

Application to Snoqualmie Tribe for Assistance with Housing or Utility Bills

To Applicant: Your signature at the end of this application certifies the truthfulness of the information you provide. This application is governed by the Snoqualmie Tribal Council's policies for providing assistance under the Tribe's NAHASDA grant program funded by the U.S. Dept. of Housing & Urban Development (HUD). The current policies are on public file at the Tribal office and they describe the eligibility requirements and limited benefits under this program. Your personal information will be kept confidential, but to properly administer the program, some information may be shared between Snoqualmie tribal program staff, and with HUD regulators and auditors. [Return completed application to the Snoqualmie Tribe's Housing Director.]

Your Name _____ Today's Date _____

Address _____ Tel. #'s (_____) _____ (home)

City / State / Zip _____ (_____) _____ (other)

D.O.B. ____ / ____ / ____ S.S.# _____ Snoqualmie Tribe Enrollment # _____

Household: Please provide the following information about the **other people** who currently live or will be living with you in your household. If needed, continue on back of this page. If only you, check here ____

<u>Name</u>	<u>Date of Birth</u>	<u>S.S. #</u>	<u>Relationship / Tribe / Enrollment #</u>
_____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	_____	_____

Total Household Income: Please state the **total monthly income for everyone** in the household. Please list each amount, its source, and who receives it. (For salaries/wages, list gross amount.) Sources of income include: employment, self-employment, unemployment benefits, social security / disability benefits, general assistance, child support, tribal per capita, DSHS/TANF, etc. If needed, continue on back of this page.

<u>Monthly Amount</u>	<u>Source</u>	<u>Household Recipient</u>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Housing Information: If you rent, please provide the following information about the housing you & your household members currently live in or will be living in. [For homeowners, skip to the "Homeowner" section.]

Monthly rent: \$ _____ Utilities included: None ____ Some (list): _____

Move-in date _____ Check One: Apartment ____ House ____ Mobile home ____ Other ____

Written lease: Yes ____ No ____ Month-to-month ____ Other term (how long?) _____ # of bedrooms ____

Landlord: Please provide the following information about your landlord or apartment manager.

Name _____ Tel. #'s (_____) _____

Address _____ (_____) _____

City / State / Zip _____

Are your rent payments sent to the above address? ___Yes ___No If no, please give the address:

Homeowner: If you own your house, please provide the following information.

When did you move in? _____ Loan Paid Off? ___No ___Yes If yes, when? _____

Loan balance \$ _____ Monthly Payment \$ _____ Years left on loan _____

Mortgage Company _____ Your loan # _____

Payment Address _____ Tel. # (_____) _____

City / State / Zip _____

Any other loans or liens on your house? ___No ___Yes If yes, what? _____

Employment: If you are currently or will soon be employed, please provide the following information. If anyone else in your household is employed, please provide their information on the back of this page.

Employer's Name _____ Tel. # (_____) _____

Their Address _____ Your wage/salary \$ _____

City / State / Zip _____ When did you begin? _____

Your Position _____ Your Supervisor's Name _____

▼ ▼ ▼ PLEASE READ BEFORE SIGNING ▼ ▼ ▼

I certify that the information I have provided on this application is true and correct. I understand that giving false or misleading information on this application or to the staff of the Snoqualmie Tribal Housing Program may cause my application to be denied and may suspend or permanently end my eligibility for future benefits from the Tribe. I authorize the tribal program staff to take reasonable steps to confirm the accuracy of this information. I understand that my household's personal information will be kept confidential, but for properly administering the program, some information may be shared between the Snoqualmie staff members who work on the housing program, and with HUD regulators and auditors.

I understand and agree with the above statement.

Printed Name

Signature

----- **Please Do Not Write Below This Line** -----

Reviewed by: _____ Date: _____

Approved ___ Disapproved ___ Notes: