



Skokomish Indian Tribe

Housing Department (360) 877-6748 • Fax (360) 877-6749

N. 80 Tribal Center Road

Skokomish Nation, WA 98584

Application

From: Skokomish Housing Department
RE: **Wait List (or Wait List Update) Application**

Applicants or Wait List Applicant (Up-Date)

Please provide the following information to complete the application:

1. **Application Signed and Dated** with **Social Security numbers** for all adult household members 18 and over age of 18 listed: *Applicant must fill out application completely. Sign and date the application where indicated.*
2. **Income Statement(s):** *Income for all members of the household. 18 and over the age of 18 (fill in where indicate) we need verification such as pay stubs, (un)employment compensation notices, per-capita, treaty income or award letters (Work Force Development Program (TANF), GA, Social Security, etc.) of your household. You do not need to submit Income verification with this update, as that is only required at the time there is a selection for a vacant unit.*
3. **Statement of Circumstance:**
4. **Consent to Release Information Statement:**
Signature(s) of Household members 18 & over age of 18.
5. **Enrollment Certification:** *If not previously submitted. The Enrollment Officer will be able to assist you with this documentation.*

Other: _____

If you have any questions, please feel free to contact housing at (360) 877-6748.

SKOKOMISH HOUSING DEPARTMENT

80 N. Tribal Center Road, Skokomish Nation, WA 98584
(360) 877-6748

INCOME VERIFICATION

Name: _____ Date: _____

Address: _____ SS# _____

Head of Household: _____ DOB: _____

Significant Other: _____ DOB: _____

In case of no income, you are responsible to have the following Departments verify and sign-off whether or not you are receiving benefits. **You need to call and speak to a live person for WA State Employment Benefits.** They will then send you a letter. We will need a copy of that letter. If you would like to call WA State Employment Benefits from our office, we would be happy to assist you with that.

<u>Department</u>	<u>Caseworker Signature</u>	<u>Date</u>	<u>Grant Amount</u>
DSHS Assistance Or GA (General Assistance)			
TANF			
WA State Employment Benefits Unemployment Tele Center 1-800-362-4636 Call & File Claim			

CONSENT and AUTHORIZATION STATEMENT

I hereby consent and authorize the Skokomish Housing Department to obtain, request, verify, and release information to the sources listed above for the purpose of verifying any income I may have.

This consent includes any Housing participation in computer matching programs with such sources. I agree that photocopies of this form may be used to accomplish its purpose.

Finally, I understand and agree that this consent and authorization form will remain in effect until I am either determined ineligible for assistance or I am no longer participating in any Housing programs, whichever occurs first.

Signature

Date

Spouse / Significant Other

Date

SKOKOMISH HOUSING DEPARTMENT

80 N. Tribal Center Road, Skokomish Nation, WA 98584

(360) 877-6748

INCOME VERIFICATION

(Social Security)

Name: _____ Date: _____

Address: _____ SS#: _____

Head of Household: _____ DOB: _____

<u>Department</u>	<u>Caseworker Signature</u>	<u>Date</u>	<u>Grant Amount</u>
<i>Social Security</i>			

CONSENT and AUTHORIZATION STATEMENT

I hereby consent and authorize the Skokomish Housing Department to obtain, request, verify, and release information to the sources listed above for the purposes of verifying any income I may have or my children may have.

This consent includes and Housing participation in computer matching programs with such sources. I agree that photocopies of this form may be used to accomplish its purpose.

Finally, I understand and agree that this consent and authorization form will remain in effect until I am either determined ineligible for assistance or I am no longer participating in any Housing programs, whichever occurs first.

Signature

Date

Signature

Date

<p>APPLICANT Signature/s</p> <ul style="list-style-type: none"> • _____ • _____ • _____ 	<p style="text-align: center;">ENTITY OBTAINING or RELEASING INFORMATION</p> <p style="text-align: center;">Skokomish Housing Department 80 N. Tribal Center Road Skokomish Nation, WA 98584</p>
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1. **PURPOSES:** In signing this consent and authorization form, you are authorizing Skokomish Housing (Housing) to request, obtain, and verify income and other necessary information which may affect eligibility or the level of assistance under the Housing programs, including but not limited to Ownership, Rental, and Down Payment Assistance Programs. Housing needs appropriate information to verify household income, tribal enrollment, and similar data to determine if you are eligible for any benefits and they are at the correct amount.

Further, Housing will need similar information during the time period you are receiving any benefits under Housing programs to ensure such benefits continue to be set at the correct amount during the reaffirmation information process.

Finally, release of certain information about you will be necessary not only to obtain or verify the data outlined above, but also to respond to other entities and programs whom have a need for such information during the period you are applying for or are receiving housing benefits from Housing. Housing may release certain information to the source and entities or programs identified in Paragraph 2 below.

2. **SOURCES TO WHOM INFO. MAY BE RELEASED, OBTAINED AND VERIFIED:**

- A. Public Utility Districts.
- B. Any and all Skokomish Tribal Programs or Public Agencies; including but not limited to, SPIPA, Energy Assistance Program, Work Force Development Program (TANF), Social Services, Employment and Training, Adult Education, Accounting or Payroll, Tribal, Food Distribution Program, Early Childhood Program, Alcohol Program, and Mental Health.
- C. Skokomish Tribal Law Enforcement Entities, including but not limited to the Tribal Prosecutor, Tribal Police, Adult and Juvenile Probation Officers, and the Tribal Court.
- D. Washington State Agencies, including the

Employment Security Dept., Dept. of Social and Health Services, and similar state entities or branches dealing with welfare or food stamp assistance, unemployment compensation wages, benefits, or income.

E. Federal Agencies, including the Social Security Administration (for wage and self-employment data or retirement income); Bureau of Indian Affairs (monetary accounts, personal and real property data including probate proceedings); and federal law enforcement entities (Federal Bureau of Indian, Immigration and Naturalization Service, etc.)

F. Current and former employers concerning salary and wages.

G. Financial Institution concerning unearned income (i.e. interest and dividends).

3. **WHO MUST SIGN CONSENT FORMS:**
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.

4. **FAILURE TO SIGN CONSENT FORM:**

Your failure to sign this consent form may result in the denial of eligibility or termination of benefits under Housing programs. Any such denial or termination will be promptly communicated in writing to you by Housing.

CONSENT AND AUTHORIZATION STATEMENT

I hereby consent and authorize the Skokomish Housing Department obtain, request, verify, and release information to the sources listed above for the purposes specified in Paragraph 1.

This consent includes any Housing participation in computer matching programs with such sources. **I agree that photocopies of this form may be used to accomplish its purpose.**

I also understand that if I or any adult member of my family fails to sign this consent form, such action may constitute grounds for denial of eligibility and/or termination of assistance from Housing. However, I also understand that if this should occur, then I will be properly notified in writing by Housing of such grounds for denial or termination.

Finally, I understand and agree that this consent and authorization form will remain in effect until I am either determined ineligible for assistance or I am no longer participating in any Housing programs, whichever occurs first.

Signature Applicant

Date

Social Security #

Spouse / Significant Other

Date

Social Security #

Signature of Other Household Member(s) 18 or over age 18:

Name

Date

Social Security #

Name

Date

Social Security #

Name

Date

Social Security #

Certification: No changes from last application submitted.

Certified by:

(Applicant Signature)

Date