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.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relationship To Head of Household</th>
<th>Date of Birth</th>
<th>Enrollment Number</th>
<th>Male or Female</th>
<th>Tribal Affiliation</th>
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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.**)

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<thead>
<tr>
<th>Name</th>
<th>Source</th>
<th>Amount</th>
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4. Deductions:  Child Care enables parent(s) to work and/or excessive employment related Travel expenses.

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<tr>
<th>Name</th>
<th>Type</th>
<th>Source</th>
<th>Monthly Amount</th>
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**It is a federal requirement to include all assets on this application:**

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<tr>
<th>Type:</th>
<th>Estimated Value:</th>
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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 ________________________________
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

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.

______________________________ Date

(Signature of Applicant)

(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.

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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
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.

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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.
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:

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<th>Name</th>
<th>DOB</th>
<th>Enroll #/tribe</th>
<th>Descendant Y/N</th>
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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

PROPERTY NAME: MANAGER/AGENT NAME: UNIT APPL YING 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 #: 

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:

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 #: 

POSITION: SUPERVISOR'S NAME: MONTHLY SALARY: EMPLOYMENT DATES: FULL TIME TEMPORARY
FROM: TO: 
PREVIOUS/ADDITIONAL EMPLOYER: ADDRESS: CITY: STATE: AREA CODE + PHONE #: 

POSITION: SUPERVISOR'S NAME: MONTHLY SALARY: EMPLOYMENT DATES: FULL TIME TEMPORARY
FROM: TO: 

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 inquiries to Trans Union at 760 W. Spaul 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/crc

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

Initial: ___________________ Initial: ___________________ Date: __________
Applicant: ___________________ Co-applicant (Spouse Only): ___________________

PLEASE SIGN PAGE 2
**NATIONAL TENANT NETWORK**

**RENTAL APPLICATION**

**PROPERTY NAME:**

**MANAGER/AGENT NAME:**

**UNIT APPLYING FOR:**

**RENT AMOUNT:**

**SPouse's Employment:**

<table>
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<tr>
<th>CURRENT EMPLOYER NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>AREA CODE + PHONE #</th>
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<tr>
<th>Previous/Additional Employer</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Area Code + Phone #</th>
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**Additional Information**

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<th>Bank or Savings &amp; Loan Co</th>
<th>Account #</th>
<th>Home Address Shown On Checking Acct</th>
<th>City</th>
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**Additional Income:**

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<th>[ ] Applicant</th>
<th>[ ] Spouse</th>
<th>Area Code + Telephone #</th>
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**Have You Ever Filed Bankruptcy?**

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<th>Yes</th>
<th>No</th>
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**Do You Have a Piano/Organ?**

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<th>Yes</th>
<th>No</th>
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**Ever Been Evicted, Or Left A Landlord Owing Money?**

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<th>Yes</th>
<th>No</th>
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**Ever Been Convicted of a Criminal Offense?**

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<th>Yes</th>
<th>No</th>
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**Emergency Contact/Nearest Relative/Friend**

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<th>Address/City/State</th>
<th>Area Code + Phone #</th>
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<th>Year</th>
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I/we understand that I/we acquire no rights in an apartment 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 landfill 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 inquiries to Trans Union at 760 W. Spoun 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-applicant (Spouse Only)

Signed ____________________________
Landlord/Manager

Date ____________

Date ____________

Date ____________