

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

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 owing (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. 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 own the house where you currently reside? ___ Yes ___ No

H. Do you rent the house 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. _____

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

If yes, list location, size, and value: _____

PART II. 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 (<i>e.g.</i> , 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*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.*

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:

Authorization for the Release of Information/ Privacy Act Notice

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

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

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(1)(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.

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 III. 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: _____

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Date Received: _____
Yes No

Supporting documentation complete?

Employment history/references verified?

Yes No If yes, initialize and date

Total Annual Income: \$_____

Number of bedrooms Required:

Family Size: _____

Income Limit:

Disposition: Eligible

Ineligible. Explain:

Date placed on Waiting List: _____

Signature of PGSHA Representative
Completing this Review

Date Review Completed



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

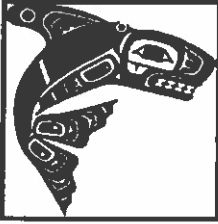
I, Carilla Sims, Enrollment Clerk of the Port Gamble S'Klallam Tribe, Kingston, WA, being duly sworn, verifies that the following person is an enrolled member of the Port Gamble S'Klallam Tribe. Our records indicate the following information:

Member Name: _____

Enrollment No.: _____

Dated this _____ day of _____, 20 _____.

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



PORT GAMBLE S'KLALLAM TRIBAL FISHERIES DEPT.

CONSENT TO RELEASE INCOME VERIFICATION

Fisherman Name: _____

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

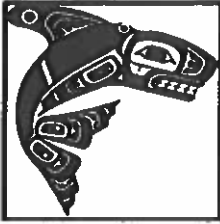
Beginning Date: ____/____/____ Ending Date: ____/____/____

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]



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: _____

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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: _____



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 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

FAMILY OBLIGATIONS

Family obligations under the Rental Assistance Program include:

- Supply required information deemed necessary for the PGSHA to administer the program. This includes information related to the calculation of income, family composition, and signatures on consent forms, submission of documents and disclosure and verification of social security numbers.
- Responsibility for any breach of Housing Quality Standards by the family.
- Permitting Housing Quality Standard inspections.
- Complying with the lease.
- Submitting notices to the PGSHA and owner before moving out of a unit or terminating the lease.
- Supplying the PGSHA with any eviction notice received from the owner.
- Using the assisted unit as the family's only residence and providing notification of any changes in household composition including the addition or departure of a household member.
- May not sublet or assign the lease.
- May not be absent in violation of PGSHA policy on absences from the unit and must provide PGSHA-requested information regarding the purposes of family absences.
- Must not own or have any interest in the unit to be leased.
- Must not be receiving any other form of rental assistance or duplicate assistance.
- Must not engage in any drug-related criminal or violent criminal activity.
- Must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.

Applicant: _____

Date: _____

PGSHA Rep.: _____