



PORT GAMBLE S'KLALLAM HOUSING AUTHORITY

32000 Little Boston Road NE
Kingston, Washington 98346
ph: 360.297.6346 • fax: 360.297.6315

**APPLICATION FOR
HOME REPAIR PROGRAM**

Name of Applicant: _____

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

Phone # where you can be contacted: _____

Have you ever participated in a PGSHA housing program? Yes No

1. Family Composition

A. Persons who live in your home

| Family Member Number | Name(s) of all Family Members Living in the home | Relationship To You | Date of Birth | Sex (M or F) | Social Security Number* |
|----------------------|--|---------------------|---------------|--------------|-------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

*Social Security number is required for all family members who are 6 years of age or older

- B. Are you an enrolled member of the Port Gamble S'Klallam Tribe? Yes No
- C. Are you or your spouse a person with a disability? Yes No
- D. Are any other members of your family who will live in your home persons with disabilities?
- Yes No If yes, which family members _____

3. **Present housing condition and repair needs**

4. **Signature and consent to release information**

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the PGSHA to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the PGSHA if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

| | |
|---|---------------|
| _____ Signature of Head of Household | _____ Date |
| _____ Signature of Spouse | _____ Date |

Date application received by the PGSHA: _____

Determination of Eligibility:

Eligible for Grant in the amount of _____

Eligible for Loan in the amount of _____ at _____ interest rate of _____ months.

_____ Not eligible for assistance

Reason of ineligibility determination: _____

Signature of PGSHA Executive Director: _____