



The Tulalip Tribes of Washington
Housing Department
6406 Marine Drive
Tulalip, WA 98271
P: 360-653-4830 F: 360-653-0617

Documents and Information Required for Rental Voucher Application

Application Checklist

- Complete Tulalip Tribes Housing Department (TTHD) Rent Assistance Application:
 - 1. Name, D.O.B. and Tribal ID Number, home phone, cell phone, email address **required for the Head of Household**.
 - 2. Name, D.O.B. and Tribal ID Number of **ALL persons living in household (incl. minors)**.
 - 3. Photo identification for **ALL household members over 18**.
 - 4. Signed Authorization for Consent for Release of Information (ROI) for **ALL household members 18+**.
 - 5. Signed Tulalip Tribes Membership Distribution Verification Form (if enrolled).
 - 6. Signed Employment Verification forms or Income Verification for **ALL household members over 18**.
 - 7. **Signed copy of your FULL lease**.
 - 8. *W-9 from your landlord if they aren't an established vendor for Tulalip Tribes.*

- Income Verification:
 - 1. Three (3) months of pay stubs, or employment verification.
 - 2. Child support, TANF, and/or any other similar income.
 - 3. General Welfare and Per Capita payments letter.
 - 4. All other income documentation.

Incomplete applications will not be accepted and you will not be placed on the waitlist.



Rental Voucher Application

PLEASE ATTACH A COPY OF YOUR TRIBAL ID AND LEASE AGREEMENT

Applying For: Rent Voucher

OFFICE USE ONLY:	
Application Received:	
Name:	_____
Date:	_____
Received By:	_____

NOTE: Information provided on this application is subject to verification. You will be determined eligible or ineligible based on the information you provide in this application.

APPLICANT INFORMATION:

First Name: _____ Last Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email: _____

HOUSEHOLD COMPOSITION: List the Head of Household and ALL persons who will be living in the housing unit.

First Name	Last Name	Relationship	Birth Date	Tribal ID	Social Security Number
		Self			

INCOME INFORMATION: List below all sources of income for every family member. Include all income such as: wages, public assistance, TANF, all benefit payments, net income from a business, child support, fishing income, per capita payments, etc.

Family Member	Source of Income	Amount	Payment Basis (Weekly, Monthly, Etc.)

TDS9-39590 (03/2023)



Rental Voucher Application (Continued)

APPLICATION CERTIFICATION: I/We certify that all information provided in this application is true, complete and accurate to the best of my knowledge. I/We authorize the Tulalip Tribes Housing Department to verify all information provided on this application. I/We understand that supplying false information may result in denial and/or termination of assistance.

Date: _____ Head of Household Signature: _____

Date: _____ Other Adult Signature: _____

Please be aware that by emailing this form you are sending your information to an unencrypted email at your own risk. You can opt to fax your information to **360-716-0130**.

HOUSING DEPARTMENT USE ONLY

TOTAL INCOME: _____ Income Limit For: _____ Person Family: \$ _____

Eligibility Determination: Approved Ineligible

If ineligible, please state why:

Date: _____ Determination Made By: _____

Date: _____ Approved By: _____

TDS9-39590 (03/2023)



Authorization for Release of Information

CONSENT:

I authorize the use of a photocopy of the authorization and direct any Federal, State, or local agency organization, business, or individual to release to Tulalip Tribes Housing Department any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to:

- | | |
|-----------------------------------|------------------------------|
| Identity and Martial Status | Employment, Income, Assets |
| Medical and Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental Activity | Urine Analysis Testing |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUP OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information include but are not limited to:

- | | |
|--|-------------------------------|
| Previous Employer | Past and Present Employers |
| Welfare Agencies | Veterans Administration |
| Courts | Retirement Systems |
| Social Security Administration | State Unemployment Agencies |
| Medical and Child Care Providers | Schools and Colleges |
| Any Tribal Entity | Utilities Companies |
| Law Enforcement Agencies | Support and Alimony Providers |
| Central Drug and Alcohol Testing Program | |

SIGNATURES:

Every household member 18 years of age and older MUST sign. All signatures MUST be readable.

I understand that my treatment records, if any are protected under the federal and state confidentiality regulations (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that information disclosed by this authorization may be subject to redisclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA, 45 CFR, Part 164.)

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. I further acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will.

Notice of Redisclosure of Confidential Information

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, Part 2). The federal rules may prohibit you from making any further disclosure of this information unless expressly permitted by the written consent to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is not sufficient for his purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.

_____	_____	_____	_____
Date	Head of Household	Date	Spouse
_____	_____	_____	_____
Date	18 Years and Older	Date	18 Years and Older
_____	_____	_____	_____
Date	18 Years and Older	Date	18 Years and Older

TDS9-39590 (03/2023)



Consent for Release of Information (ROI)

Client name

Client date of birth

I hereby authorize the exchange of confidential information specified below between:

INFORMATION TO BE RELEASED FROM:

- Tulalip Housing Department
- Tulalip Family Services
- Tulalip Tribal Court/Probation
- beda?chelh
- OTHER: _____
(Person or facility name)

INFORMATION TO BE RELEASED TO:

- Tulalip Housing Department
- Tulalip Family Services
- Tulalip Tribal Court/Probation
- beda?chelh
- OTHER: _____
(Person or facility name)

Address

Address

SPECIFIC INFORMATION TO BE DISCLOSED

- Tulalip Housing limiting access from date: _____ to date: _____
Check box(es) that apply
 Tenant ledger Recertification Waitlist/eligibility Work orders Letters/correspondence Entire file
- Tulalip Housing access for 12 months
Check box(es) that apply
 Tenant ledger Recertification Waitlist/eligibility Work orders Letters/correspondence Entire file
- Compliance with treatment Compliance reports Intake assessment/evaluation Urinalysis results
- Other _____

FOR THE PURPOSE OF

- Compliance with Housing Case coordination Supporting client in academics
- Compliance with court orders Staffing Treatment planning
- Other _____

I understand that my records are protected under the federal and state confidentiality regulations (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA, 45 CFR, Part 164)

I also understand that I may revoke this consent at any time, if done in writing, except to the extent that action has been taken in reliance of it. I further acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will.

Today's date

Print name

Signature

This authorization will expire one (1) year from the date entered here _____.
If no date is entered, release will automatically expire in six (6) months of the date signed.

NOTICE OF RE-DISCLOSURE OF CONFIDENTIAL INFORMATION

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, Part 2). The federal rules may prohibit you from making any further disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is not sufficient for his purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.





Verification of Employment

AUTHORIZATION: Federal regulations require us to verify employment income of all members of the household that is applying for participation in the Indian Housing Programs, which we operate, and to re-examine these expenses periodically. We ask your cooperation in supplying this information. This information will be used only to determine eligibility status and level of benefit of the household.

TO:	Employer name			
	Street address	City	State	Zip code
	Phone number	Fax number		

AUTHORIZATION

I hereby authorize the release of the following requested information

Applicant name	Signature of applicant	Date
----------------	------------------------	------

FOR PAYROLL/HR ONLY

Occupation _____

Employment	Date started _____ <input type="checkbox"/> Current employee, or <input type="checkbox"/> Ended _____		
Wages/salary	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
	\$ _____	\$ _____	\$ _____
Hours	Effective date of last wage increase: _____		
	<input type="checkbox"/> Average hours _____ per <input type="checkbox"/> week <input type="checkbox"/> year	, or	<input type="checkbox"/> Full-time employment (52 weeks per year)
Overtime pay rate	\$ _____ /hour	Projected overtime work for the next 12 months _____	
Compensation	Any other compensation not included above (specify for commissions, bonuses, tips, etc.)		
	FOR: _____	\$ _____	Per _____

Probability and expected pay increase: **Date:** _____ **Wage/Salary amount** \$ _____

Total base per earnings for past 12 months \$ _____

Total overtime earnings for past 12 months \$ _____

Other compensations \$ _____

TOTAL \$ _____

AUTHORIZED REPRESENTATIVE

Signature	Date	Title	Phone
-----------	------	-------	-------



Membership Distribution Request for Income Verification

ATTACH COPY OF TRIBAL IDENTIFICATION CARD OF MEMBERS

Adult Name: _____ Tribal ID #: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Which distribution do you receive monthly?

General Welfare Elder Disability Support Disability Senior

Would you like your letter to include Winter Assistance or Special Bonus?

Yes No

Adult & Children Included on Distribution Letter:

Name: _____ Tribal ID #: _____ Date of Birth: _____

Name: _____ Tribal ID #: _____ Date of Birth: _____

Name: _____ Tribal ID #: _____ Date of Birth: _____

Name: _____ Tribal ID #: _____ Date of Birth: _____

Name: _____ Tribal ID #: _____ Date of Birth: _____

Name: _____ Tribal ID #: _____ Date of Birth: _____

How will you receive them?

Choose one:

Picked Up: _____

Email To: _____

Fax To: _____

Mail To: _____

Date: _____ Signature: _____

NO POWER OF ATTORNEY WILL BE ACCEPTED.
Please allow 72 hours for income verification to be completed.



TULALIP TRIBES HOUSING DEPARTMENT

6406 Marine Dr, Tulalip WA 98271
Telephone: (360) 716-4580 • Fax: (360) 716-0617

RENTAL VOUCHER PROGRAM EMERGENCY CONTACT FORM

Date: _____ Applicant Name: _____

Address: _____

Phone Number: _____

Email Address: _____

EMERGENCY CONTACT

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Your emergency contact person must be 18 years or older. We will only utilize this form if the Head of Household is not available by phone, regular mail and/or email. This person will have access to your Rental Voucher file, so we will also need a Release of Information form to be filled out by you and returned to the Rental Voucher Specialist assigned to your file.