

# Skokomish Housing Department

N. 80 Tribal Center Road  
Skokomish Nation, WA 98584

## Down Payment Assistance Program

Phone # (360) 877-6748  
FAX # (360) 877-6749

Down Payment Amount Requested \$ \_\_\_\_\_ Purchase Price of Home \$ \_\_\_\_\_

How Many People Live in Your Household? \_\_\_\_\_

What Mortgage Lender are you applying with? \_\_\_\_\_

**Applicant:**    Check One    MARRIED    SEPARATED    UNMARRIED (Includes Single, Divorced, Widowed)

Applicant				Spouse			
First Name	Initial	Last Name		First Name	Initial	Last Name	
Mailing Address			Time at Address	Mailing Address			Time at Address
City	State	Zip Code		City	State	Zip Code	
Physical Location of Residence				Physical Location of Residence			
Former Address			Time at Address	Former Address			Time at Address
City	State	Zip Code		City	State	Zip Code	
Social Security No.	Driver's License / State		Tribal ID #	Social Security No.	Driver's License / State		Tribal ID #
Date of Birth	Home Phone No.#		# Dependents	Date of Birth	Home Phone No.#		# Dependents
Other Names Used				Other Names Used			
<b>Attach Pay Stubs or Income Verification. If Self-employed or seasonally employed, please attach income tax returns</b>							
Current Employer				Current Employer			
Address			Telephone No.#	Address			Telephone No #
City	State	Zip Code		City	State	Zip Code	
How Long	Position/Grade		Monthly Gross \$	How Long	Position/Grade		Monthly Gross \$
Former Employer & Position			How Long	Former Employer & Position			How Long
Other Household Income – <i>Source, How Long, Monthly Amount</i>				Other Household Income – <i>Source, How Long, Monthly Amount</i>			

## Skokomish Housing Department

### APPLICATION FOR DOWN PAYMENT ASSISTANCE

**HOUSEHOLD MEMBERS:** List all persons who live in your household on a permanent basis, not including yourself or your spouse.

Name	Birth Date	Social Security #	Relationship	Roll #

**Income Information:**

List **ALL** household members at least 18 years of age who have income, including yourself and your spouse. This includes wages, salary, public assistance, social security, disability, etc.

Name	Source of Income	Amount

**LEAD BASED PAINT REQUIREMENT:**

If Lead Based Paint assessment is required in accordance with 24 CFR Part 35 and 40 CFR Part 745 it is the sole responsibility of the applicant to pay for all of the costs involved. No grant can be made until all applicable Lead Based Paint Codes are in full compliance. This applies to any pre-1978 build home where a child under the age of six is expected to reside.

THIS HOME WAS BUILT IN THE YEAR: \_\_\_\_\_

## Skokomish Housing Department

### APPLICATION FOR DOWN PAYMENT ASSISTANCE

Please complete this Personal Financial Statement

ASSETS	Present Value	LIABILITIES	Payments	Present Balance
Home:		<u>Rent or Mortgage</u> <u>To Whom:</u>		
Cash in Bank:		Home Insurance:		
Auto – Year, Make and Model		Auto		
Auto – Year, Make and Model		Auto		
		Auto Insurance Per Month		
Other Real Estate:		Other Real Estate:		
Personal Property		Unsecured		
Other Assets:		Skokomish Tribe		
		Housing Department		
		Credit Cards / Other Debt		
		Alimony / Child Support		
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

**Customer Comments:**

**Please be aware that THE FEDERAL LAW CONCERNING FRAUD STATES:** Sub Section A  
 Except as otherwise ;provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully-

(1) Falsifies, conceals, or covers up by any trick, scheme, or devise as material fact;  
 (2) Makes any materially false, fictitious, or fraudulent statement or representation; or  
 (3) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;

shall be fined under this title or imprisoned not more than 5 years or both.

I/WE hereby authorize anyone to release income credit information concerning myself / ourselves to the Housing Department. This authorization is given to enable housing to evaluate my/our request for down payment assistance. I/WE certify that all statements are true and complete and are submitted for the purpose of obtaining assistance. Verification may be obtained from any source named in the application, my employer, Skokomish Tribe, Tribal Police, and the State Patrol Department and from any credit-reporting agency. I/WE agree that the application shall remain housing property whether it is approved or not approved.

X \_\_\_\_\_

Applicant's Signature Date

X _____ Spouse Signature	_____ Date

## CONSENT TO RELEASE INFORMATION

APPLICANT(S)	ENTITY OBTAINING OR RELEASING INFORMATION
<hr/> <hr/> <hr/>	Skokomish Housing Department 80 N. Tribal Center Road Skokomish Nation, Washington 98584

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 date 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 INFORMATION 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, TANF Program, Social Services, Employment and Training, Adult Education, Accounting or Payroll, Tribal Food Distribution Program, Early Childhood Program,

- 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 Department, Department 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 Services, 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

### 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 or 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 - Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Spouse / or Significant Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

#### Signature of Other Family Member(s) over age 18:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

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