

**S a u k - S u i a t t l e I n d i a n T r i b e H o u s i n g**  
**5 3 1 8 C h i e f B r o w n L a n e**  
**D a r r i n g t o n , W a s h i n g t o n 9 8 2 4 1 - 9 4 2 0**  
Phone: (360) 436-2213 | Fax (360) 436-2847



## **SSIT HOUSING PROGRAMS**

The SSIT Tenant Based Rental Assistance Program (TBRA) and Rental Program) & Home Repair Program offers assistance to Sauk-Suiattle Tribal Members based on total of all Household income.

To be eligible you must:

- Be a Sauk-Suiattle Tribal Member or American Indian and have a Certificate of Indian Blood card from the BIA or other positive identification of Native status and Tribal enrollment.
- Provide a Criminal History Report Via Orca Information, Inc for everyone 18 and older in the household.
- Provide proof of all income (Social Security, Retirement, Pensions,UIA, Per Cap, Native Dividends, Fishing Income, etc.).
- Provide a copy of your most recent Three bank statements.

☞ You are NOT ELIGIBLE if:

- You have any balances due to SSIT for past due accounts;
- You have been previously evicted from any program administered by SSIT or other HUD programs.
- If you or anyone in your household is a registered sex offender.

For more information please contact the Housing Department:

❖ (360) 436-2213

Sauk-Suiattle Indian Tribe 5318 Chief Brown Lane  
Darrington, Washington 98241  
Phone (360) 436-2213 Fax (360) 436-2847



## SSIT RENTAL PROGRAM AND SSIT TENANT BASED RENTAL ASSISTANCE, HOME REPAIR PROGRAM APPLICATION FORM

Date of Application: \_\_\_/\_\_\_/\_\_\_

Applicant Name: \_\_\_\_\_

### CHECKLIST OF REQUIRED DOCUMENTATION

Please bring copies of the following items with your application. Failure to provide the necessary copies will delay the processing of your application.

- Application form completely filled out and signed
- Tribal Enrollment or a Certificate of Indian Blood (CIB) card for every household member (you can obtain that card at the Bureau of Indian Affairs)
- Picture ID for each adult
- Provide A Current Criminal History Report Via Orca Information for everyone 18 and older in the household.
- Income verification: (everyone one in the household age 18 & older)
  - Pay stubs for the last 3 pay periods
  - Verification of all other income, such as native dividends, SSI, SSA, etc.
- Bank Statements (Last Three)

### NOTICE TO ALL APPLICANTS

SSIT will not accept incomplete applications. All required documentation must be submitted with the application or we will return it and this will delay the application process.

If you are related to an SSIT employee and/or SSIT Tribal Council Member you will be required to sign a "Conflict of Interest" Form. This form will also be posted at SSIT Administration Building for Seven (7) days and a copy sent to the HUD office.

**Sauk-Suiattle Indian Tribe Housing Department**

**HOUSING APPLICATION**

*Please provide all of the requested information so that SSIT may process your application.  
Use additional paper if necessary. PRINT or TYPE.*

Applicant Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you currently:     Rent     Own     Other: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Please include yourself and list all persons who live in the home:

Name	Relationship	Marital Status	Gender	Birthdate	Social Security #
	Applicant				
Co-Applicant:					

Yes    No

	Do you have a Certificate of Indian Blood (CIB) card? If yes, please provide a copy with this application.
	Have you ever been evicted or suspended from any HUD Housing program?
	Have you been a homebuyer or homeowner in the last three years?
	Is anyone in your immediate family related to any Employees of the Sauk-Suiattle Indian Tribe or any member of the Sauk-Suiattle Tribal Council? If yes, explain? _____
	Has any household member listed above applied for or been assisted by any SSIT Housing program? If yes, what year? _____ What program? _____
	Do you or any household member owe money to SSIT or any other Federal housing assistance program?
	Is any member of the household a Veteran? If yes, please provide proof with this application?
	Are you or any member of your household required to register as a sex offender?

**TRIBAL AFFILIATION**

Please list your Tribal Affiliation below. This information is helpful to SSIT when applying for future funds.

Sauk-Suiattle Tribal Member	
SSIT Descendant	
or American Indian Tribe	

**PROPERTY INFORMATION \*\*\* Applies to Home Repair Program Only \*\*\***

1. Property Legal Description:

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Recording District: \_\_\_\_\_

2. How many months out of the year do you live in your home? \_\_\_\_\_

If less than 12, please list reason why: \_\_\_\_\_

3. What year was your home built? \_\_\_\_\_ (This question must be answered)

4. How many years have you owned your home? \_\_\_\_\_

5. Do you have insurance?  Yes  No Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Please list health, safety and weatherization concerns that you currently have with your home.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List addresses of all other Real Estate Owned: \_\_\_\_\_

\_\_\_\_\_

**HOUSEHOLD INCOME AND EXPENSES – must be completed for ALL programs**

Applicant's Current Employer Name and Address:

\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant's Current Employer Name and Address:

\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INCOME:** You must list all income earned or received by everyone listed on your application. This includes all income from wages, self-employment, child support, social security, disability, retirement income, worker's compensation, fishing income etc. List gross amounts received and **attach verification for all income or your application will be returned.** (Note: If you are self-employed, that income will be verified through your tax returns.) For more information about appropriate verification, please see the last page of this application form.

FAMILY MEMBER	SOURCE of INCOME	GROSS MONTHLY INCOME	YEARLY INCOME	VERIFICATION ATTACHED

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Adult Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPLICANT CERTIFICATION FORM

I hereby swear or attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. If any information is found to be false or misleading, I understand that I will be disqualified from the program or other actions may be taken against me. I also understand that this program is **FEDERALLY** funded through Sauk-Suiattle Indian Tribe.

### Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form "Things You Should Know" and certify that the information on my/our application form is true and correct.

### Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that we did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease in any previous Federal assistance.

### Owner-Occupancy Property

I certify that the house will be my principal residence. I will not live anywhere else without notifying SSIT immediately in writing. I will not sublease the property unless it has been approved by SSIT.

### Cooperation

I know that I am required to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to do so may result in delays or termination of this case for eligibility determination.

### Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination from the program.

### Documentation

SSIT will determine eligibility when my application is complete. All required documentation and information must be submitted to SSIT with the application form. I understand that funds will be expended on a "*first come, first served*" basis, and that if the application is not complete, SSIT will not accept it.

### Signature and Date of All Household Adults

\_\_\_\_\_  
Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Applicant Disclosure Conflict of Interest Statement

Applicant Name(s): \_\_\_\_\_

Name of SSIT Program applying for: \_\_\_\_\_

Application Date: \_\_\_\_\_

■ I am applying for the SSIT program noted above and I am disclosing that:

- I am an SSIT employee, or SSIT Tribal Council member.
- I am an immediate family member of an SSIT employee, or SSIT Tribal Council member.
- I am a business partner of an SSIT employee, or SSIT Tribal Council member.
- I am neither to all of the above.

■ If you are a family member or business partner of an SSIT employee, or SSIT Tribal Council member, please state their name and your relationship to them:

<i>Name</i>	<i>Relationship</i>

### ACKNOWLEDGEMENT

I understand that a public disclosure of my selection will be made and that a copy of this disclosure shall be submitted to the U.S. Department of Housing and Urban Development.

I have been notified of my opportunity to receive a copy of the Conflict of Interest Policy or to receive additional information from SSIT.

I understand that this disclosure does not disqualify and/or determine my application ineligible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Other Adult \_\_\_\_\_ Date \_\_\_\_\_



## THINGS YOU SHOULD KNOW

***Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.***

**Purpose:** This is to inform you that there is certain information that you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

### **Penalties for Committing Fraud:**

The United States Department of Housing and Urban Development (HUD) places high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to 5 years.
- Prohibited from receiving future assistance.

Your Tribe, State and local governments may have other laws and penalties as well.

### **Asking Questions:**

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

### **Completing the Application:**

When you give your answers to application questions, you must include the following information:

#### Income

- All sources of money you and any member of your family receives (wages, welfare payments, alimony, social security, pension, etc.)
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income from assets (interest from savings account, credit union, or certificate of deposit; dividends from stocks etc.)
- Earnings from the second job or part time job.
- Any anticipated income (such as a bonus or pay raise you expect to receive.)

#### Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, houses, real estate, etc. that is owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the past 2 years for less than its full value, such as your home to your children.
- The names of all the people (adults and children) who will actually be living with you, regardless of if they are related to you or not.

**Signing the Application:**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

**Recertifications:**

You must provide updated information once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your household members own and any asset that was sold in the last 2 years for less than its full value.
- **You must advise SSIT immediately if you experience a reduction in income that might result in your family paying over 30% of your monthly adjusted income in rent.**





5318 Chief Brown Lane  
Darrington, Washington 98241-9420

(360) 436-0131  
(360) 436-2213  
Fax (360) 436-2847

## HOUSING DEPARTMENT

### 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 your assistance.

**IREAD THE FEDERAL PRIVACY ACT STATEMENT**

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## Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing  
OMB CONTROL NUMBER: 2501-0014

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

HA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Sauk-Suiattle Indian Tribe Housing  
5318 Chief Brown Lane  
Darrington, WA 98241, WA 98241

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**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 the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income (i.e., interest and dividends).)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends) I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse/Co-Applicant	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Check One: Investigative Reports Co-Signer \_\_\_\_\_ Mini \_\_\_\_\_ Super-Mini \_\_\_\_\_ Orca \_\_\_\_\_ Killer Whale \_\_\_\_\_

Non-Refundable Investigative Fee \$ \_\_\_\_\_



RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: \_\_\_\_\_ Unit # \_\_\_\_\_ Rent Amount \_\_\_\_\_

Applicant's Complete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN# \_\_\_\_\_ DL.#/State issued: \_\_\_\_\_

Tel# \_\_\_\_\_ Email Address: \_\_\_\_\_

Other Occupant's Name, Age & Relationship: \_\_\_\_\_

If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no:  Y  N

✓ Complete Every Item on Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apt # \_\_\_\_\_ Name of Apts \_\_\_\_\_  
How Long (Mo/Da/Yr) From \_\_\_\_\_ To \_\_\_\_\_  
Pymts / Rent Pd To \_\_\_\_\_ Amt \_\_\_\_\_  
Landlord/Mgmt Co. \_\_\_\_\_  
Address \_\_\_\_\_  
Tel# \_\_\_\_\_ Rent/Own/Lease \_\_\_\_\_  
Email: \_\_\_\_\_

PRIOR ADDRESS (Required Entry)

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apt # \_\_\_\_\_ Name of Apts \_\_\_\_\_  
How Long (Mo/Da/Yr) From \_\_\_\_\_ To \_\_\_\_\_  
Pymts / Rent Pd To \_\_\_\_\_ Amt \_\_\_\_\_  
Landlord/Mgmt. Co \_\_\_\_\_  
Address \_\_\_\_\_  
Tel# \_\_\_\_\_ Rent/Own/Lease \_\_\_\_\_  
Email: \_\_\_\_\_

✓ Current Employer \_\_\_\_\_ Tel# \_\_\_\_\_ Supervisor \_\_\_\_\_

Dept / Attached to \_\_\_\_\_ Occupation \_\_\_\_\_ Rank \_\_\_\_\_

Hire Date \_\_\_\_\_ Monthly Salary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

✓ Prior Employer \_\_\_\_\_ Tel# \_\_\_\_\_

Dept / Attached to \_\_\_\_\_ Occupation \_\_\_\_\_ Rank \_\_\_\_\_

Hire Date \_\_\_\_\_ Monthly Salary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

✓ Additional Income (Interest, Child Support, Etc) \_\_\_\_\_

✓ Bank \_\_\_\_\_ Acc# \_\_\_\_\_ Branch \_\_\_\_\_ Tel# \_\_\_\_\_

✓ Pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number, size, and type(s) \_\_\_\_\_

✓ Disability status and require special accommodations? \_\_\_\_\_

✓ Are you a fulltime student? Yes \_\_\_\_\_ No \_\_\_\_\_

**HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:**

Ever been evicted or refused to pay rent? Yes \_\_\_\_\_ No \_\_\_\_\_ Ever been Charged or Convicted of a Crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)? \_\_\_\_\_

When? \_\_\_\_\_

Ever used any other name(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list name(s) \_\_\_\_\_

Are you or any other household member a Registered or Unregistered Sex Offender? Yes \_\_\_\_\_ No \_\_\_\_\_

What other states have you live d in? \_\_\_\_\_

Ever had bedbugs or any other infestation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type of infestation: \_\_\_\_\_

Do you or any other household member smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any other household member filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when: \_\_\_\_\_

Auto/Year/Make/Lic# 1) \_\_\_\_\_ 2) \_\_\_\_\_

Local Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Orca Information, Inc.  
Phone: 360-588-1633 / 800-341-0022  
Fax: 360-588-1189 / 800-522-6722



THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER



Sauk-Suiattle Indian Tribe 5318  
Chief Brown Lane Darrington,  
Washington 98241  
(360) 436-2213 Fax (360) 436-2847  
ATTN: Housing Department

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, request and authorize the Sauk-Suiattle Indian Tribe to obtain any and all information pertaining to my application to determine my eligibility for housing assistance. For example: Bank financial information, Cash Assistance of any kind ( GA/ SSI/ SSDI/ ), wage information, tribal enrollment. Please release my confidential information from my file to:

NAME: HOUSING DEPARTMENT PERSONNEL  
ORGANIZATION: Sauk-Suiattle Indian Tribe  
ADDRESS: 5318 Chief Brown Lane Darrington, Washington 98241

Purpose of disclosure: Eligibility Determination for Housing Assistance

Material to be released: ANY

My signature indicates I have read this form and/or have had it read to me. I know that any and all information is to be disclosed for determining my eligibility.

This consent form does not expire unless revoked by me in writing. I am able to revoke this consent (in writing) at any time.

Client's name (printed) \_\_\_\_\_

Client's signature \_\_\_\_\_ Date: \_\_\_\_\_

Client's name (printed) \_\_\_\_\_

Client's signature \_\_\_\_\_ Date: \_\_\_\_\_



# Sauk-Suiattle Indian Tribe

## Employment Verification U.S. Government Required Information – Please respond within 5 days

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(Company Name) (Address)

RE: \_\_\_\_\_  
(Applicant/ Homebuyer) (Social Security #)

The employee named above has applied for, or is receiving eligibility for, federal housing assistance at our site. We are required to verify this person's employment income. Failure to submit the information requested below may result in denial of housing assistance. This information is used only in determining eligibility and household rent and will be kept confidential.

We would appreciate your prompt return of this form. If you have any questions, please call SSIT Housing Department at (360) 436-0131

Respectfully,

SSIT Representative

RELEASE: By my signature below, I hereby consent to the release of information requested.

Signature of Household Member \_\_\_\_\_ Date \_\_\_\_\_

### THIS SECTION IS TO BE COMPLETED BY EMPLOYER

1. Employed since \_\_\_\_\_ Present Position \_\_\_\_\_
2. Expected gross earnings during the next twelve (12) months: \$ \_\_\_\_\_  
Previous twelve (12) months' gross earnings: \$ \_\_\_\_\_
3. Current salary – base rate pay  
\$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours per week; or  
\$ \_\_\_\_\_ per hour for \_\_\_\_\_ weeks per year; or  
\$ \_\_\_\_\_ per hour for \_\_\_\_\_ months per year; or annual salary \$ \_\_\_\_\_
4. Effective date of next salary increase \_\_\_\_\_
5. Employee works  Full-time  Part-time  Full-Year  Seasonally  Temporarily
6. Overtime pay rate per hour \$ \_\_\_\_\_
7. Expected hours of overtime during twelve (12) months \_\_\_\_\_
8. Other compensation not included above \$ \_\_\_\_\_ for (specify for commissions, bonuses, tips, etc.)
9. Does employee receive vacation pay?  Yes  No Number of vacation days per year \_\_\_\_\_

Signature/ Title \_\_\_\_\_ Date \_\_\_\_\_

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful statements or misrepresentation of any material fact involving the use of or obtaining of federal funds.

Please return to: SSIT, 5318 Chief Brown Lane Darrington, Washington 98241 | Phone 360-436-0131 | Fax 360-436-2847



Housing Department

5318 Chief Brown Lane  
Darrington, Washington 98241-9420

(360) 436-0131

(360) 436-2213

Fax (360) 436-2847

## 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 housings 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 this 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 CASE WORKER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER



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## HOUSING DEPARTMENT

### 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 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** 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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## HOUSING DEPARTMENT

### VERIFICATION OF GENREAL WELFARE/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#: \_\_\_\_\_

Tribe Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Tribe Address: \_\_\_\_\_ FAX #: \_\_\_\_\_  
Attn: \_\_\_\_\_

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

Does your tribe make per-capita/general welfare 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)-436-2847 **ATTN:** Housing Department (Please phone before faxing) PH Number: 360-436-2213 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 \_\_\_\_\_, 20\_\_\_\_

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

### 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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## 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  ¼ 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