



Skokomish Indian Tribe

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

N. 80 Tribal Center Road

Skokomish Nation, WA 98584

Active Tenants

MEMORANDUM

RE: Reexamination - Update - Application

FROM: Skokomish Housing Department

Please provide the following information to complete your update:

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 Verification(s):** Income for all members of the household 18 and over the age of 18. (fill in where indicated), we need verification such as pay stubs, (un)employment compensation notices, per-capita, treaty income or award letters, Educational (grant) Assistance and or Pell Grant (TANF, Educational, GA, Social Security, etc.) of your household.
3. **Consent to Release Information & Authorization Statement(s):** Signature(s) and social security numbers of Household members 18 & over age of 18.

Other: _____

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

Reexamination / or Interim Application Update

Active Tenants * Skokomish Housing Department
80 N. Tribal Center Road, Skokomish, WA 98584
(360) 877-6748

DATE: _____ PHONE NUMBER: _____

APPLICANT NAME: _____
Last First MI Maiden

OTHER ADULT: _____
Last First MI Maiden

MAILING ADDRESS: _____

We are required to **VERIFY** the incomes of all members of families 18 and over, applying for admission as tenants to the federally aided housing units which we operate. To comply with this requirement, we ask your cooperation in supplying the income information for person(s) listed on page 3. This information will be held in strict confidentiality for use only in determining eligibility status.

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-

- falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
- makes any materially false, fictitious, or fraudulent statement or representation; or
- 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.

Sincerely,

Thomas Kachman
Housing Manager

I hereby affirm that the foregoing is true and correct and made for the purpose of obtaining housing. You are hereby authorized to obtain such information as you may require concerning this application from my employer, Tribal Police, and State Patrol Department. I authorized release of information on my account by the local utility district upon request by Skokomish Housing Department.

Signature: _____ DATE: _____
Applicant

Signature _____
Spouse / Significant Other

Family composition - persons who will be living in the home (**include self**)

Name	Relationship to Head of Household	Date of Birth	Age	Sex	Social Security numbers of ALL Household Members	Tribe / Band or Nationality

Income verification is required before your application can be processed. *Income for all adult members of the household such as pay stubs, employment compensation notices treaty income, per-capita, stipend or award letters (TANF, GA, Social Security, Veterans etc.) of your household.*

Possible deductions to income. These forms can be provided upon request.

- Child Cost Verification
- Mileage Cost Verification
- Post High School Education Verification

Do you expect any changes in the size of your family? _____

INCOME - Total family income anticipated form next twelve (12) months:

Source, Rate and Type of Income	Amount

Total Annual Family Income \$ _____

The information provided herein is true and complete to the best of my knowledge. I have no objection to inquires made by the Housing Department for the purpose of verification.

Tenant Signature(s): _____

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
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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 ONSENTFORM:

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.

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: _____

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 TeleCenter 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

SKOKOMISH HOUSING DEPARTMENT
 80 N. TRIBAL CENTER ROAD, SKOKOMISH NATION, WA 98584
 PHONE (360) 877-6748

INCOME VERIFICATION
 (Social Security)

Name : _____ Date : _____
 Address : _____ SSN : _____
 Head of Household : _____ DOB : _____

DEPARTMENT	CASEWORKER SIGNATURE	DATE	GRANT AMOUNT
Social Security			

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 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

 Signature

 Date