

**Housing Application Information
For Low Income
Transitional Housing Opportunity to Plan and Empower
T-HOPE Program**

In order to process and determine eligibility for the T-Hope Program, the following must be completed to be added to the waiting list.

1. Completed T-HOPE Application
2. Completed National Tenant Network Application (all adults over 18)
3. Signed Verification of Enrollment Form
4. Signed Drug Testing Consent Form
(Drug Screen required for all applicants 16 and over)
5. Income/Employment Verification Form
6. Copies of ID for each adult

All attached forms must fully be completed, and a thorough screening of each applicant must be done in order to determine eligibility to be placed on the list. Partial applications will not be accepted.

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

Squaxin Island Tribe
Attn: Office of Housing – T-HOPE
10 SE Squaxin Lane
Shelton, WA. 98584

**YOU MUST TURN IN ALL REQUESTED INFORMATION/FORMS
FOR YOUR APPLICATION TO BE PROCESSED.**

Please contact Liz Kunz at 360-432-3937 for questions.

Date of Application: _____

Date/Time Received: _____

Head of Household	Name:		Male/Female:	
	Date of Birth:		Phone Number:	
	Email:			
	Address:			
	City/State/Zip:		Email:	
	Emergency Contact Information:			
	Preferred contact Method:			
	Enrollment Information			
	Enrolled	Enrollment Number	Tribe	
	Yes/No			
	Employment			
	Name of Employer:			
	Address:		Phone Number:	
	Position	Temp/Perm:	Start Date:	
	Hourly:	Bi-weekly:	Monthly:	
	Other Income			
	<u>Type of Income</u>	<u>Hourly</u>	<u>Monthly</u>	

Co-Applicant

Name:		Male/Female:	
Date of Birth:		Phone Number:	
Email:			
Address:			
City/State/Zip:		Email:	
Emergency Contact Information:			
Preferred contact Method:			
Enrollment Information			
Enrolled	Enrollment Number	Tribe	
Yes/No			
Employment			
Name of Employer:			
Address:		Phone Number:	
Position	Temp/Perm:	Start date:	
Hourly:	Bi-weekly:	Monthly:	
Other Income			
Hourly:	Bi-weekly:	Monthly:	

Squaxin Island Tribe
Office of Housing
T-HOPE Program

Former Residences and Landlords for the last two years (Required)

Address	Name and Phone number of Landlord

Automobile

Year	Make	Value	License No.

Assets

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

Type	Estimated Value

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

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.

(Signature of Applicant)

Date

(Signature of Co-Applicant)

Date

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

This 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 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 Tiny Home.**

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 applicant's 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/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

T-HOPE Coordinator

Date

☐ Full

☐ Pre-Housing

Appointment
Date: _____

Appointment
Time: _____

Arrival Time: _____

UA Conducted By: _____