



## Suquamish Housing Program

### HOUSING APPLICATION

APPLICATION DATE \_\_\_\_\_

Applying for:    Fern Studio        Elders Rental        NAHASDA Rental        MHOA

Preference or need of an accessible unit

Name: \_\_\_\_\_ Suquamish Tribe Enrollment Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name (first, middle initial, last)	Relationship to head of household	Sex (m/f)	Date of Birth	Age	Social Security Number	Full Child custody?
	<b>SELF</b>					

**PLEASE PROVIDE AND ATTACH ANY AND ALL CHILD CUSTODY DOCUMENTS THAT YOU HAVE FOR ALL CHILDREN  
INCOME**

EMPLOYEE	SOURCE OF INCOME FOR ALL ADULTS Employment, SSI, GA, Fishing, AFDC, TANF	ANNUAL INCOME Gross income for all adults in household
		\$
		\$
		\$
		\$
<b>TOTAL OF ALL HOUSEHOLD INCOME FOR THE YEAR (PLEASE ADD ALL INCOMES)</b>		<b>\$</b>



## Suquamish Housing Program

### CURRENT HOUSING CONDITIONS

Suquamish Tribal Member Spouse: \_\_\_\_\_ Suquamish Tribal Elder: \_\_\_\_\_ Veteran: \_\_\_\_\_

PLEASE DESCRIBE YOUR PRESENT LIVING ENVIRONMENT (*Please supply any supporting documentation/photos as necessary*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many people are living with you now?

Total Number of Adults: \_\_\_\_\_ Total Number of Children: \_\_\_\_\_ Pets: \_\_\_\_\_

Are there four or more adults or children per bedroom?  Yes  No

Are there three generations living in your current household?  Yes  No

Are there more than six persons per bathroom?  Yes  No

Are there three adults per bedroom?  Yes  No

What do you presently pay each month?

Housing \$ \_\_\_\_\_ per month Utilities \$ \_\_\_\_\_ per month Total Monthly housing expenses \$ \_\_\_\_\_

Is your present housing in substandard conditions? Describe the issues: (plumbing, wiring, sewer, heating, water amount, quality) \_\_\_\_\_  
\_\_\_\_\_

Are you homeless due to a catastrophic disaster?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your current living situation have issues such as:  Leaking Roof  Electrical Issues  Drafts

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are your utility costs high due to extra air flow from outside because there are gaps in the structure?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Where are you currently living?  Rental  With Relatives/Friends  Couch to Couch  Camper  
 Emergency Shelter  Homeless Shelter  Dwelling without water  Dwelling without Sewer  
 Dwelling without Electrical  Transitional House  Abandoned Building  Vehicle  Street  Tent

**\*\*SHP may request a visit to review your current living conditions**



## Suquamish Housing Program

### Admission Rules Agreement

SUQUAMISH HOUSING PROGRAM PO BOX 498 SUQUAMISH WA 98392  
(360)394-8423

I \_\_\_\_\_, agree that I will follow all the admission rules listed below while I am applying for housing. If I knowingly provide false information I understand that I will be ineligible to participate in HUD housing. The information I have provided on my application is true and correct to the best of my Knowledge.

#### C. APPLICANT COOPERATION AND CANDOR

- \_\_\_\_\_ 1. To be eligible for program consideration, the applicant and all proposed household members identified in the Housing Composition form must cooperate with SHP and provide information required or reasonably requested by SHP.
- \_\_\_\_\_ 2. Applicants and proposed household members must provide accurate information to the best of their knowledge. An applicant or household member who knowingly provides false or materially inaccurate information to SHP shall be ineligible to participate in any SHP Program. An applicant who secures a house or rental unit using false or materially inaccurate information or knowingly allows a household member to submit false or materially inaccurate information shall have their homebuyer or rental agreement terminated.
- \_\_\_\_\_ 3. Applicants and proposed household members shall sign forms to enable SHP to request income verification, landlord references, criminal back ground checks, and other necessary verification information from third parties.
- \_\_\_\_\_ 4. The applicant may be determined ineligible to participate in the Programs if the applicant or a proposed applicant household member fails to provide SHP with necessary verification, reference information, or signed release forms required or reasonably requested by the SHP. If the actions of a proposed household members must be listed in the Housing Composition form. If a proposed household member is removed, the applicant application may proceed proved provided that the original proposed person is not a resident of the home.
- \_\_\_\_\_ 5. SHP may interview applicants at any time if SHP needs to determine that the application or application update has been correctly filled out or to establish an accurate picture of the family's circumstances. SHP will summarize all interviews with a client and include a summary in the Applicant's file.

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## Suquamish Housing Program

# RELEASE AUTHORIZATION

SUQUAMISH HOUSING PROGRAM PO BOX 498 SUQUAMISH WA 98392  
(360)394-8423

I \_\_\_\_\_, authorize the release of information about my:

- Income verification
- Payment and maintenance history from my landlord
- Any background checks for continued eligibility
- 

To the Suquamish Housing Program to verify my eligibility for the program, this authorization is valid for two years following the date of my signature.

  X    
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

  X    
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

  X    
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

  X    
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)



## Suquamish Housing Program

# REQUEST FOR VERIFICATION OF INCOME

SUQUAMISH HOUSING PROGRAM PO BOX 498 SUQUAMISH WA 98392  
(360)394-8423

NAME: \_\_\_\_\_

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

I authorize release of information regarding my income to the Suquamish Housing Program

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Email: \_\_\_\_\_

Payroll Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

**(Employer Verification is for Authorized Official use ONLY)**

**EMPLOYER VERIFICATION: DO YOU CURRENTLY EMPLOY APPLICANT LISTED ABOVE? YES NO**  
*(Circle One please)*

**AVERAGE HOURS PER WEEK \_\_\_\_\_ HOURLY RATE \_\_\_\_\_ ANNUAL INCOME \$ \_\_\_\_\_**

**HIRE DATE: \_\_\_\_\_ POSITION IS? *(Circle One)* FULL TIME PART TIME**

**Today's Date: \_\_\_\_\_**

**I certify the information provided regarding the applicant listed above is correct.**

\_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Official

**Fax: \_\_\_\_\_ Email: \_\_\_\_\_**

**OTHER INCOME: TYPE OF ASSISTANCE *(circle all that apply)***

**SOCIAL SECURITY AFDC GA UNEMPLOYMENT PENSION FISHING**

**OTHER INCOME *(please specify)*: \_\_\_\_\_ ANNUAL AMOUNT \$ \_\_\_\_\_**

**I certify the information provided regarding the applicant listed above is correct.**

\_\_\_\_\_ Phone: \_\_\_\_\_

Authorized official

**Fax: \_\_\_\_\_ Email: \_\_\_\_\_**



## Suquamish Housing Program

# REQUEST FOR VERIFICATION OF INCOME

SUQUAMISH HOUSING PROGRAM PO BOX 498 SUQUAMISH WA 98392

(360)394-8423

NAME: \_\_\_\_\_

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

I authorize release of information regarding my income to the Suquamish Housing Program

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Email: \_\_\_\_\_

Payroll Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

**(Employer Verification is for Authorized Official use ONLY)**

**EMPLOYER VERIFICATION: DO YOU CURRENTLY EMPLOY APPLICANT LISTED ABOVE? YES NO**  
(Circle One please)

AVERAGE HOURS PER WEEK \_\_\_\_\_ HOURLY RATE \_\_\_\_\_ ANNUAL INCOME \$ \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ POSITION IS? (Circle One) FULL TIME PART TIME

Today's Date: \_\_\_\_\_

I certify the information provided regarding the applicant listed above is correct.

\_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Official

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**OTHER INCOME: TYPE OF ASSISTANCE (circle all that apply)**  
SOCIAL SECURITY AFDC GA UNEMPLOYMENT PENSION FISHING

OTHER INCOME (please specify): \_\_\_\_\_ ANNUAL AMOUNT \$ \_\_\_\_\_

I certify the information provided regarding the applicant listed above is correct.

\_\_\_\_\_ Phone: \_\_\_\_\_

Authorized official

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

# 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. 07/31/2021

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)

Suquamish Housing Program  
PO BOX 498  
Suquamish, WA 98392

**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(I)(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	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.