

Housing Application Information For Low Income 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 and Verification of enrolment 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.

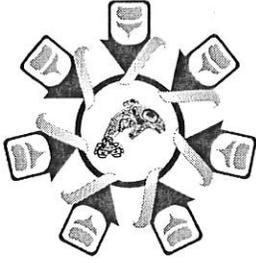
Upon receiving completed applications, copies of required card and released, the Office of Housing shall conduct a thorough screening of each applicant to determine eligibility.

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

Squaxin Island Tribe
Office of Housing
Attn: Lisa Peters
10 SE Squaxin Lane
Shelton, WA. 98584

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

Please contact Lisa Peters at 360-432-3871, if you have any questions.
Thank you



Squaxin Island Tribe

Office of Housing

10 S.E. Squaxin Ln. * Shelton, WA 98584

Phone (360) 432-3871 * Fax (360) 462-0078

Housing Application

Applying for: Homeownership _____ Rental _____ Both _____

Date of Application: _____

Tribe: _____ Enrolled Tribal Member: Yes _____ No _____

If yes Enrollment #: _____

Name: _____ Phone #: _____

Address: _____ Date of Birth _____

_____ Message

_____ Phone #: _____

Alternate

Address: _____ (You are responsible to keep this office informed of your address and how to reach you.)

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 To Head of Household	Date of Birth	Enrollment Number	Male or Female	Tribal Affiliation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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. **Deductions:** Child Care enables parent(s) to work and/or excessive employment related Travel expenses.

<u>Name</u>	<u>Type</u>	<u>Source</u>	<u>Monthly Amount</u>

5. **Assets:** Real Estate (non-trust land) Large (paid for) Boat – etc. Timber Holdings, business.
It is a federal requirement to include all assets on this application:

Type: _____ Estimated Value: _____
Type: _____ Estimated Value: _____
Type: _____ Estimated Value: _____

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

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

1. _____

2. _____

3. _____

7. Do you or anyone in your family have an outstanding utility bill? _____
Utility Company: _____

8. 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? _____

9. Have you ever resided in a HUD house before? _____ Yes _____ No
If Yes, Did you leave the house in good standing? _____
What was the name and address of the Housing Authority?

Automobile(s)

Year _____ Make _____ Value _____ License No. _____
Year _____ Make _____ Value _____ License No. _____

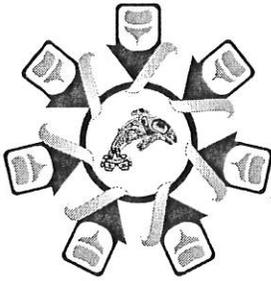
10. Any pets? _____ What kind? _____

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.

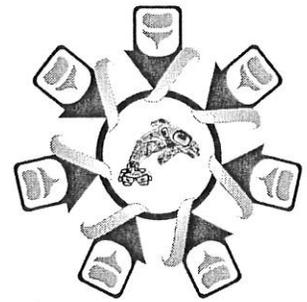
CERTIFICATION

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

Department of Community Development



Office of Housing VERIFICATION OF: Employment Income Harvester 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, Harvester 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.

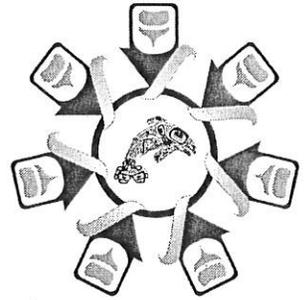
Your prompt return of the requested information will be appreciated. Please fax the information to (360) 462-0078 Attention: Juana Perry, Housing Occupancy Specialist. If there are any questions please call me at (360) 426-9781 or (360) 432-3863.

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



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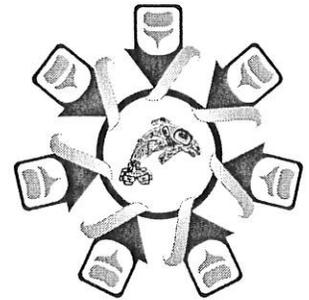
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Employer _____ Occupation _____

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(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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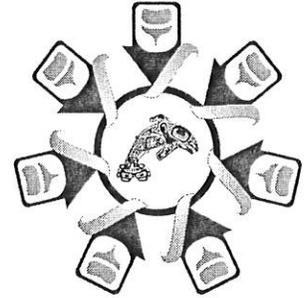
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Squaxin Island Tribe

Department of Community Development



Office of Housing VERIFICATION OF: Enrollment

Name _____

Birthdate _____ Enrollment # _____

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 Tribal Members that will be residing in the home:

Name _____	DOB _____	Enroll #/tribe _____	Descendant <u>Y/N</u>
Name _____	DOB _____	Enroll #/tribe _____	Descendant <u>Y/N</u>
Name _____	DOB _____	Enroll #/tribe _____	Descendant <u>Y/N</u>
Name _____	DOB _____	Enroll #/tribe _____	Descendant <u>Y/N</u>
Name _____	DOB _____	Enroll #/tribe _____	Descendant <u>Y/N</u>
Name _____	DOB _____	Enroll #/tribe _____	Descendant <u>Y/N</u>

Signature of Office of Housing _____ Title _____

Date _____ Telephone # _____

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 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 Signature

Date

Household Member Signature

Date

Parent/Guardian Approval

Date

Office of Housing

Date

Full

Pre-Housing

Appointment Date: _____

Appointment Time: _____

Arrival Time: _____

UA Conducted By: _____



NATIONAL TENANT NETWORK

RENTAL APPLICATION

Access #

TEL: (253) 627-2200 in Tacoma area
(800) 726-0111

FAX: (253) 627-3276 in Tacoma area
(800) 726-5279

NON-MARRIED COUPLES: EACH PERSON MUST SUBMIT A SEPARATE APPLICATION

MARRIED COUPLES: MAY SUBMIT ONE APPLICATION

CO-SIGNERS: A CO-SIGNER IS REQUIRED TO HAVE GOOD CREDIT AND BE EMPLOYED

Partial Screen	[]	w/Crim	[]
Full Screen	[]	w/Crim	[]
Screen both applicants?	[]	YES	[] NO
Co-Signer application?	[]	YES	[] NO

INSTRUCTIONS: ALL LANDLORD/RENTAL Information Must be Filled Out.

PROPERTY NAME	MANAGER/AGENT NAME	UNIT APPLYING FOR	RENT AMOUNT \$
TEL # ()	FAX # ()		

APPLICANT INFORMATION - You must provide driver's license or photo ID and or Social Security Card. Incomplete or false information may result in denial.

LAST NAME	FIRST NAME	MIDDLE (MAIDEN) NAME	SOCIAL SEC #
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HAVE YOU HAD CREDIT UNDER ANY OTHER NAME [] YES IF YES, WHAT WAS THAT NAME(S):

ADDRESS SHOWN ON DRIVER'S LICENSE	DATE OF BIRTH	TEL # ()
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DRIVER'S LICENSE #, AND EXP. DATE	E-MAIL ADDRESS
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OCCUPANTS NAME, AGE AND RELATIONSHIP

SPOUSE INFORMATION - You must provide driver's license or photo ID and or Social Security Card. Incomplete or false information may result in denial.

LAST NAME	FIRST NAME	MIDDLE (MAIDEN) NAME	SOCIAL SEC #
-----------	------------	----------------------	--------------

HAVE YOU HAD CREDIT UNDER ANY OTHER NAME [] YES IF YES, WHAT WAS THAT NAME(S):

ADDRESS SHOWN ON DRIVER'S LICENSE	DATE OF BIRTH	TEL # ()
-----------------------------------	---------------	-----------

DRIVER'S LICENSE #, AND EXP. DATE	E-MAIL ADDRESS
-----------------------------------	----------------

OCCUPANTS NAME, AGE AND RELATIONSHIP

RESIDENTIAL HISTORY

PRESENT ADDRESS	APT #	CITY	STATE	ZIP
-----------------	-------	------	-------	-----

DO YOU CURRENTLY... [] OWN [] RENT [] LIVE WITH RELATIVES [] MILITARY HOUSING [] OTHER

CURRENT APT./MORTG. OR LANDLORD NAME	CITY	STATE	DAYTIME MGR. TEL # ()	EVENING MGR. TEL # ()
--------------------------------------	------	-------	------------------------	------------------------

REASON FOR MOVING	PAYMENT AMOUNT \$	FROM:	TO:
-------------------	-------------------	-------	-----

PREVIOUS ADDRESS	APT #	CITY	STATE	ZIP
------------------	-------	------	-------	-----

DID YOU PREVIOUSLY... [] OWN [] RENT [] LIVE WITH RELATIVES [] MILITARY HOUSING [] OTHER

PREVIOUS APT./MORTG. OR LANDLORD NAME	CITY	STATE	DAYTIME MGR. TEL # ()	EVENING MGR. TEL # ()
---------------------------------------	------	-------	------------------------	------------------------

REASON FOR MOVING	PAYMENT AMOUNT \$	FROM:	TO:
-------------------	-------------------	-------	-----

APPLICANT'S EMPLOYMENT: Paycheck stubs, tax returns or letter of hire/transfer may be required.

CURRENT EMPLOYER (NAME)	ADDRESS	CITY	STATE	AREA CODE + PHONE # ()
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POSITION	SUPERVISOR'S NAME	MONTHLY SALARY \$	EMPLOYMENT DATES FROM: TO:	[] FULL TIME [] TEMPORARY [] PART TIME [] SELF EMPLOYED
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PREVIOUS/ADDITIONAL EMPLOYER	ADDRESS	CITY	STATE	AREA CODE + PHONE # ()
------------------------------	---------	------	-------	-------------------------

POSITION	SUPERVISOR'S NAME	MONTHLY SALARY \$	EMPLOYMENT DATES FROM: TO:	[] FULL TIME [] TEMPORARY [] PART TIME [] SELF EMPLOYED
----------	-------------------	-------------------	----------------------------	---

In compliance with the State and Federal laws, this is to inform you that a consumer investigation involving the statements made on your rental application for tenancy at the above mentioned apartment / rental unit is being initiated. You have the right to dispute the information reported. If tenancy is denied based on credit report make direct inquires to Trans Union at 760 W. Spoul Rd. P.O. Box 390 Springfield, PA 19064-0390 (800) 888-4213. If tenancy is denied based on information provided by NTN, applicant(s) may contact NTN P.O. Box 2231 Tacoma, WA 98401. I/we certify that to the best of my/our knowledge all statements are true and correct. I/we further authorize NTN to obtain investigative consumer credit report, including but not limited to credit history OFAC search, landlord/tenant court record, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers and bank representatives. This investigation is for resident screening purpose only and is strictly confidential. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

A summary of your rights under the Fair Credit Reporting Act is available by visiting <http://www.ftc.gov/cre>

I agree to all the above and sign of my(our) own free will.

Initial _____
Applicant

Initial _____
Co-applicant (Spouse Only)

Date _____



NATIONAL TENANT NETWORK

RENTAL APPLICATION

Access # _____

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Partial Screen	[]	w/Crim	[]
Full Screen	[]	w/Crim	[]
Screen both applicants?	[]	YES	[] NO
Co-Signer application?	[]	YES	[] NO

INSTRUCTIONS: ALL LANDLORD/RENTAL Information Must be Filled Out.

PROPERTY NAME	MANAGER/AGENT NAME	UNIT APPLYING FOR	RENT AMOUNT \$
TEL # ()		FAX # ()	

SPOUSE'S EMPLOYMENT: Paycheck stubs, tax returns or letter of hire/transfer may be required.

CURRENT EMPLOYER (NAME)	ADDRESS	CITY	STATE	AREA CODE + PHONE #
POSITION	SUPERVISOR'S NAME	MONTHLY SALARY \$	EMPLOYMENT DATES FROM: TO:	[] FULL TIME [] TEMPORARY [] PART TIME [] SELF EMPLOYED
PREVIOUS/ADDITIONAL EMPLOYER	ADDRESS	CITY	STATE	AREA CODE + PHONE #
POSITION	SUPERVISOR'S NAME	MONTHLY SALARY \$	EMPLOYMENT DATES FROM: TO:	[] FULL TIME [] TEMPORARY [] PART TIME [] SELF EMPLOYED

ADDITIONAL INFORMATION

BANK OR SAVINGS & LOAN CO	ACCOUNT #	HOME ADDRESS SHOWN ON CHECKING ACCT	CITY
ADDITIONAL INCOME: [] APPLICANT [] SPOUSE \$		AREA CODE + TELEPHONE #	()
HAVE YOU EVER FILED BANKRUPTCY? [] YES () NO	DO YOU HAVE: PIANO/ORGAN []	WATERBED []	
DO YOU OR YOUR SPOUSE SMOKE? [] YES () NO	AQUARIUM []	PET []	
EVER BEEN EVICTED, OR LEFT A LANDLORD OWING MONEY? [] YES [] NO	IF YES, NAME OF APT/LANDLORD	CITY	STATE AREA CODE + PHONE # ()
EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? [] YES [] NO	IF YES, TYPE OF OFFENSE	COUNTY	STATE
EMERGENCY CONTACT/NEAREST RELATIVE/FRIEND	RELATIONSHIP	ADDRESS/CITY/STATE	AREA CODE + PHONE # ()
CAR MAKE	YEAR	LICENSE #	

I/we understand that I/we acquire no rights in an apartment unit until I/we sign this agreement and submit a holding fee in the amount of \$_____. Upon approval of tenancy and the signing of an apartment rental agreement, this fee will be credited against my/our deposit and/or my/our first month's rent. In cooperation for landlord holding said at _____, I/we hereby waive all rights to the return of said holding fee in the event I/we chose not to enter into a rental contract after approval, and said holding fee shall be retained as liquidated damages. In the event said application is not accepted holding fee shall be returned to applicant.

NON-REFUNDABLE SCREENING FEE \$_____.

In compliance with the State and Federal laws, this is to inform you that a consumer investigation involving the statements made on your rental application for tenancy at the above mentioned apartment / rental unit is being initiated. You have the right to dispute the information reported. If tenancy is denied based on credit report make direct inquires to Trans Union at 760 W. Spoul Rd. P.O. Box 390 Springfield, PA 19064-0390 (800) 888-4213. If tenancy is denied based on information provided by NTN, applicant(s) may contact NTN P.O. Box 2231 Tacoma, WA 98401. I/we certify that to the best of my/our knowledge all statements are true and correct. I/we further authorize NTN to obtain investigative consumer credit report, including but not limited to credit history OFAC search, landlord/tenant court record, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers and bank representatives. This investigation is for resident screening purpose only and is strictly confidential. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

A summary of your rights under the Fair Credit Reporting Act is available by visiting <http://www.ftc.gov/credit>

I agree to all the above and sign of my(our) own free will.

Signed _____ Applicant Signed _____ Co-aplicant (Spouse Only) Date _____

Signed _____ Landlord/Manager Date _____