

Application Received: (Date) _____ (Time) _____ By: _____

APPLICATION FOR HOUSING ASSISTANCE

Hoh Indian Tribe PO Box 2196 Forks, WA 98331 Phone: (360) 374-6582

- Applying For:** (Select only ONE)
- Rental Housing (Triplex or Duplex)
 - Rental Assistance Program (First and last months rent)
 - Emergency Home Repair Program
 - Private Home-ownership Rehab
 - Home-ownership (New Housing Development)

NOTE: This is a pre-application. *Information provided on this application is subject to verification at the time your name comes to the top of the waiting list.* You will be determined apparently eligible or apparently ineligible based on the information you provide in this application. If you are determined apparently eligible, you will be placed on the waiting list for the program(s) checked above. When your name comes to the top of the waiting list, you will be asked to submit a complete application, and all information will be verified, including proof of homeownership.

APPLICANT NAME: _____

Address: _____

City, State, Zip Code: _____

Home Phone No.: _____ Alternate Phone No.: _____

HOUSEHOLD COMPOSITION: List the Head of Household and all persons who are living in the housing unit.

First	Last	Relationship	Birthdate	Enroll #	Soc Sec Number
		Head			

INCOME INFORMATION: List below all sources of income for every family member. This information will be verified before assistance is provided. Include all income; such as wages, public assistance, all benefit payments, net income from a business, child support, per capita payments, etc. Include all income you are now receiving or expect to receive during the next twelve months.

Family Member	Source of Income	Amount	Payment Basis (weekly, monthly, etc)

Additional Information: Please check all that apply to you or any member of your household.

Does any member of your household have special housing needs due to disability? Yes No

If Yes, explain: _____

Have you or any household member ever been convicted of a crime? Yes No

If Yes, explain: _____

Emergency Repairs: describe below the work to be done for which assistance is being requested. Attach additional page(s) if necessary.

Other Documents Required: Provide the following documents with this application:

- Certificate of Enrollment for all Native Americans Birth Certificates for all minor children
- Driver's License or State Issued ID (18 and over)

APPLICATION CERTIFICATION: I/we certify that all information provided in this application is true, complete and accurate to the best of my/our knowledge. I/we authorize the tribe to verify all information provided on this application. I/We understand that supplying false information may result in denial and/or termination of assistance.

Head of Household Signature/Date	Spouse Signature/Date
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Housing Program Use Only

Total Income: \$ _____ Income Limit for _____ Person Family: \$ _____

Outstanding Balance Owed to tribe: \$ _____ Payback Agreement? Yes No

Note: Families with balance and Payback Agreement can be on the list, but must pay in full before assistance can be provided.

Eligibility Determination: Apparently Eligible Apparently Ineligible

If ineligible, state reason(s): _____

Determination made by: _____ Date: _____

Approved by: _____ Date: _____