

Application Update

Squaxin Island Tribe – Office of Housing 10 SE Squaxin Lane, Shelton, Washington 98584 (360) 432-3863/Fax (360) 462-0078

Enrolled Tribal Member:	Yes	_ No	Enrollment #			
Date	e Phone					
Name						
Address	ess Date of Birth		Birth	_Age		
		Msg. I	Phone			
Alternate Address						
Current Landlord						
Address						

You **must** use the correct legal name for each member on your household composition as it appears on the social security card.

1. HOUSEHOLD COMPOSITION		(Occupants residing in the unit)		
NAME	Relationship TO HEAD	SEX	Date of BIRTH	Tribal <u>Member</u>

2. Have you (or anyone on your household composition) ever been convicted of any criminal activities? Yes or No

If yes, what was the charge(s) ?	
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How long ago did the charge(s) occur?_____

3. Total Household Income: List all money earned or received by everyone in your household. (This includes money from wages, self-employment, child support, contributions, social security, disability payments (SSI), workmen's compensation, retirement benefits, unemployment benefits, per capita income, and treaty income.) All persons over 18 **must** sign an income verification form.

Household Member Employer Total Wages

Household Member	Name (TANF, Child Support, Soc. Sec, Unemployment, any income) Employer	Total Wages

WARNING! 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 Agencies of the United States.

I, having read and fully understand that false or fraudulent statements are in violation of Title 18, Section 1001 of the United States Code. I do hereby swear and attest that all of the information contained in this application is true and correct. I also understand that all changes in the income of any member of the household as well as <u>any changes</u> in the household members must be reported to the Office of Housing in WRITING IMMEDIATELY.

Signature of Head of Household	Date	Signature of Spouse	Date	
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