



Port Gamble S'Klallam Housing Authority
32000 Little Boston RD NE, Kingston, WA. 98346

Rental Waitlist Application

****ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED****

Please carefully review this application, fill out the application completely, and attach all required documents listed below. Only complete applications will be accepted and processed. Once your application has been processed, you will be notified via mail with a letter of determination to the mailing address provided on the application. Please note that placement on the Rental Waitlist DOES NOT guarantee admission. A final eligibility screening must be completed, and the household found eligible upon occupancy when a unit becomes available.

REQUIRED Documents:

PROOF OF IDENTITY:

- Photo ID:** Tribal ID, State issued photo ID, etc. (one for each household member 18 years of age or older)
- Social Security Card** (one for each household member)

DOCUMENTATION:

- Need for handicap accessible unit:** Provide documentation of disability.
- Proof of Tribal Enrollment:**
 - PGST Tribal members – sign Release of Information for enrollment attached to this application.
 - Members of other tribes – provide a Certificate of Tribal Enrollment or copy of Tribal ID.
- Court Documents (if applicable):**
 - Marriage license, if married.
 - Divorce decree, if divorced.
 - Legal name changes.
 - Child custody documents.

If you have any questions, please reach out to:

Katarina Krieger, Resident Services Specialist

(360) 297-6350, extension 5826

katarinak@pgst.nsn.us

A. Do you anticipate that your Household will be undergoing any changes in size or in composition in the next year?

Yes No

If yes, explain why your household will be increasing or decreasing and by how many persons:

B. Are all members of your family U.S. citizens or legal permanent residents of the United States?

Yes No

If no, list name of the household member(s) and list their immigration status:

C. Are any members of your Household currently enlisted in the U.S. military or have any members served in the U.S. military?

Yes No

If yes, list the name of household member(s) who are currently or have previously served and military branch:

D. Does anyone in your Household have a handicap or disability?

Yes No

If yes, list name of household member(s) and explain the nature of the disability:

E. Does your household require a handicap accessible unit?

Yes No

PART II. ELIGIBILITY INFORMATION

A. Have you received on or off-reservation housing assistance through the U.S. Department of Housing and Urban Development (HUD), the Housing Improvement Program (HIP), or PGSHA in the past?

Yes No

If yes, explain: _____

B. Does anyone in your Household have an outstanding balance owed to PGSHA?

Yes No

If yes, list name of household member(s): _____

C. Is anyone in your Household required to register as a sex offender?

Yes No

If yes, list name of household member(s): _____

D. Have you, or any member of your Household, ever been convicted of a crime whether misdemeanor or felony, or been placed on probation or parole for a crime?

(Please note that answering YES will not necessarily make you ineligible; however, failing to disclose information or misrepresenting information about criminal history may make you ineligible.)

Yes No

If yes, list name of household member, the charge, and date of conviction: _____

PART III. INCOME INFORMATION

A. Please fill out the following income verification tables that attest to your income and the income of all other persons within your Household.

(1) In the table below, **all adult household members** must provide their name, name of employer, payment basis, and annual amount:

Household Member's Name	Name of Employer	Payment Basis (e.g., bi-weekly, monthly)	Annual Amount

(2) In the table below, **all household members** that receive unearned income must provide their name, source of unearned income, payment basis, and annual amount:

Household Member's Name	Source of Unearned Income	Payment Basis (e.g., bi-weekly, monthly)	Annual Amount

(3) In the table below, **all adult household members** that own an asset must provide their name, type of asset, and the value of the asset: *Examples: savings account, checking account, CD/money market, stocks/bonds, IRA/Roth/401K, real estate, trust fund, assets disposed of in the last 2 years, etc.*

Household Member's Name	Type of Asset	Value of Asset

PART IV. CERTIFICATIONS/CONSENT TO RELEASE OF INFORMATION

By my signature below, I certify the following:

- I understand that the information provided on this application is being collected to determine if I am eligible to receive housing assistance and I hereby authorize PGSHA to verify all such information.
- I understand that submittal of this application does not establish any contractual agreement.
- I have been advised that the provision of false or misleading information in this application or any subsequent interview may be grounds for rejection of the application and termination of services.
- The information provided on this application is true, correct, and complete as of this date, and that I understand the consequences for the submission of false information or the failure to fully disclose all facts pertinent to this application.
- I understand that, if found eligible for the Rental Waitlist, that it is solely my responsibility to recertify this application no less than annually and to inform PGSHA if there are any changes in my contact information.
- I understand that, if selected to participate in housing services, I must abide by all applicable PGSHA policies and procedures.

Name of Applicant

Signature

Date

Name of Adult Household Member

Signature

Date

Name of Adult Household Member

Signature

Date

Name of Adult Household Member

Signature

Date

Name of Adult Household Member

Signature

Date

PRIVACY ACT STATEMENT

The primary use of this information is by an officer or employee of the PGSHA to determine eligibility for services. Additional disclosures of the information may be released: to an auditor or to the Department of Housing and Urban Development in the conduct of a program review or audit; or to a federal law enforcement agency when PGSHA becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is required to establish eligibility for your participation in the program.

CONFIDENTIAL/FOR OFFICE USE ONLY

Date Received: _____ Time Received: _____

Supporting documentation complete?

- Yes No *(If no, make note of missing information below.)*

Require a handicap accessible unit?

- Yes No

Any debts owed to PGSHA?

- Yes No

Sex offender registry search and verification?

- Completed and cleared Completed and findings noted below

Household Size: _____ # of bedrooms Requested: _____

Official Date of Completed Application: _____

Determination: Eligible

- Rental Waitlist Placed On: 1 Bedroom 2 Bedroom
 3 Bedroom 4 Bedroom
 Elder's List

Ineligible. Explain: _____

Signature of PGSHA Staff

Date

Notes:



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AUTHORIZATION TO RELEASE INFORMATION

I, _____ authorize the Port Gamble S'Klallam Enrollment Officer to release verification of enrollment regarding:

Adult Name _____

Minor Name _____

Minor Name _____

Minor Name _____

Minor Name _____

Please send verification to the Port Gamble S'Klallam Housing Authority- Occupancy Manager/Resident Services

Date: _____
Tribal Member, Parent or Guardian Signature

ENROLLMENT VERIFICATION

I, Enrollment Officer of the Port Gamble S'Klallam Tribe of Kingston, Wash., being duly sworn, verify that the following person(s) is/are enrolled member(s) of the Port Gamble S'Klallam Indian Tribe. Our records indicate the following information:

Tribal member: _____ Enrollment # _____

Tribal member: _____ Enrollment # _____

Tribal member: _____ Enrollment # _____

Tribal member: _____ Enrollment # _____

Tribal member: _____ Enrollment # _____

Date: _____
Enrollment Officer- S'Klallam Tribe