



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



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Date Submitted: _____

Time Submitted: _____

Received By: _____

APPLICATION FOR PGSHA RENTAL WAITLIST

Applying For: ☐ Rental Waitlist (circle all that apply): 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom
☐ Elder's Rental Waitlist

Applicant's Name: _____ Maiden/Previous Name: _____

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

Phone Number: _____ Email Address: _____

Marital Status: ☐ Married ☐ Single ☐ Widow/Widower ☐ Divorced ☐ Separated

PART I. HOUSEHOLD INFORMATION

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.

Name	Relationship to Head	Date of Birth	Sex	Social Security Number	Enrollment Number	Tribe
	Head					

A. Do you anticipate that your household will undergo 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 person(s): _____

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: _____

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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Name of Applicant: _____ Date/Time Received: _____

Official Date/Time of Completed Application: _____

☐ New Application ☐ Annual Recertification Application

Supporting documentation complete?

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

Request for reasonable accommodation?

☐ Yes ☐ No

Any debts owed to PGSHA?

☐ Yes ☐ No

Sex offender registry search and verification?

☐ Completed and approved ☐ Completed and findings noted below

Household Size: _____ # of bedrooms Requested: _____

Determination: ☐ Eligible

Rental Waitlist Placed On: ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom

☐ 4 Bedroom ☐ Elder's List

☐ Ineligible. Explain: _____

Signature of PGSHA Staff Date

Signature of Assistant/Executive Director Date

Notes:



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AUTHORIZATION TO RELEASE INFORMATION

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

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Authorizing Signature

Date

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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 #: _____

Enrollment Officer of the Port Gamble S'Klallam Tribe

Date