



Nooksack Indian Housing Authority Application for Participation in NIHA Programs

• Low Rent • LIHTC • Down Payment Assistance •

Personal Declaration: This application must be completed in its entirety. Print Clearly. You must use the correct, legal name for each member of your household as it appears on his/her social security card. All adult household members (18 years of age and older) must sign the application.

Full Legal Name of Head of Household

Street Address

Mailing Address if different than street

City, State, Zip

Telephone Number

Message Phone Number

Current housing situation:

Homeless, living in an overcrowded home,
or being evicted due to sale of current housing.

Renting/Leasing

Homeowner

Purchasing

Date Application Received by NIHA: _____

Staff Initials _____

[Part I] Household Composition

Hshld Mbr	First/Last Name	MI	DOB	SSN	Gender
Head	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

[Part II] Income Information

Household member (circle to whom the following info applies): 1 Head, 2, 3, 4, 5, 6, 7, 8, 9, 10

	Yes	No		Annual Gross Income
1.			I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. Annual Gross Wages/Salary \$ _____ Annual Overtime \$ _____ Annual Bonus/Commission/Tips \$ _____	
2.			I am presently employed at an additional job (NOT Self-employed)	\$ _____
3.			I am self-employed. (Attach signed tax return and appropriate schedules) Name of business: _____	\$ _____ Use net income from business
4.			I am receiving: (check all that apply) <input type="checkbox"/> Social Security (SSA) <input type="checkbox"/> Supplemental Social Security (SSI) <input type="checkbox"/> WA State (SSI)	\$ _____ \$ _____ \$ _____
5.			The household receives unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.) Name of Member(s): _____	\$ _____

6.		I am currently receiving or anticipate receiving child support in the next 12 months (If yes, attach documentation of ordered amount).	\$ _____
7.		I receive alimony/spousal payment	\$ _____
8.		I receive public assistance (TANF, GAU, FIP, ADATSA).	\$ _____
9.		I receive unemployment, Labor & Industries or disabilities benefits (not SSI).	\$ _____
10.		I am a member of the Armed Forces (Active, National Guard or Reserves).	\$ _____
11.		I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) _____ b.) _____	\$ _____ \$ _____
12.		I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	\$ _____
13.		I receive income from real or personal property (attach signed tax return with schedule E).	\$ _____
14.		I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule. (Only count interest portion of payment).	\$ _____
15.		I have income or sources of income, other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____

[Part III] Asset Information

	Yes	No		Balance/Value	Interest Earned
16.			I have a checking account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
17.			I have a savings account(s) If yes, list banks(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
18.			I have a Money Market account(s) If yes, list sources/bank names a.) _____	\$ _____	\$ _____

		b.) _____	\$ _____	\$ _____
19.		I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
20.		I have a trust fund <input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable If yes, list bank(s)/trustee _____	\$ _____	\$ _____
21.		I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
22.		I have a pension or annuity asset (NOT receiving income currently). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
23.		I <input type="checkbox"/> Own <input type="checkbox"/> or am in the process of selling or <input type="checkbox"/> have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation.	\$ _____	\$ _____
24.		I have a whole life insurance policy. If yes, how many policies? _____	\$ _____	\$ _____
25.		I own personal property held strictly as investment assets (arts, coins, etc.). If yes, attach appraisals.	\$ _____	\$ _____
26.		I have disposed of assets within the last two years for less than fair-market value. If yes, attach explanation.	\$ _____	\$ _____
27.		I have funds not held in a financial institution.	\$ _____	\$ _____
28.		I have assets other than those listed above. If yes, list type below a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____

Ensure all supporting forms and documents for income and asset sources listed above are completed and accompany this application (i.e. employment verification, public assistance verification, zero income affidavit, etc.). Forms are available at the NIHA office.

[Part V] Authorization to Release Information

Consent: As part of this application for housing assistance with the Nooksack Indian Housing Authority (NIHA), I authorize and direct any federal, state, local agency, organization, business, or individual to release to NIHA any information or material needed to complete or verify my application for housing assistance with NIHA programs. I understand and agree that this authorization or the information obtained with its use may be given and used by the NIHA in administering and enforcing NIHA program rules and policies.

Information Covered: I understand that, depending on program policies and requirement, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested, included but are not limited to:

Medical or child care allowances, public benefits, employment, income or assets, residence or rental activity, criminal history, identity, marital status, & tribal enrollment.

Groups, Individuals or Agencies That May Be Asked:

The groups, individuals and/or agencies that may be asked to release information include but are not limited to:

- | | | |
|--------------------------|--------------------------------|--------------------------------|
| Previous landlords | Past and Present Employers | Veteran’s Administration |
| Courts | Public Assistance Programs | Financial Institutions |
| Educational Institutions | Unemployment Agencies | Credit Bureaus |
| Law Enforcement Agencies | Social Security Administration | Utility Companies |
| Child Support Agencies | Medical Providers | Nooksack Indian Tribe Entities |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for participation in NIHA programs.

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that this release of information may be used for all documentation necessary for participation administered through NIHA. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

_____	_____	_____
Signature of Head of Household	Print Name	Date

_____	_____	_____
Signature of Household Member	Print Name	Date

_____	_____	_____
Signature of Household Member	Print Name	Date

_____	_____	_____
Signature of Household Member	Print Name	Date

[Part VI] Signatures

I understand that any changes to the above information after the date of my signature but prior to my initial occupancy must be disclosed immediately to NIHA staff. I also understand that this is not a contract and creates no obligations for either party. I declare under penalty of law that the above information is full, true, and complete to the best of my knowledge.

Signatures must be those of the Applicant/Resident, except where Power of Attorney (POA) documentation authorizes another individual to sign legal documents. If so, copies of current POA, government-issued photo ID, and address and phone number of the POA must be included in this certification.

Reasonable Accommodation: If a third party is required to assist with completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature of Household Member	_____ Print Name	_____ Date
_____ Signature of Household Member	_____ Print Name	_____ Date
_____ Signature of Household Member	_____ Print Name	_____ Date
_____ Signature of Household Member	_____ Print Name	_____ Date
_____ Signature of Household Member	_____ Print Name	_____ Date
_____ Signature of Household Member	_____ Print Name	_____ Date

Date/Time Application Approved by NIHA Intake Specialist as COMPLETE:		Intake Specialist Initials
Date/Time Application Approved by NIHA Director:		NIHA Director Initials

