



5318 Chief Brown Lane
Darrington, Washington 98241-9420

(360) 436-0131
(360) 436-2208
Fax (360) 436-2847

HOUSING DEPARTMENT

HOUSING APPLICATION

Mutual Help TBRA Rental

Name _____ Phone (____) _____

Address _____

(1) HOUSEHOLD COMPOSITION: List ALL persons who will be living in your home.

	NAME	REALATIONS HIP TO HEAD OF HOUSEHOLD	D.O.B	TRIBAL MEMBERSHIP & ENROLLMEN T NUMBER	SOCIAL SECURITY NUMBER
1.		SELF			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

(2) INCOME:

	Household Member	Wages/ Salaries	Pension	AFDC	SSI	Fishing	GA	Other
1.								
2.								
3.								

TOTAL GROSS ANNUAL INCOME \$ _____

(3) NET FAMILY ASSETS: List all assets including dividends, certificates, stocks, bonds income from rental property etc.

	Type	Amount
1.		
2.		

TOTAL VALUE OF ASSETS \$ _____

(4) ANTICIPATED EXPENSES FOR NEXT 12 MONTHS:

TYPE	AMOUNT
Child Care Expenses	
Elderly/Handicap Care	
Medical Expenses	
Academic Expenses (high school completion, or college level)	
Other:	

TOTAL FOR DEDUCTIONS \$ _____

I certify that the forgoing information is true and complete to the best of my knowledge, and that providing false or incomplete information on this application may be grounds for invalidating this application and/or eviction of home or rental unit.

I authorize inquires to be made to re-verify the above statement.

Check & initial if proper documentation has been provided _____

_____ **Head of Household Signature**
Date _____

_____ **Applicant Signature** _____ **Co-**
Date _____

_____ **Housing Representative & Title** _____ **Date**



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HOUSING DEPARTMENT

VERIFICATION OF UNEMPLOYMENT

Applicant/Tenant Name: _____
Applicant/Tenant Address: _____
Applicant/Tenant Telephone Number: _____
Social Security Number: _____

The individual named above is an applicant for or receives housing assistance, which is subsidized through the Department of Housing and Urban Development. Federal Regulations require that in order for the family to be eligible, we must verify the families' income, expenses and other information related to eligibility. The Individual has authorized below your release of the requested information. The information provided will be used to determine the families' eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions please feel free to contact the housing office.

I, _____, hereby authorize Employment Security Department to release the information requested below.

Signature Date

TO BE COMPLETED BY AGENCY

This certifies that the family identified above receives financial assistance:

Case Name: _____ Case Number: _____

Start Date: _____ Close Date: _____

Weekly Amount: _____

Do you expect any change in payment in the near future? No Yes (if yes, please explain):

Other Income (if applicable) _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

PRINT NAME & TITLE

SIGNATURE OF CASEWORKER

ADDRESS

DATE

CITY, STATE, ZIP CODE

TELEPHONE NUMBER



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HOUSING DEPARTMENT

VERIFICATION OF EMPLOYMENT

The individual named below is an applicant for housing assistance, which is subsidized through the Department of Housing and Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I _____; hereby authorize
(NAME)
_____ to release the
(EMPLOYER NAME & ADDRESS)
information requested below regarding my employment and compensation.

SIGNATURE

DATE

THE FOLLOWING TO BE COMPLETED BY EMPLOYER:

1. Date of Employment _____ to _____ Position: _____
2. Date of Termination (if applicable) _____
3. This position is classified as:
_____ Full Time _____ Part Time _____ Permanent _____ Seasonal _____ Temporary
4. Current rate of regular pay \$ _____ per (circle one: hour/week/month)
5. Current rate of overtime pay \$ _____ per (circle one: hour/wee/month)
6. Number of hours/weeks employee normally works _____
7. Anticipated average amount of overtime per week _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

(Print name & Title)

(Signature of Human Resources)

(Address)

(Date)

(City, state, zip code)

(Telephone number)



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FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Sauk-Suiattle Indian Tribe Housing Department at application or re-examination. HUD will collect the information on Form HUD-5008. The data it will collect includes name, sex, birthday, Social Security Number (SSN), income (by source), assets, certain deductible expenses, and rental/house payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We are also required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD assisted Housing Department. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal, or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 USC 3543 requires applicants and residents to give the Authority the SSN's of household members at least six (6) years old. If you are receiving housing assistance and you have been issued or use SSN's and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. Seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the Authority. If you are and applicant and you fail to give the Authority this information, the Authority may have to reject you application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw you assistance.

IREAD THE FEDERAL PRIVACY ACT STATEMENT:

HEAD OF HOUSEHOLD'S SIGNATURE

DATE



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HOUSING DEPARTMENT

VERIFICATION OF CASINO PAYMENTS/PER CAPITA

The individual named below is either an applicant or is named on an application for housing assistance, which is subsidized through the Department of Housing and Urban Development. Federal Regulations require that in order for the family to be eligible, we must verify each family member's income. **The individual named below authorized your release of the requested information.** The information you provide will be used only for determining the family's eligibility for the SSIT Housing Program. We are required to complete our verification process in a short time period and thus appreciate your prompt response.

Name: _____ DOB: _____ Enrollment#: _____ SS#: _____

Casino Name: _____ Phone #: _____

Casino Address: _____ FAX #: _____

Attn: _____

Please provide Sauk-Suiattle Indian Housing Program with the following information:

Does your casino make per-capita/payments to all the Tribal Members? Yes if yes please complete the following information No Please explain: _____

Either mail: Housing Department, Sauk-Suiattle Indian Tribe, 5318 Chief Brown Lane, Darrington WA 98241

Or Fax: (360)-436-1511 ATTN: Housing Department (Please phone before faxing) PH Number: 360-436-0131

Each Calendar Year (CY) we will need the following information: Dates of Disbursement, Amount and Total Amount for CY. Is this disbursement likely to continue into the next calendar year? Yes No

I certify that the requested information is correct to the best of my knowledge. I will send a separate document that provides the above request information.

Signature: _____

Title: _____

Date: _____

The release of casino per-capita income verification is effective upon signature and for one year after this _____ day of _____, 2008.

Authorizing Signature: _____ **Date:** _____

Warning: Section 1001 of the Title 18 of the US Code makes it a criminal offence to make willful false statements or misrepresentations to any Department or Agency of the US as to any matter within its jurisdiction

Failure to sign consent form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of Eligibility or termination of benefits is subject to written appeal that is received by the SSIT HP with 10 days of termination or denial.



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HOUSING DEPARTMENT

VERIFICATION OF ACADEMIC ENROLLMENT

Applicant/Tenant Name: _____

Applicant/Tenant Address: _____

Applicant/Tenant Phone Number: _____

The individual named above is an applicant for or receives housing assistance, which is subsidized through the Department of Housing and Urban Development. Federal Regulations require that in order for the family to be eligible, we must verify the families' income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. This information provided will be used only to determine the families' eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response.

I, _____, hereby authorize the _____
_____ to release the information requested below.

Applicant/Tenant Signature

Date

TO BE COMPLETED BY FINANCIAL AIDE

Students Name: _____

Is enrolled in school: Full Time Part Time ¾ Time Other, describe:

For the following quarter: Spring Fall Winter Summer of _____

Hours/per week attending classes: _____ Amount of Financial Aid Awarded \$ _____

List other Financial Assistance sources: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature & Name of Case Worker

Date

Address

Phone Number

City, State, Zip Code



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HOUSING DEPARTMENT

HANDICAP-DISABILITY VERIFICATION

NAME _____ DATE _____

**PLEASE FILL IN
DOCTOR'S NAME
AND ADDRESS**

Federal regulations require that we verify handicap/disability status of applicants and participants for Federal Housing Assistance.

The applicant/tenant identified above stated that he/she is disabled and/or handicapped.

Please fill in the form below and return it to us as soon as possible so that we may continue the verification process.

AUTHORIZATION FOR RELEASE OF INFORMATION:

NAME _____ DATE _____

PLEASE FURNISH THE FOLLOWING INFORMATION:

This is to certify that, in my opinion, the applicant/tenant identified above:

DOES DOES NOT have a disability or handicap as defined on the attached disability definition sheet.

Approximate date handicap/disability began: _____

Does the handicapped/disabled person have accessibility requirements? Please Explain _____

SIGNATURE AND TITLE OF AUTHORIZED PHYSICIAN OR DIAGNOSTICIAN

PRINT NAME & TITLE: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

Handicap/Disabled Definitions Attached

HANDICAPPED/DISABLED DEFINITIONS

HANDICAPPED PERSON: A person having physical or mental impairment that (a) is expected to be of a long-continued and indefinite duration, (b) substantially impedes his or her ability to live independently, and (c) is of such a nature that such ability could be improved by more suitable housing conditions.

DISABLED PERSON: A person who is any of the following:

- (1) A person who has a disability as defined in section 223 of the Social Security Act. (42 U.S.C. 423)
- (2) A person who has a physical, mental, or emotional impairment that:
 - (a) Is expected to be of long-continued and indefinite duration:
 - (b) Substantially impedes his or her ability to live independently; and
 - (c) Is of such a nature that ability to live independently could be improved by more suitable housing conditions.

DEVELOPMENTALLY DISABLED PERSON: (42 U.S.C. Section 6001(7)). A person with a severe chronic disability that (a) is attributed to mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the person attains age twenty-two (22); (c) is likely to continue indefinitely; (d) results in a substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and expressive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency; and (e) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.



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CHILD CARE EXPENSES

NAME

DATE

**PLEASE FILL IN
DAYCARE NAME
AND ADDRESS**

SSID regulation require that we verify child care expenses status of applicants and participants for Federal Housing Assistance.

The applicant/tenant identified above stated that he/she pay for child care expenses.

Please fill in the from below and return it to us as soon as possible so that we may continue the verification process.

AUTHORIZATION FOR RELEASE OF INFORMATION:

NAME

DATE

PLEASE FURNISH THE FOLLOWING INFORMATION:

This is to certify that, in my opinion, the applicant/tenant identified above:

DOES **DOES NOT** pay child care expenses as defined on the attached definition sheet.

Approximate date child care expenses began: _____

Does the child care facility have any addition cost associated? Please Explain _____

—

SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE

PRINT NAME & TITLE: _____ PHONE: _____

SIGNATURE _____ DATE: _____

Child Care Definition Attached



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NOTE

Your application **will not** be processed until your application is complete. In order to make sure your application is complete, we have enclosed a checklist of items that you must have along with your application. If you have a problem obtaining something in this list please contact the housing department. Again everything in this check list is necessary to process your application. Please sign and date application check list.

Application Check List

- Names of individuals staying with the heads of household and their relationships to the head of the household
- Dates of birth and a copy birth certificate for each household member
- Tribal membership enrollment numbers and enrollment verifications
- Social security numbers and copy of social security cards
- Income verifications from all sources for each household member
- Any net family assets (dividends, stocks, bonds etc...)
- Any Expenses
 - a. Child care expenses
 - b. Elderly or handicap expenses
 - c. Medical expenses
 - d. Academic expenses
- Signature of applicant and date signed
- Co-Applicant signature if applicable
- Verification of per capita/casino if applicable
- Verification of applicant as a student if applicable
- Verification of handicap or disability if applicable
- Signature of privacy act statement
- Verification of unemployment (verified by an entity other than yourself) if applicable
- Verification of employment (signed by employer or copy of pay stub) if applicable

Sign

Date