility for our Priority Housing waiting list the following information is required:

1. Completed Housing Application
2. Completed National Tenant Network Application
   (All adults must be screened)
3. Income/Employment Verification
   (Income required for all adults)
4. Copies of ID for each adult

The Attached forms must fully be completed-Squaxin Island Tribe Eligibility, Admission and Occupancy Policy (EAOP), the Housing Application, National Tenant Screening Application and a release for verification income.

Upon receiving completed applications, copies of required card and released, the Office of Housing shall conduct a thorough screening of each applicant to determine eligibility.

The completed forms and information may be delivered in person or mailed to:

Squaxin Island Tribe
Office of Housing
Attn: Ashly or Kristin
10 SE Squaxin Lane
Shelton, WA. 98584

YOU MUST TURN IN ALL REQUESTED INFORMATION/FORMS IN ORDER TO PROCESS YOUR APPLICATION.

Please contact Ashly Sigo at 360.432.3888 or Kristin Penn 360.432.3863, if you have any questions.

Squaxin Island Tribe
Office of Housing
10 S.E. Squaxin Ln. * Shelton, WA 98584
Phone (360) 432-3863 * Fax (360) 462-0078

Tribal Rental Housing Application

Applying for:
Date of Application: _____
Tribe:_____ Enrolled Tribal Member: Yes_____ No_____
Enrollment #:_____
Name:_____ Date of Birth:_____
Address:_____
_____
_____ Phone #:_____
Alternate
Address:_____ **(You are responsible to keep this**
_____ **office informed of your address and**
_____ **how to reach you.)**

Email Address: _____ Message phone #: _____
Preferred contact method:_____

1. Family Composition: Tribal member is head. List all adults (18 & over) living in home, then children under 18 years of age. **Complete information is required.**

Full Name	**Relationship** son/daughter/other	DOB	M/F	**Tribal Y/N** Enrollment #

Do you anticipate changes in family composition (examples: pregnancy, adult children moving out)? If yes, please explain:_____
_____

2. **Employment:**

Employer: _____ Phone: _____
Business Address: _____
Position: _____ Temp/Perm: _____ Length of employed _____
Wages Paid: hourly bi-weekly monthly amount: _____

****Other Household Members Employed:**

Name: _____ Relation to head: _____
Business Employer: _____ Phone: _____
Address: _____
Position: _____ Temp/Perm: _____ Length of employed _____
Wages Paid: hourly bi-weekly monthly amount: _____

Name: _____ Relation to head: _____
Business Employer: _____ Phone: _____
Address: _____
Position: _____ Temp/Perm: _____ Length of employed _____
Wages Paid: hourly bi-weekly monthly amount: _____

Name: _____ Relation to head: _____
Business Employer: _____ Phone: _____
Address: _____
Position: _____ Temp/Perm: _____ Length of employed _____
Wages Paid: hourly bi-weekly monthly amount: _____

3. **Income:** All income of all adults living in the home **must** be included, except student income of children.

Other sources of income and amounts: (**Include SSI, AFDC, VA, wages.**)

Name	Source	Amount

4. Former Residences and Landlords for the last two years (**Required**):

Addresses: Most Recent first: Name, Address & Phone # of Landlord:

1. _____
2. _____
3. _____

5. Do you or anyone in your family have an outstanding utility bill? _____

Utility Company: _____

6. Have you ever been convicted of any criminal activities? _____Yes _____No

If Yes, What was the charge(s)? _____

How long ago did the charge(s) occur? _____

7. Any pets? _____ What kind? _____

I fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I therefore, certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above.

_____ _____

(Name of Applicant – Please Print) Date

_____

(Applicants Signature)

The next page is a release to enable this office to verify your employment, former residence, credit, and criminal background checks. **A signed authorized release is a requirement for you and each adult on your housing application.** Please request additional forms if you have more than one adult on your application. **This entire application must be filled out completely to determine your eligibility for a house.**

Office of Housing
10 S.E. Squaxin Lane
Shelton, WA 98584

I, _____, authorize the Squaxin Island Tribe,
(Print Name)

Office of Housing to request and obtain:

1) Employment Verification
2) Landlord Verification
3) Credit Report
4) Criminal Background Check

_____ _____
(Signature) (Date)

FOR OFFICE USE ONLY:
The above person has ( ) applied to us for Housing, ( ) is a resident in housing provided, ( ) is listed on an applicants application, by this Office of Housing. All information will be kept confidential.

C E R T I F I C A T I O N

On the basis of their information contained in the preceding document, the applicant family named herein has been found to be: Eligible for admission/ineligible for admission.

Signed_____

Squaxin Island Tribe/Office of Housing
Pre-Housing Drug-Testing Consent Form

The undersigned applicant, and/or member of the household, is being considered for housing with the Squaxin Island Tribe Office of Housing. Section 1.B.3 of the Squaxin Island Tribe Eligibility, Admission and Occupancy Policy requires applicants and members of the household to submit to a screening test for illegal drugs as a condition for qualifying for housing. The time and date for such a screening will be arranged by the Office of Housing.

I hereby consent for the Office of Housing or its agents to conduct the screening test, and for the test results to be provided to the Office of Housing. I understand that in the event I fail to timely take the screening test, or test positive, the application for housing may be denied consistent with the terms of Section 1.B.3 of the Squaxin Island Tribe Eligibility, Admission and Occupancy Policy.

_____ _____

Applicant Name (Please print) Date

_____ _____

Applicant Signature Date

_____ _____

Parent/Guardian Approval Date

_____ _____

Office of Housing Date

☐ Full ☐Pre-Housing

Appointment Date: _____

Appointment Time: _____

Arrival Time: _____

UA Conducted By: _____

Squaxin Island Tribe

Department of Community Development

Office of Housing
VERIFICATION OF:
Enrollment

Name _____ Phone number #_____

Birthdate _____ Enrollment #_____

Address _____

RELEASE: I hereby authorize the Enrollment Officer to release the Certification of Enrollment to the Office of Housing.

_____ _____

(Signature of Applicant) Date

Please list all tenants that will be residing in the home:

Name_____ DOB_____ Enroll #/tribe_____ Descendant Y/N_
Name_____ DOB_____ Enroll #/tribe_____ Descendant Y/N_
Name_____ DOB_____ Enroll #/tribe_____ Descendant Y/N_
Name_____ DOB_____ Enroll #/tribe_____ Descendant Y/N_
Name_____ DOB_____ Enroll #/tribe_____ Descendant Y/N_
Name_____ DOB_____ Enroll #/tribe_____ Descendant Y/N_
Name_____ DOB_____ Enroll #/tribe_____ Descendant Y/N_

Signature of Office of Housing _____ Title_____

Date_____ Telephone #_____

Squaxin Island Tribe

Department of Community Development

Office of Housing
VERIFICATION OF:
Employment Income
and Per Capita Income

Name _____ Social Security # _____

Employer _____ Occupation _____

Employer Address _____ Employer Phone Number _____

RELEASE: I hereby authorize the release of the requested information.

_____ _____

(Signature of Applicant) Date

(For Office Use Only) ***DATE OF HIRE*** _____

Monthly Salary: _____

Average hours/week at base pay rate: _____ Hours
No. Weeks _____, or No. Weeks _____ worked per year.

Overtime Pay Rate: $_____/Hour
Expected average number of hours overtime worked above (specify for commissions, bonuses, tips, etc.):
For: _____ $_____ per_____

Seasonal Employees Only:
Total base pay earnings for past 12 mos. $_____
Total overtime earnings for past 12 mos. $_____

AUTHORIZATION: Federal Regulations require us to verify Employment and Per Capita Income of all members of the household applying for participation in the Indian Housing Programs which we operate and to re-examine these expenses periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. Please fax the information to 360.462.0078 Attention: Kristin Penn or Ashly Sigo, Housing Occupancy Specialist. If there are any questions, please call me at 360.432.3863 or 360.432.3888.

Signature of _____ or Authorized Representative _____

_____ _____ _____
Title Date Telephone

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Squaxin Island Tribe

Department of Community Development

Office of Housing
VERIFICATION OF:
Employment Income
and Per Capita Income

Name _____ Social Security # _____

Employer _____ Occupation _____

Employer Address _____ Employer Phone Number _____

RELEASE: I hereby authorize the release of the requested information.

_____ _____

(Signature of Applicant) Date

(For Office Use Only) ***DATE OF HIRE*** _____

Monthly Salary: _____

Average hours/week at base pay rate: _____ Hours
No. Weeks _____, or No. Weeks _____ worked per year.

Overtime Pay Rate: $_____/Hour
Expected average number of hours overtime worked above (specify for commissions, bonuses, tips, etc.):
For: _____ $_____ per_____

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Total base pay earnings for past 12 mos. $_____
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Signature of _____ or Authorized Representative _____

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Title Date Telephone

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Squaxin Island Tribe

Department of Community Development

Office of Housing
VERIFICATION OF:
Unemployment/Social Security/DSHS/General Assistance/L&I

Provide Housing with a letter from Social Security or income tax form
Bank statements are no longer a valid form of verification

Name: _____ Social Security # _____

Type: (circle one)
Unemployment Social Security DSHS GA Assistance L&I Other_____

Contact Name & Phone Number for the Agency listed above: _____

RELEASE: I hereby authorize the release of the requested information.

_____ _____
(Signature of Applicant) Date

(For Office Use Only)

1. Are benefits being paid now? [ ] Yes [ ] No
2. If yes, what is Gross **Weekly/Monthly (circle one)** Payment? $_____
3. Date of Initial Payment: _____
4. Duration of Benefits: _____ weeks
   Is claimant eligible for future benefits? [ ] Yes [ ] No
5. If yes, how many weeks? _____ weeks
6. If no, what is the termination date of benefits? _____

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the Indian Housing Programs, which we operate and to re-examine these expenses periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

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Signature of _____ or Authorized Representative _____

_____ _____ _____
Title Date Telephone

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National Tenant Network

Account Number: _ST 2057_____

Screening Application Fax Number: _____

PLEASE PRINT LEGIBLY!	**PLEASE VERIFY INFORMATION!**
Address Applied for:	**Rent:**
Applicant Monthly Income:	
( ) TU Credit ( ) Eviction ( ) OR/WA Criminal ( ) National Criminal	

Applicant: _____
(Last name, First name Middle name or initial)

SSN#: _____/____/_____
(Last name, First name Middle name or initial)

Drivers Lic #/State: _____/ _____ DOB: _____/____/_____

Present Address: _____ Rent Amt: $_____

_____City: _____ State: _____ Zip: _____

Current Landlord: _____ Phone: ( )_____ **How Long?** _____

Previous Address: _____ Rent Amt: $ _____

City: _____ *State:* _____ *Zip:* _____

Previous Landlord: _____ Phone: ( )_____ **How Long ?** _____

Present Employer: _____Phone #: ( )_____

Position: _____ Supervisor: _____

How Long? _____ Monthly **Income**: $_____

Previous Employer: _____Phone #: ( )_____

Position: _____ Supervisor: _____

How Long? _____ Monthly **Income:** $_____

Other Income: _____

I (we) hereby certify that the information given to evaluate my application for tenancy is correct and complete. I authorize you to make any and all inquiries you feel necessary to evaluate my application for housing including, but not limited to, a National Credit Report, Eviction Report and Criminal Report.

I (we) further understand that any false or incomplete information is grounds for immediate rejection of this application.

I (we) specifically authorize and request all present or previous employers, mortgage holders, landlords, rental agents, credit grantors, banks, accountants, stockbrokers and local, state and Federal Government Agencies to release any requested information in the evaluation of my application for rental housing.

Date: _____ Applicant Signature: _____

P.O. Box 21027
Keizer, OR 97303
P: 503-635-1118 OR 888-989-1686
F: 503-212-0134 OR 888-922-1686
www.ntnonline.com