



# Skokomish Indian Tribe

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

N. 80 Tribal Center Road

Skokomish Nation, WA 98584

## MEMORANDUM

From: Skokomish Housing Department

**RE: Minor Elder Home Repair Application**

*Must be primary permanent residence of applicant with proof of ownership.*

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 a title, a copy of the mortgage or a title status report.
4. **Statement of Circumstance:** *With signature/s and Dated*
5. **Consent to Release Information Statements:** Must be completed.  
*Signatures/s and Social Security numbers of all 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), 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, please feel free to contact Housing Department at (360) 877-6748.



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## MINOR ELDER HOME REPAIR APPLICATION

*Income must fall within but not exceed 80% of the National Median Income guidelines as established by the Department of Housing and Urban Development.*

Must be primary permanent residence.

### APPLICANT

PHONE \_\_\_\_\_

1. NAME: \_\_\_\_\_  

Last	First	M.I.	Maiden Name
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2. DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_
3. Tribe and ID# \_\_\_\_\_
4. PHYSICAL ADDRESS: \_\_\_\_\_  

*OF WHERE WORK IS REQUESTED*
5. MAILING ADDRESS: \_\_\_\_\_
6. MARITAL STATUS:      Married                  Single                  Widowed                  Other

### SPOUSE / SIGNIFICANT OTHER

7. NAME: \_\_\_\_\_  

Last	First	MI	Maiden Name
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8. SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_
9. Is the Applicant or Spouse permanently disabled or handicapped?      Yes      No

### HOUSEHOLD

10. Do you or any adult members in the household have any unpaid debits owing to Housing?      Yes      No
11. Is the residence located in **Mason County**?      Yes      No
12. Does your house need physical repairs:      Yes      No
13. Do you own or have ownership interest in the property?      Yes      No

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*



**INCOME INFORMATION:**

List **all** household members at least 18 years of age who have income, including yourself and your spouse. This included wages, salary, public assistance, social security, disability, per-capita, treaty income, etc.

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

**TOTAL HOUSEHOLD ANNUAL INCOME**      \$ \_\_\_\_\_

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 a 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.

_____	_____
Signature	Date
_____	_____
Spouse / Significant Other Signature	Date

## STATEMENT OF CIRCUMSTANCE

Please **list** the reasons why you are requesting a house and the circumstances of your living conditions:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Applicant)

# CONSENT TO RELEASE INFORMATION

APPLICANT(s) <hr/> <hr/> <hr/>	ENTITY OBTAINING OR RELEASING INFORMATION Skokomish Housing Department 80 N. Tribal Center Road Skokomish Nation, Washington 98584
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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, 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
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_____ Spouse	_____ Date	_____ Social Security Number
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Signature of Other Family Member(s) over age 18:

_____ Name	_____ Date	_____ Social Security Number
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_____ Name	_____ Date	_____ Social Security Number
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_____ Name	_____ Date	_____ Social Security Number
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_____ Name	_____ Date	_____ Social Security Number
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_____ Name	_____ Date	_____ Social Security Number
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*If more space is needed use back of sheet*

**Certification:**

I, \_\_\_\_\_, hereby certify that if I am funded by the Minor Elder Home 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.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date