



# Application for Emergency Housing Program

## *Application Checklist*

**The Emergency Housing Program has been created to provide temporary housing, while the Applicant works with the Emergency Wellness Coordinator to find stable housing.**

The application must be filled out completely with all supporting documentation listed below:

- Application filled out completely with all family members intending to stay in a hotel/motel, with all required signatures
- Authorization for Release of Information signed by all household members 18 & older
- Verification of enrollment into a Federally Recognized Tribe- copy of tribal ID, enrollment affidavit/letter.
- Written statement justifying the need for Emergency Housing assistance.
- Membership Distribution income verification letter for all household members. All adults must fill out one separately.
- Signed Verification of Employment form. The top portion of this form is to be filled out by anyone in the household that is employed.
- All family members' gross income will need to have supporting documentation.
- IRS Form 1040 Tax return from the previous year
- If an Applicant is an enrolled Tulalip Tribal Member & a Veteran, can provide a DD-214 form for the order of selection/priorities
- If an Applicant is an enrolled Tulalip Tribal Member, and who has a household member currently in the *bədaʔčəł* program, the Applicant may provide a letter from the case manager of being active in the program, which can be used for the order of selection/priorities
- Other requested documentation may be needed to determine eligibility for the program

**\*\* If your family has lost documentation due to circumstances beyond your control, the TTHD staff will work with such applicants to verify the information.**

- CDACD referral for all adults over the age of eighteen (18) years old
- Background check- TTHD will complete a background check.



# Application for Emergency Housing Program

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

**PLEASE ATTACH A COPY OF YOUR TRIBAL ID**

This is a pre-application. 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 will need to be verified (if exceeds 90 days since the last submission).

**APPLICANT INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Message No: \_\_\_\_\_

**1. Household Composition:** List all household members and ALL persons who will be staying at the hotel/motel:

First Name	Last Name	Relationship	Birth Date	Tribal ID	Veteran Y/N
		<b>SELF</b>			

**2. 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, Tulalip tribal General Welfare, SSI, SSD, SS, Pension, etc.

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





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**5. 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 the termination of assistance.

_____	_____	_____
Applicant Print Name	Applicant's Signature	Date
_____	_____	_____
Other Adult Print Name	Other Adult Signature	Date

**Please be aware that if you choose to email the information 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.**

**HOUSING DEPARTMENT USE ONLY**

Total Household income: \$ \_\_\_\_\_ # of Household Members: \_\_\_\_\_

Income Limit based on Family size: \$ \_\_\_\_\_

Meets homeless definition: \_\_\_ YES \_\_\_ NO

Urinalysis for all adult household members: \_\_\_ PASS \_\_\_ FAIL

Eligibility Determination: \_\_\_ ELIGIBLE \_\_\_ INELIGIBLE

If ineligible, please state why: \_\_\_\_\_

Determination made by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_