



## EMERGENCY HOUSING APPLICATION CHECKLIST

**This application must be filled out completely with copies of IDs in order to be placed on the waitlist.**

Application must include:

- Name, D.O.B., Tribal ID# for all persons living in the household including minors.
- Copy of Tribal IDs for adults and minors in the household.
- Copy of drivers license for any non-tribal adults in the household.
- All adults must sign the Release of Information form and the Consent for Release of Information form.
- Membership Distribution Request Form must be submitted to **membershipdistribution@tulaliptribes-nsn.gov** directly by tribal member. Email to: **tulaliphousing@tulaliptribes-nsn.gov**
- Signed Verification of Employment Form. The top portion of this form is to be filled out by anyone in the household that is employed.

Income verification includes:

- 1040 Tax Return from the previous year from all adults in the household including tribal youth.
- Verification of Employment Form (Preferred Method) or 3 months of paystubs, totaling your 6 most recent paystubs.
- Child Support, TANF, SSI, and/or any other similar income.
- Membership Distribution Letter.

Other documentation that will be requested upon final eligibility if applicable include (these are not required to be placed on the waitlist but will be required if it pertains to your household upon your selection from the waitlist. If you have these documents readily available, turn them in with your application):

- Parenting plans. We require court documents of parenting plans if the father/mother of the child does not live in the household. A notarized parenting plan letter signed by both parents is adequate if you do not go through the court. This can be done at the Admin Building.
- Divorce documentation if applicable.

**CDACD referral for all adults over 18 required within 24 hours of application submission.**



# Emergency Housing Application

## PLEASE ATTACH A COPY OF YOUR TRIBAL ID AND LEASE AGREEMENT

Please submit a copy of your Tribal ID. This is a preapplication. Information provided on this application is subject to verification at the time your name comes to the top of the waitlist. When your name reaches the top of the waitlist, you will be asked to update your application and all information verified (if it exceeds 90 days since submission).

Emergency housing application

Check all that apply:

☐ Tulalip Tribal member ☐ Veteran ☐ Have a household member in bedahachelh ☐ Other Native

### APPLICANT INFORMATION

First Name	M.I.	Last Name	Maiden Name	
Street 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, firework income, per capita payments, general welfare, etc.

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

3. **Conflict of interest:** Does anyone in your household have an immediate family member working in the Housing Department, or for the Executive Director of Tribal Services, CEO, COO, or any of the current Board of Directors? ..... ☐ Yes ☐ No

**Definition of "immediate family":** child, sibling, parent, grandparent, step-child, sibling-in-law, parent-in-law, or grandparent-in-law.

If Yes, list the household member that has the conflict and the employee name/title that is the source of conflict:

Household Member Name	Employee's Name	Employee's Job Title

4. **Housing status:** Please check the statement which applies to your current housing situation:
- ☐ I am/We are without housing and live on the streets, in a car, non-residential building, etc.
  - ☐ I am/We are without housing and spend nights in a shelter, institution, or temporary housing.
  - ☐ I am/We are staying with another family member (for less than 30 days) and there are not enough beds for everyone.
  - ☐ I am/We are at risk of losing housing due to eviction, loss of income, or other crisis.
  - ☐ I/We live in substandard housing as determined by a licensed housing inspector.
  - ☐ I/We are without housing due to fire, flood, or other natural disaster.

Below, please explain your current housing situation:

**Select all that apply**

Date of Eviction Notice:

- ☐ I have no subsequent housing identified **and**
- ☐ I currently do not have the resources necessary to obtain stable housing

5. I understand if I am accepted into the Emergency Housing Program, it is mandatory I participate in the Wellness Program. I understand I must attend meetings with the Emergency Housing Coordinator and work diligently to reach goals set forth during those appointments.

6. **Signatures:** Every household member 18 years of age and older must sign. **All signatures must be legible.** I/we certify that all information provided on this form is true, complete, and accurate to the best of my/our 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 termination of assistance.

Applicant Print Name	Signature Date	Applicant Signature
Other Adult Print Name	Signature Date	Other Adult Signature

**Please be aware that if you choose to email this form to TTHD, your information is not being sent securely on an encrypted email and will be at your own risk. You can opt to fax your application to 360-716-0366.**



## Emergency Housing 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 **360-716-0133**.





# 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



# 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.

<b>TO:</b>	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
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## FOR PAYROLL/HR ONLY

Occupation

<b>Employment</b>	Date started _____ <input type="checkbox"/> Current employee, or <input type="checkbox"/> Ended _____		
<b>Wages/salary</b>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Effective date of last wage increase: _____ \$ _____ \$ _____ \$ _____		
<b>Hours</b>	<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)		
<b>Overtime pay rate</b>	\$ _____ /hour	Projected overtime work for the next 12 months _____	
<b>Compensation</b>	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
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**Membership Distribution  
Request for Monthly Distribution Letter**

**ATTACH COPY OF TRIBAL IDENTIFICATION OF MEMBERS**

Adult Name: \_\_\_\_\_ Tribal # \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Which Distribution do you receive monthly?**

☐ General Welfare    ☐ Elder Support    ☐ Disability

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**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:

☐ Pick Up: \_\_\_\_\_

☐ Email To: \_\_\_\_\_

☐ Fax To: \_\_\_\_\_

☐ Mail To: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*NO ELECTRONIC SIGNATURES WILL BE ACCEPTED**

**NO POWER OF ATTORNEY WILL BE ACCEPTED.**

*Please allow 72 hours for income verification to be completed.*

*Questions?*

**Phone:** 360-716-4364 | **Email:** membershipdistribution@tulaliptribes-nsn.gov | **Fax:** 360-716-0304



# Emergency Contact Form

## EMERGENCY CONTACT

Emergency Contact Name

Address

Telephone Number

Email Address

Your emergency contact person must be 18 years or older. We will utilize this form if the Head of Household is not available by phone, regular mail, and/or email. By signing this form, you give the emergency contact listed above permissions to access your housing file information for purposes of eligibility, recertification or application processes.

Applicant Name

Applicant Signature

Date







## Acknowledgment of Not Providing IRS 1040 Form for All Household Members Applicable

### TTHD DISCLOSURE: IRS METHOD INCOME DETERMINATIONS

To qualify for this income determination: all household members 18+ are required to submit prior year's 1040 Tax Form and proof of filing, for any income earned from employment or self-employment. Minors who are not required to file must be listed as dependents on HOH/Other Adult's 1040 form: unless otherwise specified by supporting documents such as a Parenting Plan.

**Please Be Advised:** If you are unable to provide the documents described above, TTHD is required to utilize the **Section 8 Method** for income determinations. Section 8 income determinations include income from ALL sources: employment, SSI, fishing, General Welfare, etc. This will increase your household's annual income significantly and will affect eligibility and how your monthly voucher amount is calculated.

I, \_\_\_\_\_ acknowledge that TTHD (Tulalip Tribes Housing Department) had requested for all household members to provide IRS Form 1040 to either determine eligibility for the program, or for current program participants recertification process.

Currently, I am not able to provide requested documentation of all household members IRS Form 1040 that are applicable. Therefore, I understand that TTHD will not be able to use the HUD (United States Department of Housing and Urban Development) Internal Revenue Service (IRS) method for calculation of my household income.

I understand when TTHD uses the HUD Section 8 method, it does include General Welfare payments for all Tulalip Tribal members.

Head of Household Name	Signature Date	Signature
Adult Household Member	Signature Date	Signature
Adult Household Member	Signature Date	Signature





# Zero Income Certification

(to be completed by adult household members)

Head of household: \_\_\_\_\_

Household member name with zero income: \_\_\_\_\_

1) I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
- b. Income from operation of a business.
- c. Rental income from real or personal property.
- d. Interest or dividends from assets.
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
- f. Unemployment or disability payments.
- g. Public assistance payments.
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
- i. Sales from self-employed resources (Avon, Mary Kay, eBay, etc.).
- j. Any other source not named above.

2) Employment income—choose one:

- ☐ Currently, I have no income of any kind and while I am seeking employment, I have not been offered a job.
- ☐ Currently, I have no income of any kind and I will not be seeking employment within the next 12 months.

3) I will be using the following sources of funds or relying on the following person(s) to pay for rent and other necessities. Enter first and last name(s):

\_\_\_\_\_

*Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

Name of Applicant	Contact Phone	Email Address
Signature Date	Signature	