

REPAIR & REHAB APPLICATION

Check List of Items to bring with you to your appointment

- Proof of Homeownership** (must provide a Copy of Title for Trailer or a Copy of Deed for Land if it is a Home).
- Income Verification** (All household members **18 & over** must provide a copy of income, such as: pay stubs for one month, bank statements, TANF proof, FISHING proof, etc.)
- Veteran** (A copy of Veterans Card or Discharge Papers dd214).
- Tribal Enrollment Verification** (All household members must provide proof of tribal enrollment.) **Plus, Social Security Cards for all.**
- Proof of Homeowner's insurance (certificate required)**
(Repair/Rehab requires insurance, applications without insurance will still be accepted, but assistance is not guaranteed.)

Lummi Nation Housing will not accept incomplete applications. All incomplete applications 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.****

Appointment Date & Time needed to turn in application: _____

Appointment Advocate: _____

APPLICATION FOR PARTICIPATION IN LUMMI HOUSING PROGRAMS

FOR OFFICE USE ONLY

Date Received

Time Received

Advocate should sign below accepting this application as complete:

Advocate Name

Signature of Advocate

Repair & Rehab Repair & Rehab Home Loan

**Proof of Income is REQUIRED with this application
Incomplete applications will NOT be accepted**

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, and if there will be 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	Relations hip to Head of Household	Social Security Number	Tribal Enrollment #
			Head		
			Spouse		

2. 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 or other proof of occupation in the fishing or farming industry.)

3. 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

4. Ownership

Is your residence a Trailer/Modular or House? _____

If a Trailer or Modular what year was it built? _____
(Any manufactured homes built prior to 1976 will not be eligible for this program)

Please attach Title for trailer or modular.
Please attach land deed if residence is a home.

5. Homeowner's Insurance

Do you have homeowner's insurance on your home?

Yes No

If yes, please attach a copy of your proof of insurance (Certificate), bills will not be accepted

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 are 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

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 APPLICANT: (PRINT) _____ DOH: _____

EMPLOYEE JOB TITLE: _____

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

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

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

IF Varies lists (3) pay periods:

Month _____ HRS _____ Gross Income \$ _____

Month _____ HRS _____ Gross Income \$ _____

Month _____ HRS _____ Gross Income \$ _____

**Separation: Job Title _____ DOH _____ Terminated
Date _____**

Comments _____

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

HR Signature/Print: _____ Date: _____

REPAIR & REHAB. PRE – ASSESSMENT APPLICATION

<u>STAFF USE ONLY (THIS COLUMN)</u>	DESCRIPTION OF SERVICES	YES OR NO	COMMENTS
	Roof Replacement		
	Siding Replacement / Repair		
	Mold Damage (Can include Bathroom Fans)		
	Drywall Replacement (Water Leaks/ No Holes)		
	Floor Replacement (Soft / Rotten)		
	Furnace Replacement (Not Working)		
	Handicap Accessible Structures (Ramps, Handrails)		
	Hot Water Tank Replacement		
	Electrical Problems		
	Water Leaks (Under Sinks, Water under unit)		
	Heating Ducting Replacement		
	Appliances that are not working		
	Broken Exterior Doors		
	Broken Windows		
	Replacement of Damaged Toilet / Tub		
	Wood Stove Relocation (To make accessible)		
	Exterior Painting		
	Weatherizing		
	Pressure Washing (For Moss Removal)		
	Gutters / Elbows Replacement Repair		
	Drainage System Repairs		
	New Tubs / Toilets / Sinks / Faucets		
	Interior Doors		
	New Appliances		
	Sheet Rock Repair / Replacement		
	Cabinet Replacement		
	New Flooring		

LUMMI NATION HOUSING AUTHORITY

2579 Kwina Rd Bellingham, WA 98226

(360) 312-8407 Fax (360) 383-0625

LUMMI NATION HOUSING AUTHORITY USEFUL LIFE POLICY AGREEMENT REPAIR AND REHABILITATION PROGRAM

_____ (NAME), an enrolled member of the Lummi Nation (hereinafter "Recipient") has applied for a grant under the Lummi Nation Housing Repair and Rehabilitation Program.

The Recipient shall use the funds awarded under this grant towards the repair and rehabilitation of the residence located at _____ (ADDRESS, herein after "Residence").

The Recipient agrees to use the Residence as her/his "principal place of residence" for five (5) years from the date of the grant's final disbursement. This time period assumes a grant of under \$15,000; if additional funds are disbursed an additional five (5) year residence will be required. A residence shall be considered a "principal place of residence" if an individual occupies the residence for nine months out of a twelve-month period.

Lummi Nation Housing Authority and Recipient agree that if the Recipient sells or transfers ownership of the Residence or fails to retain the property as her/his principal residence anytime within five (5) years of the date of the grant's final disbursement, the Recipient will refund to Lummi Housing Authority all funds disbursed to her/him under this grant within 30 days of the sale or transfer or of failure to maintain principal residence status.

Head of Household Signature

Date

Spouse Signature

Date