



HOH INDIAN TRIBE
PO BOX 2196 • FORKS, WASHINGTON 98331
TELEPHONE (360) 374-6582 • FAX (360) 374-5426



APPLICATION FOR HOUSING

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. Please ensure that you are applying for housing annually to keep your position on the housing waiting list.

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,

Britni Duncan
Interim Housing Director
Hoh Indian Tribe
PO Box 2196
Forks WA 98331
360-780-0399



HOH INDIAN TRIBE

PO BOX 2196 • FORKS, WASHINGTON 98331
TELEPHONE (360) 374-6582 • FAX (360) 374-5426



APPLICANT NAME: _____

Current Mailing Address: _____

City, State, Zip Code: _____

Home Phone: _____ Alternate Phone: _____

HOUSEHOLD COMPOSITION (List all household members to reside with head of household first)

Member's Full Name	Relationship	Birthdate	Age	Sex	Social Security No.	Tribal Enrollment #

RACE OF HEAD OF HOUSEHOLD (CHECK ONE)

(This information is being collected to assure compliance with fair housing and equal opportunity rules.)

- ☐ White ☐ Black ☐ Asian/Pacific Islander
☐ Native American/Alaskan Native ☐ Hispanic

PREFERENCE INFORMATION

(You qualify for a housing preference if you are member of the Hoh Tribe and will be placed on the waitlist above non-tribal members)

- ☐ I am a Hoh tribal member
☐ I am not a Hoh tribal member and do not qualify for a housing preference.

INCOME

What is the total combined MONTHLY income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; Social Security, AFDC, Per-Capita and/or other benefits)

\$ _____ per month

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to only determine if I/we are eligible to be placed on the Hoh Tribal Housing waiting list. I/we authorize the Hoh Housing Department to verify all information provided on this application.

Head of Household Signature	Date	Spouse/Co-head Signature	Date
-----------------------------	------	--------------------------	------

Office Use Only

Date application was received: _____ Time application was received: _____

Date of Tribal Approval: _____



HOH INDIAN TRIBE
PO BOX 2196 • FORKS, WASHINGTON 98331
TELEPHONE (360) 374-6582 • FAX (360) 374-5426



Applicant Name	Source of Income	Monthly Amount	Payment Basis (Weekly, monthly, etc.)

EXPENSE INFORMATION

- ☐ Yes ☐ No Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?
- ☐ Yes ☐ No Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?
- ☐ Yes ☐ No Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

GENERAL INFORMATION:

- ☐ Yes ☐ No Has any household member been arrested and/or been convicted of a crime? If yes, explain circumstances and dates of arrest and/or conviction:

- ☐ Yes ☐ No Is any household member currently or in the past 2 years been under the influence of an illegal substance? If yes, explain circumstances:

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the [Program Administrator] to verify all information provided on this application.

Head of Household Signature	Date	Spouse/Co-head Signature	Date
-----------------------------	------	--------------------------	------