

# **Port Gamble S'Klallam Housing Authority**

## **Down Payment Assistance Policy**

**Adopted by Resolution No. 13-008 on May 30, 2013**



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**PORT GAMBLE S'KLALLAM HOUSING AUTHORITY  
DOWN PAYMENT ASSISTANCE POLICY**

**Adopted by Resolution No. 13-008 on May 30, 2013**

**I. STATEMENT OF PURPOSE.**

**A. Purpose.** The purpose of this program is to provide expanded home ownership opportunities for tribal Members and Native Americans within the Port Gamble S'Klallam Tribe, formally known as the Port Gamble Indian Community of the Port Gamble Reservation, (Tribe) service area, as funding permits, by using Native American Housing Assistance and Self-Determination Act (NAHASDA) funds to provide down payment assistance to low-income households and leverage other private and government agencies funding as stated in the Tribe's Indian Housing Plan. This program shall be administered by the Port Gamble S'Klallam Housing Authority (PGSHA) in accordance with NAHASDA and regulations set forth in 24 CFR Parts 1000, 1003, and 1005.

**B. Official Policy.** This Policy supercedes and rescinds all previous down payment assistance policies and is the official Down Payment Assistance Policy of PGSHA.

**II. APPLICABILITY.** This Policy shall apply to all PGSHA employees and the PGSHA Board of Commissioners (Board).

**III. PREFERENCE IN SELECTION.** Preference in eligibility for down payment assistance will be provided first to members of the Tribe, followed by other Indians, in accordance with the eligibility criteria of this Policy.

**IV. APPLICATION REQUIREMENTS AND ELIGIBILITY**

**A. Application Requirements for the Down Payment Assistance Program.**

1. Applicant must be an enrolled member of a federally recognized tribe.
2. Applications are available at the PGSHA. The application may be requested by mail, telephone, or fax. Completed application forms must be submitted in person or by mail with original signatures.
3. Applications shall be processed on a point score system.
4. The application shall include an Authorization for the Release of Information, that must be signed by all household members aged eighteen and older.
5. Housing staff shall check and verify all information that is provided in the application.

B. **Eligibility for the Down Payment Assistance Program.** Eligibility shall be determined on the basis of the following.

1. The applicant family's adjusted income must be within eighty percent of median income for the area for the size of their family. (A limited number of applicants who are between eighty percent and one hundred percent of median income may be served. The budget for this limited number of applicants shall not exceed ten percent of the annual Indian Housing Block Grant amount for any one year.) Applicable income limits are available at the PGSHA offices.

2. Income shall be determined in accordance with provisions outlined in Section 3, Part 8 of NAHASDA. The applicant's income eligibility shall be determined at the time of purchase (close of escrow).

3. The identity and status of all household members shall be verified through birth certificates, Social Security cards, drivers' licenses, marriage certificates, divorce decrees, adoption papers, baptismal certificates, affidavits, and other such documents. If both parents of a child are not in the household, proof of custody must be provided.

4. An applicant shall be eligible to receive Down Payment Assistance on a one-time only basis.

5. Proof of applicant's completion in a Homebuyer Education Program designated by PGSHA will be required prior to the processing of the application.

6. Applicants must be able to qualify for a first mortgage loan through a lender approved by PGSHA in the amount of the total purchase price for a qualifying home, within six months of the application approval date. Their status can be re-evaluated at the end of the six-month period to determine if an extension is appropriate. After the application is approved, applicants have six months to find a qualifying home. Applicants must be willing to participate in credit counseling if they are denied a first mortgage based on their credit history.

7. The applicant must occupy the home purchased within a reasonable time after the closing date and must make this home his or her principal residence for no less than five years.

8. Any previous outstanding debts to PGSHA shall be deducted from the allowed Down Payment Assistance amount.

9. In order to qualify as a "First Time Home Buyer" when qualifying for a loan and financing a home, applicants must not have owned a home in the previous three years. The Board may consider exceptions based on

relocation, upsizing, or downsizing.

**C. Notice of Eligibility.**

1. Written notification of eligibility status shall be sent to applicants within thirty calendar days of receipt of the application.

2. Eligible applicants shall be advised of the approximate time period when funding shall be available.

3. Applicants may request a hearing before the Board within twenty calendar days of the date of receipt of a letter denying their application. Such hearings shall be held within sixty calendar days from receiving the request by PGSHA.

**D. False, Incomplete, or Inaccurate Information.** If, any time either during the application process or after purchase of the home, it comes to the attention of PGSHA and is determined that false, incomplete or inaccurate information may have been provided by the applicant regarding any eligibility factor, such information shall be delivered to the appropriate law enforcement agency for investigation. If it is determined that fraud has been committed, the applicant shall be subject to penalties, under applicable federal, state, or tribal laws. If the investigation results in a conviction for fraud, the application for Down Payment Assistance shall be withdrawn, or if the assistance has already been provided, the applicant(s) shall be required to repay the Down Payment Assistance amount as determined by PGSHA.

**V. HOW THE PROGRAM WORKS**

**A. Down Payment Assistance.** The amount of the Down Payment Assistance shall not exceed twenty percent of the purchase price, shall be at the discretion of PGSHA, and shall be contingent upon funding availability. PGSHA shall provide, in addition to the Down Payment Assistance, any standard and/or reasonable closing costs, not to exceed \$5,000.00. The Down Payment Assistance amount provided by PGSHA shall be recorded with the appropriate county as a second mortgage, or lien, against the applicable property. "Applicable Property" shall mean, in the case of a loan on non-trust land, the land and home; and in the case of a loan on trust land, only the home.

**B. Authority.** The Board has the authority to authorize a grant of up to three percent of the purchase price as a gift, and no repayment is expected or implied.

C. **Repayment.** Repayment of the balance of the Down Payment Assistance shall be deferred for a period of five years, as long as the homebuyer maintains the home as his or her principal residence and is up-to-date on first mortgage loan payments. If, during the first five years, the home is sold or otherwise transferred by a participant, the participant shall reimburse PGSHA for the Down Payment Assistance that was provided on a pro-rated basis, unless the mortgage is assumed by a qualified housing applicant. Twenty percent of the assistance amount shall be deleted from the reimbursable amount for each full year the participant was in the home. If available, reimbursable amounts shall be deducted from proceeds of sale. After the five-year period, the Down Payment Assistance shall be forgiven and PGSHA shall file a satisfaction of the second mortgage.

D. **Completion of Homebuyer Education Program.** After completion of the required Homebuyer Education Program, PGSHA staff shall refer applicants to approved lenders. These lenders shall work directly with the applicant and PGSHA to determine the purchase price range of a home for which the applicant(s) qualify.

E. **Homebuyer Responsibility for Selection of Home.** The applicant(s) shall then be responsible for searching and selecting a home to purchase or build within the given price range.

F. **Mortgage Loan Standards.** The following standards shall apply to the mortgage loan.

1. The term of the first mortgage loan shall not exceed thirty-eight years at a competitive interest rate. Such mortgages shall provide for complete amortization by maturity, with equal monthly payments of principal, interest, taxes and insurance. The fixed period mortgage establishes a period of affordability equal to the length of the mortgage.
2. Buyer and Seller shall pay their usual and reasonable settlement and financing cost, as negotiated.
3. All properties shall require a certified appraisal, the cost of which shall be paid by the buyer.
4. All properties shall require an environmental assessment, the cost of which shall be paid for by PGSHA.
5. All properties shall require an inspection by a Building Inspector to assess compliance with the Department of Housing and Urban Development (HUD) standards for Federal Housing Administration (FHA) Insured Loans and to determine cost of repairs necessary to bring the home into such compliance. The home must be free of defects and meet the minimum Housing Quality Standard before occupancy.

6. Each approved lender shall provide standard mortgage loan forms and conditions, shall set closing dates and times, and shall assure all appropriate paperwork is complete prior to closing.

7. Each approved lender has the right to determine its loan processing fees, including the fixed interest rate.

G. **Home Standards.** Any home purchased through the Down Payment Assistance Program must meet the following standards.

1. The home must meet HUD Standards for FHA Insured Loans as determined by a qualified housing inspector.

2. The purchase price of the home, including necessary repairs, can be no greater than its appraised value.

3. The home must be a single-family stand-alone unit, a town house, condominium unit, or a manufactured/double wide mobile home on a permanent foundation. Rental properties and cooperative units shall not be eligible, nor shall mobile homes not placed on a permanent foundation and/or, in the case of new construction, property NOT owned by the applicant, with the exception of tribal trust or tribal fee lands.

4. Applicant(s) MUST obtain title to the property, or, in the case of lands held in trust, a tribal lease, that is free and clear of all liens and encumbrances.

H. **Selection of Home.** Once an approved applicant has found and selected a home to purchase (or if constructing a new house, a building site, and contractor approved by PGSHA), the applicant shall notify the approved lender and PGSHA. In the case of an existing home, the certified inspection shall determine whether the unit meets the standards of the program. The inspector shall also determine any specific deficiencies which must be cured and provide an estimate of such repairs. The lender shall determine through the appraisal process if the home is within the maximum total mortgage amounts for which the applicant is qualified.

I. **Qualification of Applicant.** The approved lender shall be responsible for the final qualifying of both the applicant and the home, or any interim financing for construction of a new home.

J. **Substantial Remodeling or Repair.** Homes requiring substantial remodeling or repair in order to qualify

for funding shall not be eligible for participation in the Down Payment Assistance Program. However, minimal and necessary repairs may be approved if appropriate financing can be arranged.

K. **Rehabilitation Standards.** Rehabilitation work must meet the following minimum standards:

1. Repairs must be necessary to bring the home into compliance with FHA Housing Quality Standards as identified by the inspection.
2. Exterior rehabilitation work must comply with lending criteria, must be compatible to the structure and the neighborhood and if the structure is over fifty years old, the applicable historical preservation office must be notified.
3. Must comply with any local zoning or building codes.
4. The cost of repairs plus the purchase price cannot exceed the FHA appraisal value (after repairs) for the home.

L. **Record Keeping.** PGSHA shall maintain a current ledger for the Down Payment Assistance Program that includes the following information:

1. Name, address, and phone number of approved applicants.
2. Down Payment Assistance amount and date.
3. Status of the assistance on an annual basis (not to exceed five years).
4. PGSHA's annual Indian Housing Block Grant from which funds were provided.
5. Date that the "satisfaction of the second mortgage" was filed.

## VI. CONFLICT OF INTEREST

A. No person who participates in PGSHA's Down Payment Assistance Program decision-making process or who has inside information with regard to Down Payment Assistance Program activities, including but not limited to housing staff, Board members, or Tribal Council members, members of immediate families, and business associates, may obtain a personal or financial interest or benefit from such activities.

B. This provision does not apply when a person, who might otherwise be included, is low-income and is selected for assistance in accordance with this Policy; provided that there is no conflict under applicable tribal law. PGSHA



must make a public disclosure of the nature of the assistance to be provided and the specific basis for the selection of the person. PGSHA also must provide a copy of the disclosure to the Regional Office of Native American Programs prior to providing assistance to the person.

C. PGSHA may request from HUD a waiver of the requirements of this Section on a case-by-case basis, if it determines that such an exception would further the primary objectives of the Native American Housing Assistance and Self Determination Act and the effective implementation of PGSHA's program. Prior to requesting such waiver, PGSHA must make a public disclosure of any such conflict and determine that no conflict exists under applicable tribal law.

D. PGSHA shall maintain records of all exceptions made or waivers requested under this Section for a period of three years after the exception is made.

E. For purposes of this Policy, "Immediate Family" means husband, wife, father, mother, brother, sister, son, daughter, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, and grandparents, those persons with whom the subject person maintains a significant traditional relationship of equivalent status recognized by the Tribe, and any relative or any other individual that the subject person is living with or intends to live with in the same house or household, whether a blood relative or not.

## VII. AMENDMENTS

This Policy may be amended or repealed only with the approval of at least a majority of all Board members. At least seven working days written notice of the Board meeting at which the vote is to occur must be given to all Board members, together with notice of the intention to amend or repeal this Policy and a written copy of the proposed amendment. Upon approval of the amendment, the Chair shall forward the amendment to the Board for review and approval. Amendments made pursuant to this Policy shall not be effective until review and approval by the Board. Upon approval of the amendment by the Board, the chair shall cause to have prepared an amended and restated policy.



**B.** Do you anticipate that your Household will be undergoing any changes in size (e.g., through birth, adoption, marriage, divorce, etc.) or in composition (e.g., the number of adult members relative to children) in the next year?

(1)  Yes, I expect my Household will increase by \_\_\_ persons and/or \_\_\_ number of adults, owing to (explain the cause, e.g., my daughter will turn eighteen): \_\_\_\_\_

(2)  Yes, I expect my Household will decrease by \_\_\_ persons and/or \_\_\_ number of adults, owing to (explain the cause): \_\_\_\_\_

(3)  No, I do not expect any changes to the size or composition of my Household.

**C.** Are all members of your family U.S. citizens or legal permanent residents of the United States?

Yes.  No.

If "No," list the names of family members who are not U.S. Citizens or do not have legal permanent resident status and list their immigration status: \_\_\_\_\_

**D.** Are any members of your Household currently enlisted in the U.S. military or have any members served in the U.S. military?  Yes.  No.

List the names of Household members now serving or who previously served and military branch(es)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II. PROGRAM INFORMATION AND SPECIAL NEEDS**

**A.** Indicate the particular type of housing assistance you are seeking.

- |   |   |
|---|---|
| <input type="checkbox"/> Low Rent                       | <input type="checkbox"/> Rehabilitation/Modernization |
| <input type="checkbox"/> Homeownership (Lease-Purchase) | <input type="checkbox"/> Housing Improvement Program  |
| <input type="checkbox"/> USDA 502 and 504 Rural Housing | <input type="checkbox"/> Section 184 (Mortgage)       |
| <input type="checkbox"/> Weatherization Program         | <input type="checkbox"/> Down Payment Assistance      |
| <input type="checkbox"/> Emergency Housing Assistance   | <input type="checkbox"/> Propane/Utility Assistance   |
| <input type="checkbox"/> VA Direct Loan                 | <input type="checkbox"/> Other: _____                 |

**B.** In certain instances, you or one of the members of your Household may qualify for a preference in the allocation of housing based on need. Indicate whether any of the following circumstances apply to you or a member of your Household.

(1)  I am currently homeless or living in substandard housing. Explain: \_\_\_\_\_

(2)  I have been (or I am about to be) displaced from my housing. Explain: \_\_\_\_\_

**C.** Do you or any member of your Household have a severe health problem or allergy?

Yes.  No.

If yes, explain the nature of the problem: \_\_\_\_\_  
 \_\_\_\_\_

**D.** Does anyone in your Household have a handicap or disability?

Yes.  No.

If yes, explain the nature of the disability: \_\_\_\_\_  
 \_\_\_\_\_

**E.** Have you received off-reservation housing assistance through the U.S. Department of Housing and Urban Development (HUD), the Housing Improvement Program (HIP), or PGSHA in the past?

Yes.  No.

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**F.** Is the housing unit in which you currently reside your primary home?

Yes.  No.

If no, explain where your primary home is: \_\_\_\_\_  
 \_\_\_\_\_

**G.** Do you rent the housing unit where you currently reside?  Yes.  No.

If yes, How much do you pay a month? \$\_\_\_\_\_ Also, provide the name, address and telephone number of your current landlord and the number of years that you have been renting from him/her:

\_\_\_\_\_  
 \_\_\_\_\_

**H.** Does anyone in your Household own a home?  Yes.  No.

If yes, list location, size, and value: \_\_\_\_\_  
 \_\_\_\_\_

**PART III. INCOME INFORMATION**

**A.** Please fill out the following income verification tables and attach copies of all documents that attest to your income and the income of all other persons within your Household (e.g., your paystub for most recent 3 months, Fisheries Income reports for most recent 12 months, TANF award, Social Security benefits letter, etc.). IRS tax returns must be provided for any adult member who is self or seasonally-employed (i.e., Fisheries). Each adult member of your Household must sign the Certification that appears at the end of this part and attest to the accuracy and completeness of his/her reported income.

(1) What is the total annual *earned* income of *all* adult members of your Household (include wages, salaries and tips, fisheries, and other income such as self-employment)?  
 \$ \_\_\_\_\_

Household Member's Name	Source of Earned Income	Payment Basis (e.g., bi-weekly, monthly)	Annual Amount


- (2) What is the total annual **unearned** income of all members of your Household (include alimony, child support, retirement benefits, and Social Security, Social Security Supplemental, Veteran's Benefits, AFDC, *per capita*, tribal distributions, or other benefits)?  
 \$ \_\_\_\_\_.

Household Member's Name	Source of Unearned Income	Payment Basis (e.g., bi-weekly, monthly)	Annual Amount

- (3) What is your Household's *total annual income* from all sources? \$ \_\_\_\_\_.

**B. Expenses**

- (1) Does your Household have unreimbursed medical expenses that exceed 3% of total annual income?  
 Yes.  No.

If yes, list the total verified amount of unreimbursed medical expenses: \$ \_\_\_\_\_.

- (2) Does your Household have to pay child care for children under the age of 15 so that a member of the family can work or attend school?  Yes.  No.

If yes, list the verified amount paid in child care on a monthly basis: \$ \_\_\_\_\_.

- (3) Does your Household pay in-home nursing or residential assistance expenses for the care of a disabled family member so that family members who are able to work can do so?  
 Yes.  No.

If yes, list the amount paid for in-home nursing or residential assistance on a monthly basis:  
 \$ \_\_\_\_\_.

**C. Assets**

- (1) List your financial assets and the financial assets that are owned by other adult members of your Household such as, bank accounts, savings bonds, certificates of deposit, stocks, real estate, pensions, homes, court judgments, cars and boats, *etc.*

Type of Asset (description)	Owner (Household member's name)	Value

(2) If you, or anyone in your Household sold a financial asset or business within the last 2 years for less than its full value, identify the asset, its value, and its selling price: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Income Certifications**

By my signature, I certify that the information regarding my income, which appears in the tables on earned and unearned sources of income in Part III of this application, is complete and accurate as of this date.

_____	_____	_____
Name of Applicant	Signature	Date
_____	_____	_____
Name of Applicant's Spouse/Partner	Signature	Date
_____	_____	_____
Name of Adult Household Member	Signature	Date
_____	_____	_____
Name of Adult Household Member	Signature	Date
_____	_____	_____
Name of Adult Household Member	Signature	Date

**PART IV. CREDIT INFORMATION**

A. List any credit references (e.g. banks, tribal credit, credit card companies, credit unions, etc.).

Name of Creditor	Address	Year Relationship Began

B. List any outstanding debts that you have (e.g., car loans, credit cards, student loans).

Name of Creditor	Account #	Balance Owed	Monthly payment

C. List the names of any companies that provide you with utilities on a monthly basis (e.g., cellular telephone services; electricity, cable television, etc.), the type of service, and your account numbers so that we can verify your ability to make regular monthly payments. Please provide a copy of the latest bill received from each company.

Name of Utility Company	Type of Service	Account #

D. List of contact information for previous landlords.

Name of Landlord	Address/Phone	Year Relationship Began

E. Are you delinquent on any court-ordered child support or spousal support?

Yes.  No.

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Are you delinquent on any federal debts (e.g., student loan, federal tax delinquencies, etc.)

Yes.  No.

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

G. History of Housing Payments, if any:  Poor  Fair  Good  Excellent

**PART V. CRIMINAL BACKGROUND SCREENING**

A. **Criminal convictions.** Answering "yes" to any of the following questions will not necessarily make you ineligible for housing assistance; however, failing to disclose information or misrepresenting information about criminal histories may make you ineligible for housing assistance.

(1) Have you, or any member of your Household, ever been convicted of a crime whether misdemeanor or felony, or been placed on probation or parole for a crime?  
 Yes.  No.

If yes, provide the date and explain what the charge was: \_\_\_\_\_  
\_\_\_\_\_

**B. Outstanding warrants**

(1) Is there an outstanding warrant for your arrest or for the arrest of a member of your Household pending in any jurisdiction?  Yes.  No.

If yes, explain the reason for the warrant and identify the issuing jurisdiction (e.g., county, tribal):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART VI. VEHICLES (Provide information in this Part only if you are applying for occupancy.)**

List the vehicles that you or the members of your Household will be parking at your housing unit and the state where each vehicle is registered.

Type and Manufacturer of Vehicle	Model and Year	State of Registration



**PART VIII. CERTIFICATIONS/CONSENT TO RELEASE OF INFORMATION**

The applicant and his/her spouse must certify that the information provided on this application is true correct, and complete. PGSHA places a high penalty on the prevention of fraud. If your application for housing assistance contains false or incomplete information, PGSHA may reject your application on that basis alone and bar you from reapplying for housing assistance for a period of two (2) years.

I understand that the information provided on this application is being collected to determine if I am eligible to receive housing assistance and I hereby authorize PGSHA to verify all such information. I further understand that submittal of this application does not establish any contractual agreement.

I have been advised that the provision of false or misleading information in this application or any subsequent interview may be grounds for rejection of the application and termination of services and that, if selected to participate in housing services, I must abide by all applicable PGSHA policies and procedures.

By my signature below and my initials on the preceding pages of this application, I certify that the information provided on this application is true, correct, and complete as of this date, and that I understand the consequences for the submission of false information or the failure to fully disclose all facts pertinent to this application.

_____	_____	_____
Name of Applicant	Signature	Date
_____	_____	_____
Name of Spouse/Partner	Signature	Date

**PRIVACY ACT STATEMENT**

The primary use of this information is by an officer or employee of the PGSHA to determine eligibility for services. Additional disclosures of the information may be released: to an auditor or to the Department of Housing and Urban Development in the conduct of a program review or audit; or to a federal law enforcement agency when PGSHA becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is required to establish eligibility for your participation in the program.

Please attach copies of the following items to the application:

- Tribal Enrollment Verification
- Authorization for the Release of Information
- Employment Verification
- Pay Stubs- Most recent 3 months
- Other Income Verification (e.g., Social Security Benefits, TANF, SSI, VA, Unemployment Compensation, etc.)
- Tax Information e.g., Last year's W-2, 1099, Copies of filed income tax forms. (state and/or federal)
- Fisheries Income Information (last 12 months)
- Copies of Social Security cards for all household members
- Proof of legal guardianship for all children under the age of 18 residing in the unit



# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Port Gamble S'Klallam  
Housing Authority  
32000 Little Boston Rd NE  
Kingston, WA 98346

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



PORT GAMBLE S'KLALLAM TRIBE  
31912 Little Boston Rd. NE – Kingston, WA 98346

## AUTHORIZATION TO RELEASE INFORMATION

I authorize the Port Gamble S'Klallam Enrollment Clerk to release the enrollment information regarding \_\_\_\_\_ to the following:

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Tribal Member: Parent/Guardian

**TO BE COMPLETED BY THE ENROLLMENT CLERK ONLY**

## ENROLLMENT VERIFICATION

I, Carilla Sims, Enrollment Clerk of the Port Gamble S'Klallam Tribe, Kingston, WA, being duly sworn, verifies that the following person is an enrolled member of the Port Gamble S'Klallam Tribe. Our records indicate the following information:

Member Name: \_\_\_\_\_

Enrollment No.: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Carilla Sims, Enrollment Clerk  
Phone: 360-297-6217  
Fax: 360-297-7097



PORT GAMBLE S'KLALLAM TRIBE  
31912 Little Boston Rd. NE – Kingston, WA 98346

**AUTHORIZATION TO RELEASE INFORMATION**

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\_\_\_\_\_  
Tribal Member: Parent/Guardian

**TO BE COMPLETED BY THE ENROLLMENT CLERK ONLY**

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Member Name: \_\_\_\_\_

Enrollment No.: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Carilla Sims, Enrollment Clerk  
Phone: 360-297-6217  
Fax: 360-297-7097

Port Gamble S'Klallam Housing Authority

Childcare Expenses Statement

Date \_\_\_\_\_

Tenant/Participant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Kingston, WA 98346

Caregiver Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Children's Names & Ages Being Cared For:

_____	_____	_____
Name	Birthdate	Social Security Number
_____	_____	_____
Name	Birthdate	Social Security Number
_____	_____	_____
Name	Birthdate	Social Security Number
_____	_____	_____
Name	Birthdate	Social Security Number

Documentation of Expenses:

I/we declare that the childcare expenses stated below are true and accurate, and enable me/us to seek employment, be gainfully employed, or pursue further education, and that these expenses are not reimbursed. These expenses are incurred monthly and occur on a regular basis. No other household member is available to care for the child(ren).

Monthly Childcare Expenses: \$ \_\_\_\_\_

Date Childcare Expenses began: \_\_\_\_\_

\_\_\_\_\_  
Tenant/Participant Signature

\_\_\_\_\_  
Tenant/Participant Signature

**Caregiver Statement:**

I/we declare that the childcare expenses stated below are true and accurate, and enable \_\_\_\_\_  
and \_\_\_\_\_ to seek employment, be gainfully employed, and/or pursue further education.  
These expenses are paid to me monthly and occur on a regular basis.

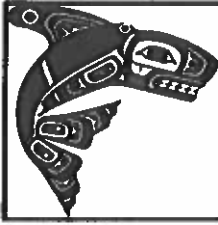
Monthly Childcare Expenses:           \$ \_\_\_\_\_

Date Childcare Expenses began:       \_\_\_\_\_

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Caregiver Signature





PORT GAMBLE S'KLALLAM TRIBAL FISHERIES DEPT.

**CONSENT TO RELEASE INCOME VERIFICATION**

**Fisherman Name:** \_\_\_\_\_

**Dept. requesting info:** Port Gamble S'Klallam Housing Authority

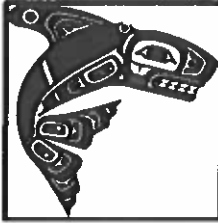
**Beginning Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Ending Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I hereby authorize Natural Resources to release information verifying my treaty income to the Housing Authority Dept. for the dates indicated above.**

**Fisherman Signature:** \_\_\_\_\_

**Hsg. Auth. Staff signature:** \_\_\_\_\_





PORT GAMBLE S'KLALLAM TRIBAL FISHERIES DEPT.

**CONSENT TO RELEASE INCOME VERIFICATION**

**Fisherman Name:** \_\_\_\_\_

**Dept. requesting info:** Port Gamble S'Klallam Housing Authority

**Beginning Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Ending Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I hereby authorize Natural Resources to release information verifying my treaty income to the Housing Authority Dept. for the dates indicated above.

**Fisherman Signature:** \_\_\_\_\_

**Hsg. Auth. Staff signature:** \_\_\_\_\_

*[Handwritten mark]*

☎ 888-995-7856    ✉ [Counseling@KnowDebt.org](mailto:Counseling@KnowDebt.org)



## **HUD- Approved Agency First-Time**



## **Homebuyer Education Course**

- ✓ **Meets All HUD Homebuyer Education Course Requirements & Standards.**
- ✓ **Meets All Lender and Mortgage Insurance Requirements.**
- ✓ **Meets All National Industry Standards for Homebuyer Education.**
- ✓ **Available 24 X 7 for Convenience and Quickest Completion.**
- ✓ **Alliance is a HUD-Approved Agency and Homebuyer**

## Education Provider.

- ✓ Alliance has advised & advocated for 176,000+ homeowners in 17 years.
- ✓ Certified Financial Advisors with at least 8 years experience.
- ✓ Start Now – Pause – Resume Course Anytime, Anyplace.

## HUD-Approved Agency First-Time Homebuyer Education Course

Our Homebuyer Education Course is all about assuring knowledgeable choices, saving money, future sustainability, and improving prosperity. Learn realistic planing, set optimal goals, and get experienced advice from certified advisors.

## Alliance is a HUD-Approved Agency

This means we have been certified by HUD as meeting their extensive requirements, such as being a non-profit education organization, having a history of serving housing needs, having approved education content and methods, and meeting all the other standards that HUD requires. The online homebuyer education course meets all of the same HUD requirements of the the "workshop" or "in-person" classes.



To verify our HUD-approval status by viewing our listing on HUD's website, [click here](#).

## About Our Unique Online Homebuyer Education Course



You, your family and your future home will enjoy the benefits of knowledgeable decisions before and after you buy your home. This modern, cutting-edge online homebuyer

education course has been expertly crafted by homebuyer professionals, adult education experts, and our own experienced advisors. It includes videos, interactive modules, instructive animation, and assures your understanding of critical homebuyer and homeowner principle and practices. You can start, pause, and continue later as you need. Upon completion, you'll receive a personal session with an advisor for any questions. The advisor certifies your course completion and issues the certificate. Alliance has advised and advocated 176,000+ homebuyers and homeowners in the last 17 years, giving you the comfort of knowing this course provides vital, detailed knowledge that only comes from extensive experience.

## Highest Satisfaction Rating

Our course has a very high satisfaction rating – exceeding 99%! (Yes, there is always one or two...)


Here are some homebuyer education client quotes:




***“I was living from paycheck to paycheck. I wasn’t budgeting until I met you all. I learned how to read my credit report, budget, and build wealth.***

***I’m less stressed out now and I have savings. I’m happy—very happy!”***

– Tasha, first-time homebuyer.



Charlotte, NC



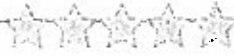
***Awesome!!***

***Things I really had no clue about.***

*Great experience. Thanks!*

**S. White**

Charlotte, NC



*I liked how detailed each module was. I learned a lot of new things about home loans.*

*I also loved the spending advice.*

**B. Oliver**

Santee, CA

*Doesn't your largest investment, as well as your family, deserve a great course?*

## Get Started Today!

**Start My HUD Approved Agency Homebuyer  
Education Course – Only \$65.**

## Lowest Price and Refund Guarantees

Need a little more assurance? No one wants to pay more than they have to. While our research indicates our price is the lowest available for a HUD-compliant course from a HUD approved agency, we will beat any publicly available price of an online course from a HUD agency. Simply send us the link within 30 days of completion of our course, and we will promptly refund the difference, plus an additional \$5. No one has made a claim yet...

Also, we will refund your purchase price for any reason prior to the issuance of your homebuyer education certificate. We will ask why, so we can improve or mitigate circumstances, but the decision is up to you.

## Get Started Today!

**Start My HUD Approved Agency Homebuyer  
Education Course – Only \$65.**

## Experts to Guide You Now, Later and In the Future

Want to take a refresher course? Or just part of it? You can always do so. If you forget the course access credentials, you can retrieve them anytime online.

Have some more questions? What if there are unexpected challenges soon or in the distant future? Give our certified advisors a call to benefit from their extensive expertise.

Know of relatives or friends that could use financial advice from professional advisors? Have them contact us for a free, no-obligation consultation.

## Get Started Today!

**Start My HUD Approved Agency Homebuyer  
Education Course – Only \$65.**

## Homebuyer Education Course Frequently Asked Questions

1. How Do I Know If I'm Ready To Buy A Home?
2. How Do I Begin To Buy A Home?
3. How Does Purchasing Compare With Renting?
4. How Much is The Maximum Mortgage That I Can Afford?
5. How Do I Select The Right Real Estate Agent?
6. How Do I Identify My Housing Needs?
7. What Should I Look For When Deciding On A Community?
8. How Can I Find Out About Local Schools?

## 9. How Can I Find Out About Community Resources?

# 1. How Do I Know If I'm Ready To Buy A Home?

Ask yourself these questions:

1. Do I have a steady source of income?
2. Have I been regularly employed for the last 2-3 years?
3. Is my current income expected to continue?
4. Do I have a good record of paying my bills on time?
5. Do I have few long-term debts, like car payments?
6. Do I have savings for a down payment?
7. Do I have the ability to pay a mortgage every month, plus additional costs, like maintenance?

If you can answer "yes" to these questions, you may be ready to buy your own home.

# 2. How Do I Begin To Buy A Home?

Consider talking with an experienced home buying expert, like the advisors Alliance. They will work with you or answer questions such as: Are you ready to buy a home? How much can you afford in a monthly mortgage payment (see Question 4 for help)? How much space do you need? What areas of town do you like?

After you answer these questions, make a to-do list and start doing casual research. Talk to friends and family, drive through neighborhoods, and look in the "Homes" section of the newspaper.

# 3. How Does Buying Compare With Renting?

Each has advantages and disadvantages. Advantages of renting include more flexibility to relocate, sometimes lower overall costs, and being generally free of most maintenance responsibilities. But by renting, you lose the chance to build equity, take advantage of tax benefits, and protect yourself against rent increases. Also, you may not be free to decorate as you please.

Owning a home advantages include building equity in your home, meaning your home



has more value than what is owed. You qualify for tax advantages – like insurance, real estate taxes, and upkeep – which are likely tax-deductible. You will probably feel the security, stability, and freedom of owning your own home is worth it. On the other hand, it can be more difficult to relocate, and you are more likely to foot the bill of maintenance.

## **4. How Much Is The Maximum Mortgage That I Can Afford?**

The lender considers your debt-to-income ratio, which is a comparison of your gross (pre-tax) income to housing and non-housing expenses. Non-housing expenses include such long-term debts as car or student loan payments, alimony, or child support.

According to the FHA, monthly mortgage payments should be no more than 29% of gross income, while the mortgage payment, combined with non-housing expenses, should total no more than 41% of income. The lender also considers cash available for down payment and closing costs, credit history, etc. when determining your maximum loan amount.

## **5. How Do I Select The Right Real Estate Agent?**

Start by asking family and friends if they can recommend an agent. Compile a list of several agents and talk to each before choosing one. Look for an agent who listens well, understands your needs, and whose judgment you trust. The ideal agent knows the local area well and has resources and contacts to help you in your search. Overall, you want to choose an agent that makes you feel comfortable and can provide all the knowledge and services you need.

## **6. How Do Identify My Housing Needs?**

Ideally, it should fit way you live, with spaces and features that appeal to your family. To start, make a list of your needs – things like number of bedrooms, overall size and location. Are schools a concern? Proximity to workplaces? Public transportation availability? What kind of lot do you want? What amenities are you looking for? Create a set of requirements and a “wish list.”

## **7. What Should I Look For When Deciding On A**

## Neighborhood?

Select a neighborhood that will allow you to best live your daily life. Many people make those choices based on schools. Consider access to shopping, public transportation, libraries, churches and other facilities important to you. Do you want a rural area or typical neighborhoods? Your best bet is talk to people that live in the areas you've determined hold an interest for you, because they know about the area and could be future neighbors. Most of all, choose a neighborhood you are comfortable in.

## 8. How Can I Find Out About Schools?

You can get information about school systems by contacting the city or county school board or the local schools, usually found on the internet. A good real estate agent will know about schools in the area.

## 9. How Can I Find Out About Community or State Resources?

Talk to the local realtor group, your own real estate agent, or ask about welcome kits, maps, and other resources. You may want to investigate Down Payment Assistance Programs, special programs for certain social, community and other workers, state grants, and other assistance programs.

**Start My HUD Approved Agency Homebuyer  
Education Course – Only \$65.**

**Login to Resume Homebuyer Education Course**

**Questions about the HUD-Approved First-Time Homebuyer Education Course?**

**Call or Click!**

**800-658-5812**

**Or Complete This Form:**

**First \***

**Last \***

**Email \***

**Phone \***

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