



Housing Department
 5318 Chief Brown Lane
 Darrington, Washington 98241-9420
 (360) 436-0131
 (360) 436-2208
 Fax (360) 436-2847

Application Received: Date: _____ Time: _____
 By: _____

APPLICATION FOR HOUSING ASSISTANCE

This is a pre-application. Information provided on this application is subject to verification at the time your name comes to the top of the waiting list. You will be determined apparently eligible or apparently ineligible based on the information you provide on this application. If you are determined apparently eligible your will be place on the waitlist that you selected. When your name comes to the top of the waiting list, you will be asked to submit a complete application and all information will be verified.

Mutual Help TBRA Rental Senior Housing Home Repair Program

APPLICATION INFORMATION

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 _____ Message Phone: _____

HOUSEHOLD COMPOSITION: List the Head of Household and all persons who will be living in the housing unit.

First name	Last Name	Relationship	Date of Birth	Enrollment #	Social Security

INCOME INFORMATION: List all sources of income for every family member. This information will be verified before assistance is provided. Include all income (such as wages, public assistance, all benefit payments, net income from a business, child support, fishing income, per capita payments, etc. Include all income your and family members are now receiving or expect to receive during the next twelve months. Payment basis includes: weekly, monthly, quarterly, once a year, and other.

Family Member	Source of Income	Amount	Payment Basis

ADDITIONAL INFORMATION

- Does any member of your household have special housing needs due to disability?
 No
 Yes: If yes please explain: _____
- Have you or any household member ever been convicted of a crime?
 No
 Yes: If yes, please explain: _____
- Have your or any household member ever lived in tribal housing?
 No
 Yes, If yes please provide dates and addresses: _____
- Is the Head or Spouse a Veteran (honorably discharged)?
 No Yes Name: _____

CURRENT HOUSING

Name of Landlord: _____ Date _____
 Landlord Address: _____ Phone #: _____

APPLICATION CERTIFICATION

I/we certify that all information provided in this application is true, complete and accurate to the best of my/our knowledge. I/we authorize the Sauk-Suiattle Housing Department to verify all information proved on this application. I/We understand that supplying false information may result in denial and/or termination of assistance.

Head of Household Signature _____ Date: _____
 Spouse Signature: _____ Date: _____

HOUSING DEPARTMENT USE ONLY

Total Income: \$ _____ Income Limit for _____ Person Family: \$ _____

Outstanding Balance Owed: _____ Payback Agreement? Yes No

Note: families with a balance and Payback Agreements can be on the list, but must pay in full before housing can be provided.

Previous Tribal Housing: Satisfactory

Unsatisfactory: State Why: _____

Eligibility Determination

Apparently Eligible for ___ Bedroom(s)

Apparently Ineligible Please state reason: _____

Determination made by: _____

Date: _____

Approved by: _____

Date: _____



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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 you assistance.

IREAD THE FEDERAL PRIVACY ACT STATEMENT:



RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Phone #: (360) 436 - 0131

Sauk-Suiattle Indian Tribe

Orca Information, Inc.
 PO Box 277, Anacortes, WA 98221
 Phone: 360-588-1633/800-341-0022
 Fax: 360-588-1189/800-522-6722



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: _____

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

CURRENT ADDRESS (Required Entry)	PRIOR ADDRESS (Required Entry)
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Apt # _____ Name of Apts _____	Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____	How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____	Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt Co. _____	Landlord/Mgmt Co. _____
Address _____	Address _____
Tel# _____ Rent/Own/Lease _____	Tel# _____ Rent/Own/Lease _____

✓ 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 _____

✓ Additional Income (Interest, Child Support, Etc) _____
 ✓ Bank _____ Acct# _____ Branch _____ Tel# _____
 ✓ Pets? Yes _____ No _____ If yes, number, size, and type(s) _____
 ✓ Disability status and require special accommodations? _____

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 _____
 Are you or any other household member currently using any illegal drugs? Yes _____ No _____
 Auto/Year/Make/Lic# 1.) _____ 2.) _____
 Local Contact _____ Address _____ Tel# _____
 Nearest Relative _____ Address _____ Tel# _____
 Emergency Contact _____ Address _____ Tel# _____

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by ORCA Information, Inc., 360-588-1633, PO Box 277 Anacortes, WA 98221. I certify that to the best of my knowledge all statements are "true & complete". I further authorize LIOI Investigations, Inc. to obtain CREDIT REPORTS, EMPLOYMENT REFERENCES, COURT, CRIMINAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFERENCES, GENERAL REPUTATION MODE OF LIVING, and RENTAL REFERENCES as needed to verify all information put forth on this application. SCREENING FEE IS NON-REFUNDABLE.

Applicant's Signature _____ Date _____

THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER

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
exp. 1/31/2014

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

IHA 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(l)(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 Hous ehold	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Hous ehold		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	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 disclosures 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.