



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**



**B. What is your household's current living circumstance?**

- In a Rental Unit                       In a home owned by a household member
- At Risk of Homelessness             Other: \_\_\_\_\_
- Homeless, please select one:
- Houseless                       Emergency/Homeless Shelter             Temporary Housing
- Living with friends or family temporarily       Transitional Home
- Substandard housing as determined by a licensed housing inspector

**C. Are all members of your household 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: \_\_\_\_\_
- \_\_\_\_\_

**D. Will anyone in your household need reasonable accommodation related to a disability? (EXAMPLE: such as a handicap accessible unit, grab bars, etc.)**

- Yes                       No
- If yes, list the name of household member(s) and explain the requested reasonable accommodation: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**PART II. ELIGIBILITY INFORMATION**

**A. Has anyone in your household received housing assistance from 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.** Has any member of your household ever been convicted of a crime whether misdemeanor or felony?  
 (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 year of conviction: \_\_\_\_\_

**PART III. INCOME INFORMATION**

**A.** Please fill out the following income verification tables that attest to your household income.

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

Name	Employer	Estimated Annual Income

**(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:

Name	Source of Income	Estimated Annual Income

**(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, real estate, assets disposed of in the last 2 years, etc.*

Name	Type of Asset	Estimated Current Value	Annual Percentage Yield (APY)

**PART IV. CERTIFICATIONS AND ACKNOWLEDGEMENT**

**By my signature below, I certify the following:**

1. I certify that all information provided on this application is accurate and complete to the best of my knowledge. I have reviewed all applicable PGSHA forms and certify that the information shown is correct.
2. I certify that I do not have any outstanding debts with PGSHA. Any outstanding debts must be resolved before I am eligible for housing assistance with PGSHA.
3. I understand that submittal of this application does not establish any contractual agreement.
4. 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.
5. 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.
6. I understand that, if found eligible for the Rental Waitlist, placement on the Rental Waitlist does not guarantee admission. Eligibility screening must be completed, and my household found eligible upon occupancy.
7. 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.





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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