Dear Housing Applicant:

Thank you for your interest in applying for housing at the Hoh Tribe.

Please complete the application for housing in its entirety. Do not leave any empty boxes; if any question does not apply to you simply write in “N/A”. Any application left incomplete will not be accepted and will be returned to you for completion.

In addition to the Application for Housing, we will need copies of the following documents for each household member:

* Birth certificates for all household members
* Picture ID for household members 18 and above
* Tribal ID or CIB with enrollment # (if applicable)

The completion and returning of the application packet does not guarantee you housing. Once all of the above documents have been received you will be placed on our waiting list, according to the time and date we received your application for housing assistance*. Hoh tribal members will receive preference over non-tribal members for placement on the waiting list.* Once availability occurs, depending on your placement on the waiting list, you will be contacted in order to continue the verification process. Once you are deemed eligible for housing, your application packet will be submitted to the Hoh Tribal Committee for final approval and housing will then be offered to you.

Please be aware that if your contact information changes during any of this process, it is up to you to notify us of the change. If any of our notifications to you are returned due to not reporting a change, you will be removed from our housing waiting list and you will need to re-apply.

Again, thank you for your interest in housing at the Hoh Tribe. Please do not hesitate to contact me with any questions or concerns.

Sincerely,

**Kylie Kimble**

**Housing Director**

**Hoh Indian Tribe**

**P.O. Box 2196**

**Forks, WA 98331**

**360-374-4281 Office**

Application Received: (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION FOR HOUSING ASSISTANCE

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

**Applying For:** **[ ]** Emergency Home Repair Program (person applying should be legal owner)

**[ ]** Rental Assistance Program

**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 |  |  |  |
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**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 |

**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: