



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

Rental Assistance Program Application

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

Please carefully review this application, fill out the application completely, and attach all documents listed below that apply to your household. 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.

REQUIRED Documents (only attach what applies to your household):

IF YOU ARE APPLYING FOR CURRENT RENTAL UNIT PROVIDE BOTH DOCUMENTS BELOW:

- Copy of Signed Lease:** Provide a copy of current signed lease agreement
- Landlord Statement:** You and your Landlord must fill out the Landlord Statement form attached to this application

PROOF OF IDENTITY:

- Photo ID:** Tribal ID, State issued photo ID, etc. (one for each ADULT household member)
- Social Security Card** (one for each household member)

INCOME VERIFICATION:

- | | |
|---|---|
| <input type="checkbox"/> Employment: Last three (3) months of paystubs | <input type="checkbox"/> Self-Employment: Most recent Tax Return |
| <input type="checkbox"/> Unemployment: Award letter, must include all pages | <input type="checkbox"/> SSI/SSDI: Award letter, must include all pages |
| <input type="checkbox"/> TANF: Award letter, must include all pages | <input type="checkbox"/> Per Capita: Provide current stub |
| <input type="checkbox"/> Child Support Received: Provide a current statement | <input type="checkbox"/> Labor & Industry Benefits: Provide current stub |
| <input type="checkbox"/> Retirement Benefits: Provide current statement | <input type="checkbox"/> Other Income: Provide relevant verification |
| <input type="checkbox"/> Treaty/Fisheries: <ul style="list-style-type: none">▪ <i>PGST Tribal members</i> – sign Income Release attached to this application▪ <i>Members of other tribes</i> – provide a statement showing the last twelve (12) months of treaty income | |

OTHER DOCUMENTATION:

- Assets:** Provide proof of ownership for any assets
- 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

DEDUCTIONS:

- Childcare:** Fill out and have your childcare provider sign the Childcare Expenses Statement attached to this application
- Excessive Travel Expenses for Work/School:** Provide the address of your workplace/school if you travel more than 60 miles round-trip from your home
- Medical and Attendant Expenses:** Provide receipts or other statements showing cost of medical expenses, only if these expenses exceed 3% of your household's annual income

If you have any questions, please reach out to:

Katarina Krieger, Resident Services Specialist

(360) 297-6350, extension 5826.



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

*****OFFICE USE ONLY*****

Date Submitted: _____
Time Submitted: _____
Received By: _____

APPLICATION FOR RENTAL ASSISTANCE PROGRAM

Applying For: Monthly Rental Assistance First/Last Month's Rent Security Deposit
 Transitional/Oxford Housing

Requesting Assistance With: A new unit A current unit (attach copy of your signed lease)

Applicant's Name: _____ Date: _____

Mailing Address: _____
Apt. or House # Street/P.O. Box City/State Zip Code

Telephone: Home: _____ Cell: _____ Email Address: _____

Port Gamble S'Klallam Tribe Enrollment #: _____

Marital Status: Married Single Widow/Widower Divorced Separated

PART I. HOUSEHOLD INFORMATION

A. Fill in the first row of the table with information on yourself. Fill in the remaining rows with the full legal names, dates of birth, ages, sex, and identification numbers of all other persons who will be residing with you in your Household and indicate what their relationship is to you as the Head of Household.

Name	Relationship	DOB	Age	Sex	Social Security Number	Enrollment Number	Tribe
	Head of Household						

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

Yes No

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

C. 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 and attach documentation:

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:

PART II. PROGRAM INFORMATION

A. Has anyone in your Household received 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, list name of household member(s) and type of assistance received:

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): _____

PART III. INCOME INFORMATION

A. Please fill out the following income verification tables and attach copies of all documents 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

B. Expenses

- (1) Does anyone in your household pay for medical expenses that are **not** reimbursed?
- Yes, list the total amount of unreimbursed medical expenses: \$ _____
- No
- (2) Does anyone in your household pay for childcare for children under the age of 13, so they can work or attend school?
- Yes, fill out the attached Childcare Expenses Statement. Please note that your childcare provider **MUST** sign this document to verify the information for it to be accepted.
- No
- (3) Does your Household pay in-home nursing or residential assistance expenses for the care of a disabled family member so that family members who are able to work can do so?
- Yes, amount paid for in-home nursing or residential assistance on a monthly: \$ _____
- No
- (4) Does anyone in your household travel 60 miles or more roundtrip to and from their place of employment or educational institution?
- Yes, fill out the attached Excessive Travel Expenses Statement.
- No

C. Assets

- (1) List any financial assets owned by any adult household member such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, pensions, 401k, etc.

Household Member's Name	Type of Asset	Value

D. Income Certifications

By my signature, I certify that the information regarding my income, which appears in the tables on earned and unearned sources of income in Part III of this application, is complete and accurate as of this date.

_____	_____	_____
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

PART VI. CERTIFICATIONS/CONSENT TO RELEASE OF INFORMATION

The applicant and his/her spouse must certify that the information provided on this application is true correct, and complete. PGSHA places a high penalty on the prevention of fraud. If your application for housing assistance contains false or incomplete information, PGSHA may reject your application on that basis alone and bar you from reapplying for housing assistance for a period of two (2) years.

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 further 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 and that, if selected to participate in housing services, I must abide by all applicable PGSHA policies and procedures.

By my signature below and my initials on the preceding pages of this application, I certify that 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.

_____	_____	_____
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

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.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

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

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household’s income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



PORT GAMBLE S'KLALLAM HOUSING AUTHORITY

32000 Little Boston Road NE
Kingston, Washington 98346

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



PORT GAMBLE S'KLALLAM TRIBAL FISHERIES DEPT.

CONSENT TO RELEASE INCOME VERIFICATION

Fisherman Name: _____

Dept. requesting info: Port Gamble S'Klallam Housing Authority

Beginning Date: ____/____/____ Ending Date: ____/____/____

I hereby authorize Natural Resources to release information verifying my treaty income to the Housing Authority Dept. for the dates indicated above.

Fisherman Signature: _____

Hsg. Auth. Staff signature: _____





PORT GAMBLE S'KLALLAM TRIBAL FISHERIES DEPT.

CONSENT TO RELEASE INCOME VERIFICATION

Fisherman Name: _____

Dept. requesting info: Port Gamble S'Klallam Housing Authority

Beginning Date: ____/____/____ Ending Date: ____/____/____

I hereby authorize Natural Resources to release information verifying my treaty income to the Housing Authority Dept. for the dates indicated above.

Fisherman Signature: _____

Hsg. Auth. Staff signature: _____





PORT GAMBLE S'KLALLAM HOUSING AUTHORITY.

CHILDCARE EXPENSES STATEMENT

Participant Name: _____

Names & Ages of Children being Cared For:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Participant Statement:

I declare that the childcare expenses stated below are true and accurate and enable myself and/or other household members to seek employment, be gainfully employed, or pursue further education and that these expenses are not reimbursed. These expenses are incurred monthly and occur on a regular basis. No other household member is available to care for the child(ren) named above.

Participant Signature: _____ Date: _____

Childcare Provider Name: _____

Childcare Provider Address: _____

Documentation of Childcare Expenses:

Monthly Childcare Expenses: \$ _____

Date Childcare Expenses Began: _____

Childcare Provider Statement:

I/we declare that the childcare expenses stated above are true and accurate and enable the Participant named above to seek employment, be gainfully employed, and/or pursue further education. These expenses are paid to me/us monthly and occur on a regular basis.

Childcare Provider Signature: _____ Date: _____



PORT GAMBLE S'KLALLAM HOUSING AUTHORITY

OFFICE USE ONLY:

Approved

Denied

Staff Initial: _____

Date: _____

EXCESSIVE TRAVEL EXPENSES STATEMENT

Participant Name: _____

Please fill in the information below if you or anyone in your household travels more than 60 miles roundtrip to and from your place of employment or school. If your reason for travel is for treaty work income, please check "Work" for Reason and enter "fisheries" under Address Traveled to (this will be verified with the fisheries income statement).

Names of Household Members with Excessive Travel:

Name: _____ Reason for Travel: Work School

Address Traveled to: _____

Name: _____ Reason for Travel: Work School

Address Traveled to: _____

Name: _____ Reason for Travel: Work School

Address Traveled to: _____

Participant Statement:

I declare that the household member(s) listed above require excessive travel expenses to be gainfully employed or pursue further education and that these expenses are not reimbursed. These expenses are incurred monthly and occur on a regular basis.

Participant Signature: _____

Date: _____



PORT GAMBLE SKLALLAM HOUSING AUTHORITY

32000 Little Boston Road NE

Kingston, Washington 98346

Landlord Statement

Applicant Name: _____ Telephone: _____

Rental Unit Address: _____

I authorize the Landlord named below to provide the information requested below to the Port Gamble S'Klallam Housing Authority.

Applicant Signature: _____ Date: _____

The Applicant named above is applying for the Rental Assistance Program with the Port Gamble S'Klallam Housing Authority. If they are approved, a PGSHA staff member will reach out to you to review the program and the type of assistance that the Applicant is eligible for. Please provide the following information below:

Landlord: _____ Telephone: _____

Landlord Address: _____

1. Landlord owns the property: Yes No
2. If no, Landlord is the management company authorized to manage the rental unit: Yes No
3. Applicant is a current tenant at the Rental Unit Address named above: Yes No
4. Term of lease and expiration date: _____
5. Monthly rent payment for named Rental Unit: \$ _____
6. Rent past due (if applicable): \$ _____
7. How many occupants are authorized to reside in Rental Unit: _____

By signing below, Landlord:

- attests that Landlord is the owner of the Rental Unit, property manager, or otherwise possesses the legal standing and authority to enforce the terms of the lease, and that Applicant and Landlord have a valid landlord/tenant relationship, wherein Applicant does not own or have any ownership interest the Rental Unit.
- attests that the information provided above is true and correct to the best of your knowledge.
- attests that Applicant resides in the Rental Unit to the best of your knowledge.

Landlord Signature: _____ Date: _____

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entries, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, or imprisoned for not more than five years, or both.