

LUMMI HOUSING AUTHORITY

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

WAITING LIST UPDATE

	ADDRESS CHANGE
	INCOME CHANGE
	FAMILY ADDITION

	ANNUAL UPDATE
	FAMILY DECREASE

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	Age	Relation to Head of Household	Social Security #	Tribal #
			Head		

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

3. Landlord References

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

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

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.)

Are you a Full Time Student? ____ Yes ____ No

Is the 2nd Head of Household a Full Time Student? ____ Yes ____ No

Do You have any pets? ____ No ____ Yes How many & What Kind? _____

Do you wish to remain on all applicable waiting lists that you are currently on?

____ YES

____ NO, Please remove me from only the following programs:

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. **(All Adults 18 and over MUST SIGN)**

Signature of Head of Household

Date

Signature of Adult Occupant

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, 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 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
_____ Signature of Occupant	_____ Print Name	_____ Date

LUMMI NATION HOUSING AUTHORITY

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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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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.