

CHECKLIST OF ITEMS NEEDED FOR THE FIRST & LAST PROGRAM

- Household Composition (please fill out accurately and completely)
- Authorization for Release of Information form (read and sign)
- Zero Income Form (if applicable; all household members 18 & over must sign IF they have no income)
- Income Verification (for all household members 18 & over, i.e. pay stubs, bank statements, TANF statements, SSI statements, etc.)
- All Signatures (everyone 18 & over must sign all forms)
- Tribal Enrollment Verification (for all household members; provide copy of Tribal Card or go to the Enrollment office and get a CDIB)
- Social Security Card (copy of cards for all household members)
- Custody Papers (if applicant has children AND is separated or divorced)
- Lease and/or Rental Agreement from an approved landlord.

(Lease cannot be entered into until after the application has been approved and LNHA has made contact with the potential new landlord) Applicant cannot move into unit before a walk through inspection is completed and the unit passes inspection. The signed lease and move-in is the last step in the process, so be sure to keep in contact with the Intake Manager regarding your next step in the process. Any lease signing or move-in would be cause for denial of your First & Last Application.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, Local Agency, Organization, Business, or Individual to release to Lummi Nation Housing Authority any information or material needed to complete or verify my application for residence in a Lummi Nation Housing Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Lummi Nation Housing Division in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested included but are not limited to:

Medical or Child Care Allowances, Public Benefits, Credit, Employment, Income or Assets, Residence and Rental Activity, Criminal History, Identity and Marital Status

I UNDERSTAND that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for continued participation in a Lummi Nation Housing Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information include, but not limited to:

Previous Landlords

Courts
Educational Institutions
Law Enforcement Agencies
Child Support Agencies

Past & Present Employers

Public Assistance Programs
Unemployment Agencies
Social Security Administration
Medical Providers

Veteran's Administration

Financial Institutions
Credit Bureaus
Utility Companies
LIBC Entities

CONDITIONS

I agree that ***a photocopy of this authorization may be used for the purpose stated above.*** I understand that this release of information may be used for all documentation necessary for participation in programs administered through Lummi Nation Housing. I understand that I have a right to review my file and correct any information that I can show is incorrect.

Signature of **Head of Household**

Print Name

Date

Signature of **Occupant**

Print Name

Date

Signature of **Occupant**

Print Name

Date

Signature of **Occupant**

Print Name

Date

Signature of **Occupant**

Print Name

Date

Signature of **Occupant**

Print Name

Date

LUMMI NATION HOUSING AUTHORITY

2579 Kwina Rd Bellingham, WA 98226
(360) 312-8407 Fax (360) 383-0625

Zero Income Form

Signatures Required for Zero Income Clients ONLY.

I certify that I DO NOT receive any income such as:

Wages	Social Security payments	Unemployment
Disability payments	Alimony	Child support
Self-employment	MARY KAY	AVON
INTERNET SALES	Public Assistance (TANF, GA, AFDC, DSHS, GAX, GAU ETC.)	

Any other source not named above.

I certify that all information provided is true and accurate to the best of my knowledge. ***I understand that giving false representations here constitutes an act of fraud.*** Any and all false, misleading information given may result in termination of my lease / assistance agreement or position on the Lummi Nation Housing Authority Waiting List.

Signatures Required for Zero Income Clients ONLY.

Household Members Signature

Print Name

Date

By signing this form Lummi Housing Authority does check with outside agencies to verify that there is no income being received by the signee.

LUMMI NATION HOUSING AUTHORITY

2579 Kwina Rd Bellingham, WA 98226
Phone: (360) 312-8407 Fax (360) 383-0625

I, _____ authorize you to release the following information to Lummi
Nation Housing Authority.

Signature: _____ Date: _____

*******TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT ONLY*******

All blanks must be filled in and if the information is not available or does not apply. Please indicate either with "n/a" or unknown" etc. This will ensure nothing has been overlooked. **This form will be void if filled out by applicant.**

EMPLOYER NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____

NAME OF HR CONTACT COMPLETING FORM: _____

NAME OF APPLICANT: (PRINT) _____

EMPLOYEE JOB TITLE: _____ DOH: _____

STATUS: ___ F/T ___ P/T ___ PERMANENT ___ TEMP ___ SPECIAL PROJECTS/SEASONAL ___ ON CALL

RATE OF PAY: \$ _____ HOUR TIPS ___ YTD GROSS INCOME: \$ _____

HOURS PER WEEK: _____ AVERAGE TOTAL HOURS IN A MONTH: _____

IF VARIES LIST (3) PAY PERIODS:

I certify all fact being true, factual, and based on company records of employee named above.

HR Signature: _____ Date: _____

Print Name: _____

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IF VARIES LIST (3) PAY PERIODS:

I certify all fact being true, factual, and based on company records of employee named above.

HR Signature: _____ Date: _____

Print Name: _____

TO BE FILLED OUT BY HOUSING STAFF ONLY

- | | | | |
|---|-----|----|-----|
| * Authorization for Release of Information Form signed? | YES | NO | N/A |
| * Zero Income form signed by those claiming no income? | YES | NO | N/A |
| * Are there signatures (18+) on all pages required? | YES | NO | |
| * Income verification included? | YES | NO | N/A |
| * Does the applicant meet Housing Income Guidelines? | YES | NO | N/A |
| * Tribal Enrollment Verification attached? | YES | NO | |
| * Copy of all Social Security cards attached? | YES | NO | |
| * Custody Papers attached? | YES | NO | N/A |
| * Does the applicant owe any debt to Housing? | YES | NO | |
| * Is the applicant on a Payback Agreement? | YES | NO | N/A |
| * Does the applicant have a lease attached to this application? | YES | NO | |
| * Did the rental unit pass a health/safety inspection? | YES | NO | |

Approved _____

Not approved, (specify reason) _____

Signature: _____

Date: _____