HOUSING AND COMMUNITY DEVELOPMENT (HCD)

Rental Application

Date Received	Time Received	Employee sign box

IMPORTANT INFORMATION

- Incomplete applications will not be accepted.
- Only one application is permitted per household.
- All information provided on the application and supporting documentation is subject to verification by a third party.
- Submission of an application does not guarantee eligibility, selection, or placement in the housing lottery.
- Applications are pre-screened prior to being entered into the lottery to verify household eligibility.

Requirements at the Time of Application

Please ensure the following items are completed before submitting your application:

☐ Complete the entire application.

☐ Attach a **current driver's license (18 and older)** and **Tribal ID** for each household member.

☐ List all household income and attach:

- Current **Monthly Membership Distribution Verification Letter**
- Two (2) months of most recent paystubs for all employed household members
- Documentation verifying all other sources of income (e.g., Social Security, SSI, SSDI, TANF, unemployment benefits, child support, retirement, pension, self-employment income, or any other reported income)

☐ Provide current employment information.

☐ Provide rental history for the **past three (3) years**. If you have not rented during this time, provide an explanation of your current living arrangements.

☐ Ensure **all household members 18 years of age or older** have signed all required authorization forms.

☐ Submit your completed application in person or by email to LEASINGDEPARTMENT@TULALIPTRIBES-NSN.GOV. **Please do not email applications directly to individual staff members.**

IMPORTANT: **Applications that are incomplete or missing required documentation will not be accepted and will not be entered into the housing lottery.**

Upon Selection Only

The following items are required for all household members age 18 and older before move-in:

- **Tribal Debt Form** – A completed and signed debt clearance form verifying that all applicable Tulalip Tribal departments have certified the applicant(s) have no outstanding debt owed to the Tulalip Tribes. HCD Staff will complete the form.
- **Urinalysis** – Must be completed within 48 hours through CDACD. Fee: $12.00. For questions or scheduling, call 360-716-4153.
- **Background and Credit Check** – Completed by HCD Staff. Fee: $53.00.
- **Security Deposit** – A security deposit equal to one month's rent must be paid prior to move-in.
- **Pet Security Deposit** – Required if applicable.
- **Receipt Submission** – Submit all required payment receipts to HCD Staff either in person or by email to LEASINGDEPARTMENT@TULALIPTRIBES-NSN.GOV.
- **Utility Accounts** – Applicants must be eligible to establish and maintain all required utility accounts (including PUD) in their own name prior to occupancy.
- **Move-In Requirement** – Applicants must move into the unit within 45 days of approval. Units will not be held beyond this timeframe.

IMPORTANT: All payments must be made by cash, cashier's check, or money order, payable to Tulalip Tribes, and submitted at the Admin Cashier's Window.

By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions outlined above.

Date	Print name	Signature
Date	Print name	Signature

Applicant full name		Driver's license number
Previous name/Alias, Maiden name	Phone	Email
Current address		

Co-applicant full name		Driver's license number
Previous name/Alias, Maiden name	Phone	Email
Current address		

Household Composition: List the **Head of Household** and **all individuals** who will reside in the rental unit. Include every person who will be living in the home, regardless of age or relationship to the Head of Household.

First name	Last name	Relationship	Date of birth	Tribal ID	SSN

Income Information: List **all sources of income** for every household member below. This information will be **pre-screened** and **verified** to determine household eligibility before your application is considered for the housing lottery and/or tenancy.

PLEASE NOTE: **Documentation verifying every source of income listed must be attached**. Applications that do not include proof of all reported income may be considered incomplete.

Household member	Source of income	Gross amount	**Payment frequency** *(weekly, bi-weekly, semi-monthly, monthly, etc.)*

FOR HCD STAFF USE ONLY:			
Total calculated income **$**	Income eligibility ☐ Eligible ☐ Not eligible	HCD staff initals	Date

EMPLOYMENT INFORMATION: Please complete the section below for all household members age 18 and older

Household member name	Start date
Supervisor's name	Supervisor's phone
Supervisor's email	Job title

Household member name	Start date
Supervisor's name	Supervisor's phone
Supervisor's email	Job title

RESIDENCE INFORMATION (PLEASE PROVIDE THE LAST 3 YEARS OF RENTAL HISTORY)

Current property address	Dates of residency	Monthly rent
Landlord name	Landlord email	Landlord phone

Previous property address	Dates of residency	Monthly rent
Landlord name	Landlord email	Landlord phone

Previous property address	Dates of residency	Monthly rent
Landlord name	Landlord email	Landlord phone

If you have not rented during the past three years, please indicate your living arrangements below:

Have you been evicted from any residence during the last 7 years? ..... ☐ Yes ☐ No

If yes, please provide an explanation:

OTHER INFORMATION

Childcare expenses? ..... ☐ Yes ☐ No	Amount:	Payment frequency:

Does any household member require special accommodations due to a disability? ..... ☐ Yes ☐ No

If yes, please explain:

Have you, or any household member been convicted of a crime? ..... ☐ Yes ☐ No

If yes, explain:

Is any adult household member currently serving in the military? ..... ☐ Yes ☐ No

If yes, list name(s):

PET INFORMATION

Do you have any pets? ..... ☐ Yes ☐ No

Type/Breed	Size	Age	Color	Spayed/Neutered

VEHICLE INFORMATION

Please list all vehicles and recreational equipment owned or used by household members, including but not limited to vessels, trailers, RVs, automobiles, motorcycles, and other personal vehicles.

Year	Make and model	Type	License plate/registration #	Financed?	Monthly payment
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

Applicant Certification and Authorization

I/We certify that all information provided in this application and all attached documentation is true, complete, and accurate to the best of my/our knowledge. I/We authorize the Tulalip Tribes Housing & Community Development (HCD) Department to verify all information provided in this application, including but not limited to income, employment, rental history, household composition, and other eligibility requirements. I/We understand that providing false, incomplete, or misleading information may result in denial of the application and/or termination of tenancy. I/We understand that if multiple eligible applicants apply for the same rental unit, the Tulalip Tribes HCD Department will select applicants through a lottery selection process. I/We understand that being selected through the lottery process does not guarantee approval for housing. All applicants must still meet all eligibility requirements, complete the required screening process, and receive final approval from the Tulalip Tribes HCD Department prior to tenancy.

By signing below, I/We acknowledge that I/We have read and understand this application, including all requirements and attached documents, and certify that all information provided is true and correct.

Date _____ Print name _____ Signature _____

Date _____ Print name _____ Signature _____

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:
I authorize the use of a photocopy for the authorization and direct any Federal, State, or local agency organization, business, or individual to release to Tulalip Tribes Housing & Community Development Department any information or materials needed to complete and verify my application. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Tulalip Tribes Housing and Community Development Department in administering and enforcing application rules and policies.

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

- Identity and Martial Status
- Employment, Income and Assets
- Medical or 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 this application

GROUPS 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 Landlords
- Welfare Agencies
- Courts
- Social Security Administration
- Medical and Child Care Providers
- Any Tribal Entity
- Law Enforcement Agencies
- Central Drug & Alcohol Testing Programs
- Past and Present Employers
- Veterans Administration
- Retirement Systems
- State Unemployment Agencies
- Schools and Colleges
- Utility Companies
- Support and Alimony Providers

Alliance 2020 is the consumer reporting agency who will compiling your consumer report. You have the right to obtain a free copy of your consumer report in the event of a denial or adverse action, and to dispute the accuracy of the information appearing in the consumer report. All inquiries may be directed to:

Alliance 2020, Inc.	**Phone**:	**Fax**:
PO Box 4828	425.271.8065	425-227-9246
Renton, WA 98057	800.289.8065	800-289-9246

SIGNATURES: ***Every household member 18 years of age or older must sign. All signatures must be legible.***

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	18 years or older
Date	18 years or older	Date	18 years or older
Date	18 years or older	Date	18 years or older