



Skokomish Indian Tribe

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

N. 80 Tribal Center Road

Skokomish Nation, WA 98584

Emergency Repair Application

Must be applicant's primary permanent residence with proof of ownership.

Date: Applicant

From: Skokomish Housing Department

Please provide the following information to complete the application:

1. Application Signed and Dated:

Applicant must fill out application completely. Sign and date the application where indicated.

2. Household Members: *List all persons who live in your home on a permanent basis (this section must be completed)*

3. Land/ Home Status (proof of ownership**)** Examples of acceptable documentation are title, a copy of the mortgage or a title status report.

4. Statement of Circumstance: *Please list the reasons why you are requesting **emergency repair** services. With signature(s) and Dated*

5. Consent to Release Information Statements:
Signatures/s and Social Security numbers of Household members 18 or over age of 18

6. Income Verification:
Income Verification for all adult members of the household (18 and over age of 18) (fill in where indicated) we need verification such as pay stubs, (un)employment compensation notices, stipend, per-capita, treaty income or award letters TANF, GA, Social Security, etc. of your household.

7. Enrollment Certification: *The enrollment Officer will be able to assist you with this documentation.*

8. Certification:

Other: _____

If you have any questions or need assistance filling out this application please feel free to contact housing at (360) 877-6748.



Skokomish Indian Tribe

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

N. 80 Tribal Center Road

Skokomish Nation, WA 98584

EMERGENCY REPAIR APPLICATION

For Housing Emergency Repair Program Income must fall within but not exceed 80% of the applicable Income Guidelines as established by the Department of Housing and Urban Development. Tribal Emergency Repair Program has no income limits.

Must be applicant's primary permanent residence.

APPLICANT PHONE # _____

1. NAME _____
Last First M.I. Maiden Name

2. PHYSICAL ADDRESS: _____
OF WHERE WORK IS REQUESTED

3. MAILING ADDRESS: _____

4. SOCIAL SECURITY # _____ DATE OF BIRTH: _____

5. Are you enrolled Skokomish Tribal Member. _____ Are you a member of a federalized tribe. _____
Enrollment Number Tribe/Band

6. MARITAL STATUS: Married Single Widowed Other

SPOUSE/SIGNIFICANT OTHER

7. NAME: _____
Last First MI Maiden Name

8. SOCIAL SECURITY # _____ DATE OF BIRTH: _____

HOUSEHOLD

9. Do you or any adult members **in the household** have any unpaid debts owing to Housing? Yes No

10. Is the residence located in Mason County? Yes No

HOUSING INFORMATION

11. Ownership Status of Residence to be improved: **(check one)** OWN MORTGAGE

Explanation if other than full ownership:

Type of residence: (Check One) House (stick built) Manufactured Home Mobile Home

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

First Name	Last Name	Social security #	Birth Date	Relationship
------------	-----------	-------------------	------------	--------------

First Name	Last Name	Social security #	Birth Date	Relationship
------------	-----------	-------------------	------------	--------------

First Name	Last Name	Social security #	Birth Date	Relationship
------------	-----------	-------------------	------------	--------------

First Name	Last Name	Social security #	Birth Date	Relationship
------------	-----------	-------------------	------------	--------------

First Name	Last Name	Social security #	Birth Date	Relationship
------------	-----------	-------------------	------------	--------------

INCOME INFORMATION:

List **all** household members 18 years of age and over who have income, including yourself and your spouse/significant other. This included wages, salary, public assistance, social security, disability, stipend, per-capita, treaty income, or award letters TANF, GA, **etc.** of your household.

Name	Source of Income	Amount
------	------------------	--------

Name	Source of Income	Amount
------	------------------	--------

Name	Source of Income	Amount
------	------------------	--------

Name	Source of Income	Amount
------	------------------	--------

TOTAL HOUSEHOLD ANNUAL INCOME \$ _____

Applicant Signature

Date

Spouse / Significant Other Signature

Date

If more space is needed use back of sheet

STATEMENT OF CIRCUMSTANCE

Please list the reasons why you are requesting emergency repair services for your residence.

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

- a) Falsifies, conceals, or covers up by an trick, scheme, or device a material fact;
- b) Makes any materially false, fictitious, or fraudulent statement or representation; or
- c) 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 and any other information needed concerning myself/ourselves to Skokomish Housing. This authorization is given to enable Housing to evaluate my/our request for a grant. Verification may be obtained from any source named in the application and from any credit-reporting agency. I/WE agree that the application shall remain Housing property whether it is approved or not approved.

Applicant Signature

Date

Spouse / Significant Other Signature

Date

CONSENT TO RELEASE INFORMATION

APPLICANT(s) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	ENTITY OBTAINING OR RELEASING INFORMATION 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 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, TANF Program, 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 Head of Household	_____ Date	_____ Social Security Number
---	---------------	---------------------------------

_____ Spouse / 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
---------------	---------------	---------------------------------

_____ Name	_____ Date	_____ Social Security Number
---------------	---------------	---------------------------------

If more space is needed use back of sheet

CERTIFICATION:

I, _____, hereby certify that if I am funded by the Emergency Repair Program that I am not selling the housing unit. The funding is for repair work only.

I also agree to notify the Housing Department, that within a five-year period, if I do end up selling this unit.

Signature

Date