

CHECK LIST OF ITEMS TO BRING WITH YOU

- Income Verification** (All household members **18 & over** must attach a copy of income such as recent pay stubs for one month. If anyone 18 and older does not have any income at this time they will need to sign the attached zero income form.

- Veteran** (Please provide a copy of Veterans Card or Discharge Papers).

- Employer Verification** (Employer Form is to be filled out by Human Resources at place of employment). *****ONLY** If you do not have any current paystubs to attach*** disregard this form if you are attaching paystubs or signing the zero-income form attached.

- Tribal Enrollment Verification** (All household members: Copy of Current valid Tribal ID Card or go to Enrollment Office and get a CDIB from the enrollment office). **Plus, a valid Washington State Identification Card (WDL or ID)**

- Custody Papers** (If separated or divorced please attach a copy of custody i.e. Parenting Plan, Proof of Guardianship.)

Applications will **NOT** be accepted if not complete. We do not hold incomplete applications; they will be mailed back to the address on the application.

****Applications must be updated every 12 months, or it will be removed off all waiting lists.****

APPLICATION FOR PARTICIPATION IN LUMMI HOUSING PROGRAMS

FOR OFFICE USE ONLY

Date/Time Application Approved by Intake Specialist _____

Signature of Intake Specialist _____

Date/Time Approved on _____

Signature of Intake Specialist Supervisor _____

Please mark ALL programs you would like to apply for:

- Regular Rental Waitlist
- Homeownership Waitlist
- Fisherman's Home Waitlist (must have proof of fishing income for last 3 years attached or you will not be placed on this waiting list)

PERSONAL DECLARATION:

All forms must be carefully completed. You must use the correct legal name for each member of your household, as it appears on his or her social security card. All adult members (18 years of age and older) of the household must sign the application. **PLEASE PRINT CLEARLY.**

Name	Address	
City	State	Zip Code
Phone Number	Message Number	
Email		

1. HOUSEHOLD COMPOSITION

List all persons who will be living in your home, listing head of household first. If there are two heads of household please indicate who the second head will be. Please supply all requested information and supporting documentation for every member of the household. **PLEASE FILL OUT CHART COMPLETELY.**

Legal Name of Persons	Date of Birth	Age	Relationship to Head of Household	Social Security Number	Tribal #
			Self		

2. PREVIOUS HOUSING

Please list the address(s) of all residences for the past **five years**, the period of occupancy and contact information, and the reason the occupancy was terminated. (Attach additional sheets as necessary.) **PLEASE FILL OUT CHART COMPLETELY.**

Address of Former Residence and Contact Information for Landlord	Dates of Occupancy	Reason(s) Occupancy was Terminated
	TO	
Landlord's Name ()		
	TO	
Landlord's Name ()		
	TO	
Landlord's Name ()		

3. CRIMINAL ACTIVITY

A. Have you ever been convicted of a Violent or Drug related crime?

Yes, please list the offense, when it occurred and the circumstances surrounding the offense please list in box below.

No

B. Has anyone listed as an occupant of your household been convicted of a violent or Drug related crime?

Yes, please list the offense, when it occurred and the circumstances surrounding the offense please list in box below.

No

Household Member	Nature/Type of Conviction	Date of Offense	Surrounding Circumstance

4. **Income** (Please list all income for all family members 18+ i.e. GA, TANF, Unemployment, Self Employed, Fishing, Employment, Social Security, Child Support, GAU, GAX, DSHS. ***Please ATTACH copies of all Income.***)

Name	Type of Income	Amount

5. **Employment in the Fishing Industry**

Are you now, or have you within the previous 5 years been employed in any aspect of the fishing or farming industry? (This includes all forms of harvesting seafood, i.e. Fishing, Clamming, Crabbing, or Shrimping, as well as working in a processing plant or other fishing related industry?) NOTE: This question will be used to determine eligibility for residency in the Lummi Low Income Housing Tax Credit Project.

Yes No

(If yes, Please provide Lummi Nation Housing with a copy of your fishing card or other proof of other proof of occupation in the fishing or farming industry.)

6. **Child Custody**

Do you have full custody of the minor children listed on your application?

Yes No

If no, do you have 50 % custody? Yes No

If yes, We will need Court Documents to show proof of this

7. **Veteran Status**

Are you or your spouse a Veteran of the Armed Services? Yes No

If you answered, "Yes" to the above question, please provide your dd214

8. **Student Status**

Is the Head of Household or Spouse a Full Time Student? Yes No

9. **Care Provider**

Are you a registered foster care or respite care provider? Yes No

Please provide proper documentation.

10. **Pets**

Do you own a pet? Yes No

If so, What type and how many? _____

Everyone 18 and over must sign this page.

I understand that any change to the above information must be reported to Lummi Nation Housing within 14 days of the occupancy. I also understand that this is not a contract and creates no obligations for either party. I declare under penalty of law that the above information is full, true, and complete to the best of my knowledge.

Signature of **Head of Household**

Date

Signature of **Occupant**

Date

Signature of **Occupant**

Date

Signature of **Occupant**

Date

Signature of **Occupant**

Date

Signature of **Occupant**

Date

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

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 the employee named above.

HR Signature: _____ Date: _____

Print Name: _____

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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
- Alimony
- Child support
- Public Assistance (TANF, GA, AFDC, DSHS, GAX, GAU, ETC.)
- ANY OTHER SOURCE NOT NAMED ABOVE
- Self-employment
- MARY KAY
- AVON
- INTERNET SALES

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.

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EMPLOYER'S PHONE: _____
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NAME OF APPLICANT: (PRINT) _____

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Print Name

Date

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