

Welcome to the Port Gamble S'Klallam Housing Authority

Thank you for applying for our housing programs. We look forward to assisting you with your family's housing needs. In addition to completing this application, the Housing Authority requires copies of the following documents in order to determine your eligibility.

Without all of the following documentation, your application is incomplete.

- Verification of Tribal enrollment for all household members.
- Copies of all household members social security cards.
- Documentation of all Household Income 18 years & older including but not limited to Welfare, Per Capita, Unemployment, Social Security, Pensions, Alimony or Child support, Fisheries (most recent last 12 months), Tribal employment (most recent last 3 months paycheck stubs) and/ or self-employment income. You may also provide W-2 statements or Tax Returns and any other income received regularly.
- Verification of out-of pocket-medical expenses for 62 years & older.
- Childcare expenses/travel expenses to work/school, if applicable.

Please make sure all household members 18 years and older (Head of household, spouse or significant other, sign all documents enclosed).

Your application will be processed and you will be notified by mail if you are eligible for housing programs.

Occupant & Spouse's Initials: _____



PORT GAMBLE S'KLALLAM HOUSING AUTHORITY

32000 Little Boston Road NE

Kingston, Washington 98346

Phone: 360.297.6346 • Fax: 360.297.6315

APPLICATION FOR HOUSING ASSISTANCE

Rental

Applicant's Name: _____ Date: _____

Mailing Address: _____
 Apt. or House # Street/P.O. Box City/State Zip Code

Physical Address: _____
 Apt. or House # Street/P.O. Box City/State Zip Code

Telephone: Home _____ Cell _____ Email Address: _____

Port Gamble S'Klallam Tribe Enrollment #: _____

Marital Status: Married Single Widow/Widower Divorced Separated

PART I. HOUSEHOLD INFORMATION

A. Fill in the first row of the table with information on yourself. Fill in the remaining rows with the full names, dates of birth, ages, sex, and identification numbers of all other persons who currently reside or will be residing with you in your Household, whether in a housing unit or an assisted unit, and indicate what their relationship is to you as the Head of Household. Please provide proof of legal guardianship for all children under the age of 18 residing in the unit who are not the biological or adoptive child of an adult resident. For the purpose of this application, an adult is anyone who is 18 years of age or older.

Name	Relationship	DOB	Age	Sex	Social Security Number	Enrollment Number	Tribe
	Head of Household						

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

Occupant & Spouse's Initials: _____

(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*s, 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.*

Occupant & Spouse's Initials: _____

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

Occupant & Spouse's Initials: _____

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.

	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

Occupant & Spouse's Initials: _____

- who are not the biological or adoptive child of an adult resident
- Land and Homeownership Verification
- Investments (e.g., 401(k), IRA, Stocks, Bonds)
- Disability Verification (state/federal)
- If no Rental History, attach Personal References (ex.: Employers, Community Leaders, etc.)

STATE OF _____)
) ss.
 COUNTY OF _____)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____, by _____
 _____.

Printed Name of Notary: _____

Notary Public for the State of

Residing in

My Commission Expires: _____

(SEAL)

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.

CONFIDENTIAL/FOR OFFICE USE ONLY

Date Received: _____ Supporting documentation complete? Yes No

Is applicant entitled to preferential treatment Yes No If yes, list preference(s): _____

Employment history/references verified? Yes No If yes, initialize and date

Credit check completed? Yes No If yes, initialize and date

Criminal background check completed? Yes No If yes, initialize and date

Criminal history /disclosure concerns: Yes No (attach relevant info.)

Total Annual Income: \$_____ Number of bedrooms Required: _____

Family Size: _____ Income Limit: _____

Disposition: Eligible

Ineligible. Explain: _____

Date placed on Waiting List: _____

PORT GAMBLE S'KLALLAM HOUSING AUTHORITY

Authorization for Use or Disclosure of Information

Client Information: I, _____
hereby voluntarily authorize my present/former Landlord to
disclose any and all information in my file maintained for my
household.

Persons or Entities to Be Disclosed to: The information in my
File may be released to the following persons or entities:

Port Gamble S'Klallam Housing Authority.
Occupancy Manager/Resident Services.

Purpose: The purpose for this disclosure is to provide information
to participate in the Port Gamble Housing Rental Program.

Authorization and Acknowledgements:

I understand that my agreement and authorization to release
the information in my File is completely voluntary on my part.

Signature of Applicant
(Head of Household Only)

Date



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

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

Check One: Investigative Reports: Co-Signer _____ Mini _____ Super-Mini _____ Orca _____ Killer Whale _____

Non-Refundable Screening Fee \$ _____

RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: _____ Unit # _____ Rent Amount _____

Applicant's Complete Name: _____ Date of Birth: _____

SSN# _____ DL# / State Issued: _____

Tel# _____ Email Address: _____

Other Occupant's Name, Age & Relationship: _____

✓ Complete Every Item On Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)	PRIOR ADDRESS (Required Entry)
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Apt # _____ Name of Apts _____	Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____	How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____	Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt. Co. _____	Landlord/Mgmt. Co. _____
Address _____	Address _____
Tel# _____ Rent/Own/Lease _____	Tel# _____ Rent/Own/Lease _____

✓ Current Employer _____ Tel# _____ Supervisor _____

Dept / Attached to _____ Occupation _____ Rank _____

Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____

Address _____ Suite _____ City _____ State/Zip _____

✓ Prior Employer _____ Tel# _____

Hire Date _____ Occupation _____ Monthly Salary _____ Full Time _____ Part Time _____

Address _____ City _____ State/Zip _____

✓ Additional Income (Interest, Child Support, Etc) _____

✓ Bank _____ Acct# _____ Branch _____ Tel# _____

✓ Pets? Yes _____ No _____ If yes, number, size, and type(s) _____

✓ Disability status and require special accommodations? _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted or refused to pay rent? Yes _____ No _____ Ever been Charged or Convicted of a Crime? Yes _____ No _____

If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)? _____

When? _____

Ever used any other name(s)? Yes _____ No _____ If yes, list name(s) _____

Are you or any other household member a Registered or Unregistered Sex Offender? Yes _____ No _____

Are you or any other household member currently using any illegal drugs? Yes _____ No _____

Auto/Year/Make/Lic#: 1.) _____ 2.) _____

Nearest Relative _____ Address _____ Tel# _____

Emergency Contact _____ Address _____ Tel# _____

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by ORCA Information, Inc., 360-588-1633, PO Box 277, Anacortes, WA 98221. I certify that to the best of my knowledge all statements are "true & complete". I further authorize ORCA Information, Inc. to obtain CREDIT REPORTS, EMPLOYMENT REFERENCES, COURT, CRIMINAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFERENCES, GENERAL REPUTATION, MODE OF LIVING, and RENTAL REFERENCES as needed to verify all information put forth on this application. SCREENING FEE IS NON-REFUNDABLE. In addition, I confirm receipt of the Tenant Selection Policy (per WA State Fair Tenant Screening Act, 2012) from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

Applicant's Signature _____ Date _____

THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER

Port Gamble Sklallam Housing Authority Phone: (360)-297-6348 Fax: (360)-297-6315

Orca Information, Inc. PO Box 277, Anacortes, WA 98221 Phone: 360-588-1633/800-341-0022 Fax: 360-588-1189/800-522-6722



Check One: Investigative Reports: Co-Signer _____ Mini _____ Super-Mini _____ Orca _____ Killer Whale _____

Non-Refundable Screening Fee \$ _____

RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: _____ Unit # _____ Rent Amount _____

Applicant's Complete Name: _____ Date of Birth: _____

SSN# _____ DL# / State Issued: _____

Tel# _____ Email Address: _____

Other Occupant's Name, Age & Relationship: _____

✓ Complete Every Item On Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)	PRIOR ADDRESS (Required Entry)
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Apt # _____ Name of Apts _____	Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____	How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____	Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt. Co. _____	Landlord/Mgmt. Co. _____
Address _____	Address _____
Tel# _____ Rent/Own/Lease _____	Tel# _____ Rent/Own/Lease _____

✓ Current Employer _____ Tel# _____ Supervisor _____

Dept / Attached to _____ Occupation _____ Rank _____

Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____

Address _____ Suite _____ City _____ State/Zip _____

✓ Prior Employer _____ Tel# _____

Hire Date _____ Occupation _____ Monthly Salary _____ Full Time _____ Part Time _____

Address _____ City _____ State/Zip _____

✓ Additional Income (Interest, Child Support, Etc) _____

✓ Bank _____ Acct# _____ Branch _____ Tel# _____

✓ Pets? Yes _____ No _____ If yes, number, size, and type(s) _____

✓ Disability status and require special accommodations? _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted or refused to pay rent? Yes _____ No _____ Ever been Charged or Convicted of a Crime? Yes _____ No _____

If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)? _____

When? _____

Ever used any other name(s)? Yes _____ No _____ If yes, list name(s) _____

Are you or any other household member a Registered or Unregistered Sex Offender? Yes _____ No _____

Are you or any other household member currently using any illegal drugs? Yes _____ No _____

Auto/Year/Make/Lic#: 1.) _____ 2.) _____

Nearest Relative _____ Address _____ Tel# _____

Emergency Contact _____ Address _____ Tel# _____

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by ORCA Information, Inc., 360-588-1633, PO Box 277, Anacortes, WA 98221. I certify that to the best of my knowledge all statements are "true & complete". I further authorize ORCA Information, Inc. to obtain CREDIT REPORTS, EMPLOYMENT REFERENCES, COURT, CRIMINAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFERENCES, GENERAL REPUTATION, MODE OF LIVING, and RENTAL REFERENCES as needed to verify all information put forth on this application. SCREENING FEE IS NON-REFUNDABLE. In addition, I confirm receipt of the Tenant Selection Policy (per WA State Fair Tenant Screening Act, 2012) from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

Applicant's Signature _____ Date _____

THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER

Port Gamble Sklallam Housing Authority Phone: (360)-297-6348 Fax: (360)-297-6315

Orca Information, Inc. PO Box 277, Anacortes, WA 98221 Phone: 360-588-1633/800-341-0022 Fax: 360-588-1189/800-522-6722





PORT GAMBLE S'KLALLAM HOUSING AUTHORITY

32000 Little Boston Road NE

Kingston, Washington 98346

ph: 360.297.6346 • fax: 360.297.6315 •

AUTHORIZATION AND CONSENT TO REALEASE OF INFORMATION

I, _____ give my authorization and consent to the Port Gamble S'Klallam Tribal Court Service to obtain any criminal/civil history information regarding me from any and all sources to which they have access, and to share with the Port Gamble S'Klallam Tribe Housing Authority any criminal/civil history information they have or they so obtain regarding me, for the sole purpose of determining eligibility for Port Gamble S'Klallam Tribe Housing Authority programs. I understand all records maintained by the Port Gamble S'Klallam Tribal court services cannot be disclosed, for any reason without my written permission. and that this document constitutes my written permission. I understand that my records are protected by Federal, State, and Tribal Confidentiality Laws, regarding criminal/civil history information.

The following information is necessary to complete the required criminal/civil history verifications.

Current Name: _____
 First Middle Last

Maiden Name: _____ Previous Married Name(s): _____

Address: _____
 Street City State Zip

Date of birth: _____ Social Security No.: _____ - _____ - _____

Male: _____ Female: _____ Race: _____

Disclaimer

The information released to this organization, or person, shall remain confidential. Federal, State, And Tribal Laws Protect the person releasing confidential information from having information release without written permission. The Port Gamble S'Klallam Tribal Court services assumes no responsibility for the use of the information once it is received by the Port Gable S'Klallam Housing Authority.

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

FINDINGS

Based on its review of the information provided pursuant to this Authorization and consent to release information, the Port Gamble S'Klallam Tribe Housing authority makes the following findings:

The criminal/civil history verification revealed no items to disqualify this person from eligibility for Housing Programs.

The criminal/civil history verification revealed conviction for offences that disqualify this person from Housing Programs in the current capacity for which this applicant requires.

This determination is derived from the standards which have been established by Federal, State, and Tribal Laws.

By: _____ Date: _____
Port Gamble S'Klallam Tribe Housing Authority



PORT GAMBLE S'KLALLAM HOUSING AUTHORITY

32000 Little Boston Road NE
Kingston, Washington 98346
ph: 360.297.6346 • fax: 360.297.6315 •

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Witnessed by: _____ Date: _____

FINDINGS

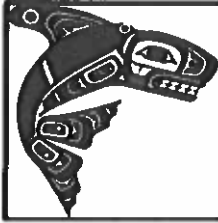
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The criminal/civil history verification revealed conviction for offences that disqualify this person from Housing Programs in the current capacity for which this applicant requires.

This determination is derived from the standards which have been established by Federal, State, and Tribal Laws.

By: _____ Date: _____
Port Gamble S'Klallam Tribe Housing Authority



PORT GAMBLE S'KLALLAM TRIBAL FISHERIES DEPT.

CONSENT TO RELEASE INCOME VERIFICATION

Fisherman Name: _____

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

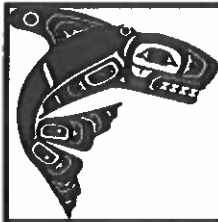
Beginning Date: ____/____/____ Ending Date: ____/____/____

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: _____

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