



Port Gamble S'Klallam Housing Authority
32000 Little Boston RD NE, Kingston, WA. 98346
360-297-6350

Down Payment Assistance Application

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

Please carefully review the application and attached policy. 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 sent a letter of determination to the mailing address you provided in this application. Applications can be submitted via mail to the address above, ATTN: Stormy Purser, Downpayment Assistance Program or directly to the Housing Authority staff in office.

Document Checklist

- Identification of ALL Household members
 - a. Tribal Enrollment Card or Certificate of Enrollment for Member Applying
 - ONE** of the following for all other household members:
 - i. State Issued ID
 - ii. Social Security Card
 - iii. Birth Certificates
 - iv. Other identifying documents
- Income Verification for ALL household members
- Prequalification Letter from Lender
- Certificate of completion to a HUD Accredited Homebuyer Education Course

If determined eligible for the program, you will need to review and sign the Downpayment Assistance Policy.



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FOR OFFICE USE

Date Submitted: _____
Time Submitted: _____
Received by: _____

Date: _____

Applicant Name: _____ PGST Enrollment number: _____

Mailing Address: _____

Home Phone Number: _____ Email: _____

I. Family Composition and Income (persons who will be living with the applicant) Include yourself.

House- hold Members	Name	Relation	Date of Birth	Occupation	Years employed	Annual Income	Employer Name and phone number
Self							
2							
3							
4							
5							
6							

A. Have you ever received Down Payment Assistance from PGSHA in the past?

YES _____ NO _____

If yes, when? _____

B. If children are in the home, are you the custodial parent?

YES _____ NO _____

If yes, please provide proof



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Release of Information

I _____, do authorize the Port Gamble S'Klallam Housing Authority to verify the above given information.

I understand that this is not a contract and does not bind either party. The above information is all true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made on this application.

Applicant Signature

Date