

LUMMI NATION HOUSING AUTHORITY

2579 Kwina Rd Bellingham, WA 98226

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

REPAIR & REHAB UPDATE!!!!

ANNUAL UPDATE

INCOME CHANGE

FAMILY DECREASE

Please check all that apply

FOR OFFICIAL USE ONLY

Date/Time approved _____

Intake Specialist Signature _____

PLEASE PRINT

 First Middle Last

 Address Apt. # City State Zip

 Home Phone Message Phone Work Phone

DO NOT LEAVE ANY PORTION OF THIS APPLICATION BLANK BY DOING SO IT WILL MAKE YOUR APPLICATION INCOMPLETE.

Full Legal Name of Household Member	DOB	Relation to Head of Household	Social Security #	Tribal #	Income provide verification
		Head			
		Spouse			

****Please Attach Proof of Income to this update. Thank you.****

Accounting

Do you owe Lummi Nation Housing? ____ Yes ____ No

Does a member of your household owe Lummi Nation Housing? ____ Yes ____ No
(Staff: Please check with Collections Officer.)

Do you have clear title to land or home? ____ Yes ____ No (Please attach Proof)

Health & Safety needs will be handled before any non-emergent repairs are met.

I understand that any changes to the above information must be reported to Lummi Nation Housing within 14 days of their 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 Spouse

Date

Signature of Adult Occupant

Date

Signature of Adult Occupant

Date

Signature of Adult 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, I 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	Past & Present Employers	Veteran's Administration
Courts	Public Assistance Programs	Financial Institutions
Educational Institutions	Unemployment Agencies	Credit Bureaus
Law Enforcement Agencies	Social Security Administration	Utility Companies
Child Support Agencies	Medical Providers	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

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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 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.

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

_____, 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 _____ (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 disbursal. This time period assumes a grant of under \$15,000; if addition 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 disbursal, 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

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		

