

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Property Name: _____ Unit: _____

As a condition of participating in an affordable housing program, I understand the property owner is required to initially and annually certify each resident's eligibility for such program. Consequently, I understand it is necessary for me to give authorization for specific income and asset information to be provided on one or more of the following forms:

- Employment Verification
- Social Security/Supplemental Security Income Benefits Verification
- Public Assistance Verification
- Unemployment Benefits Verification
- Military Pay Verification
- Pension Verification
- Annuity or Stock Verification
- Deposit Verification Request
- Student Status Verification
- Child Support verification (to be used if property management has their own form)

This Authorization is limited to the forms listed above and expires 180 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose my specific income and asset information as requested on the forms above. No other information may be released without my express written authorization.

Notice to applicant/resident: Do not sign this document unless the authorized management agent's signature appears at the bottom of this page.

Signature of Applicant/Resident

Print Name of Applicant/Resident

Date

By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:

1. Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property;
2. The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by proper administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and
3. The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained as (a) confidential personal information, (b) separate from that of other residents, and (c) using such physical and other security measures, including security measures for protection of records maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.

Signature of Authorized Management Agent

Print name of Agent

Date



Nooksack Indian Housing Authority AUTHORIZATION AND RELEASE

I, (Name) _____, born at (City & State) _____, (Country) _____, on (Date of Birth) _____, having filed an application with the Nooksack Indian Housing Authority ("NIHA"). As a condition of participating in the NIHA Programs, hereby consent to allow NIHA to conduct an investigation as to my background. This will be to determine suitability and eligibility for NIHA programs. I further agree to provide additional information which may be required, concerning my past record. I understand that the contents of my background check will be treated confidentially by NIHA for the purpose of making a determination regarding my suitability and eligibility for NIHA programs only subject to disclosure as required by proper administrative or judicial process.

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institutions, government agencies, law enforcement agencies, and any other agency having control of any records, files, documents, writings, or other information pertaining to me; to furnish to NIHA any such information regarding any and all charges, complaints, disciplinary actions, grievances, rental and tenant files, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any and all other pertinent data or information pertaining to me. I further authorize NIHA and/or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize the National Personnel Records Center in St. Louis, MO, or other custodian of my military record to release to NIHA information or photocopies from my military record.

I hereby release, discharge, and exonerate NIHA, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by NIHA.

Signature of Applicant

Date

On this _____ day of _____, 2019 _____, before a notary public, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledges that he/she executed the same for the purpose there in contained.

Notary Public for the State of Washington

Residing at: _____

My Commission Expires: _____

HOMELESS CERTIFICATION

Property Name: _____ Unit: _____

Claim for Homeless Status

Applicant: Please check the statement which applies to your current housing situation, then complete the *Applicant Certification* below. The Service Provider that can attest to your homeless situation must complete the bottom portion of this form.

- 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 (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, sale of housing, loss of income, or other crisis.
- I/We live in substandard housing as determined by a licensed housing inspector.

Applicant Certification

I hereby certify that the information I am providing is true and accurate. I understand that any intentional misrepresentation on my part will result in the rejection of my application for housing. If I receive housing based on any misrepresentation, I understand that my placement in such housing will immediately terminate.

Applicant/Resident Printed Name

Applicant/Resident Signature

Date

Homeless Status Verification (to be completed by Service Provider)

I certify that: Applicant _____ is homeless.
(Print Name of Head of Household)

The applicant lacks a regular or adequate nighttime residence; or is staying in a shelter, institution, or temporary housing; or lives with another family which does not have sufficient beds for everyone; or is at risk of losing their housing; or has had their housing declared substandard.

A Service Plan for the above-named individual/household has been completed.

Additional Comments: _____

Signature of Service Provider

Name of Service Provider (Print)

Professional Title (Print)

Organization (Print)

Date

Phone Number

ZERO INCOME CERTIFICATION
(To be completed by adult household members.)

Property Name: _____ Unit: _____

Resident Name: _____

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. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities:

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.

Signature of Applicant/Resident

Date

PUBLIC ASSISTANCE VERIFICATION

Property Name: _____ **Unit:** _____

RE: _____

SS#:* _____

See instruction page.

1st Request _____

2nd Request _____

3rd Request _____

Fax #: _____

Attn: _____

Dear Sir/Madam:

We are required to verify the income of all household members applying for admission as residents to the federally-assisted housing Units which we operate, and periodically to re-examine household income. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual. This information will be used only in determining the eligibility status of the Household.

Your prompt return of this form will be appreciated. If you have any questions, please call:

Name: _____

Phone #: _____

Sincerely,

Management Agent

I hereby authorize the release of requested information.

Applicant's Signature

Date

TO BE COMPLETED BY CASEWORKER

	Monthly Amount
Number in Household: _____	
Temporary Assistance for Needy Families: _____	\$ _____
GAU: _____	\$ _____
Food Stamps: _____	\$ _____
State SSI: _____	\$ _____
Other Assistance -- Type: _____	\$ _____
Other Income -- Source: _____	\$ _____

Comments: _____

Signature Title Date

Print Name Phone Number

CHILD SUPPORT AFFIDAVIT

Property Name: _____ Unit: _____

I, Applicant/Resident Name: _____ do hereby attest to the following:

Select the appropriate statements (list each child once):

- I. I am not entitled to receive child support under any court order or non-court agreement and I am not in the process of seeking any monies for child support for the following child/children living in my household: _____
 - II. I am not currently entitled to receive any child support under any court or other agreement. However, I believe I will receive such an order within the next 12 months. I expect to receive \$ _____ per month, commencing on _____, 20__ for the following child/children: _____
 - III. I am entitled to receive child support under a court order or other agreement in the amount of \$ _____ per month for the following child/children: (Attach applicable agreement – i.e., divorce decree) _____
- Notwithstanding the above, I expect to receive no more than \$ _____ over the next 12 months because: _____

If court ordered, I have made all reasonable efforts to collect the monies due me.
(Attached documentation proving efforts to collect.)

I understand that this affidavit is made as part of the qualification procedure to determine the eligibility of residency at the above-referenced property and that any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I will notify management of any changes in the status of my child support. Under penalties of perjury, I certify the above representations to be true as of the signature date below.

Signature of Applicant/Resident _____
Date

NOTE: Sign in Presence of Notary

STATE OF WASHINGTON)
) ss.
COUNTY OF)

On this _____ day of _____, _____, personally appeared before me _____ to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged to me under oath that she/he signed the same of her/his free and voluntary act and deed, for uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.

NOTARY PUBLIC in and for the State of Washington
Residing at: _____
Printed Name: _____
My Commission expires: _____

UNEMPLOYMENT BENEFITS VERIFICATION

Property Name: _____ Unit: _____

Date: _____

TO: Employment Security Department (ESD)
 ATTN: Records Disclosure
 P.O. Box 9046
 Olympia, WA 98507-9046
 Phone Number: 360.407.4580
 Fax Number: 866.610.9225

FROM: (Name of Property)

SUBJECT: Verification of information supplied by an applicant for housing assistance.

Name: _____

Social Security Number: _____

This person has applied for housing assistance under a low income housing tax credit/bond program administered by the Washington State Housing Finance Commission. This agency requires the housing owner to verify all information that is used in determining this person's eligibility of level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant/resident has consented to this release of information as shown below.

Release of Information: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature Date

INFORMATION BEING REQUESTED:

Gross weekly payment	\$ _____
Date of initial payment	_____
Duration of benefits	_____
Is the claimant eligible for further benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES," how many weeks?	_____
If "NO," what is the termination date of benefits?	_____

Name of Person Supplying the Information	Title	Agency/Organization
Signature	Date	Phone Number

WARNING STATEMENT: Section 1001 of Title 18, United State Code provides, "whoever, in any matter within the jurisdiction of any department of agency of the United States knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or used any false writing or document knowing the same to contain false, fictitious of fraudulent statement or entry shall be fined under the title \$10,000.00 or imprisonment of up to five years or both."

DISABILITY CERTIFICATION

Property Name: _____ Unit: _____

Applicant Name: _____

A certain number of units at this property have been set-aside for households with a household member who falls within the following definition:

“DISABILITY” means:

A physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.

Do you or a member of your household fall within this definition?

Yes* No

* Qualifying household member's name: _____

Signature of Applicant

Date

* If “YES,” provide an executed copy of the *Disability Verification* or attach a written verification from the applicant’s physician, relative, social worker, or caregiver. The verification should simply state that the applicant falls within the definition of being disabled.

PREGNANCY SELF-CERTIFICATION

Property Name: _____ Unit: _____

Applicant/Resident Name: _____

You have applied to reside at the above-mentioned apartment complex. The owner is subject to federal regulations which require verification of information supplied by applicant's/resident's regarding their annual gross income. Unborn children are considered household members for purposes of determining Maximum Allowable Income.

I hereby certify that I am pregnant with an approximate delivery date of _____ .

Signature of Applicant/Resident

Date

[Part VI] 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

Check One: Investigative Reports: Co-Signer _____ Mini _____ Super-Mini _____ Orca _____ Killer Whale _____

Non-Refundable Screening Fee \$ _____

RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: _____ Unit # _____ Rent Amount _____
Applicant's Complete Name: _____ Date of Birth: _____
SSN# _____ DL# / State Issued: _____
Tel# _____ Email Address: _____
Other Occupant's Name, Age & Relationship: _____

√ Complete Every Item On Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)	PRIOR ADDRESS (Required Entry)
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Apt # _____ Name of Apts _____	Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____	How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____	Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt. Co. _____	Landlord/Mgmt. Co. _____
Address _____	Address _____
Tel# _____ Rent/Own/Lease _____	Tel# _____ Rent/Own/Lease _____

√ Current Employer _____ Tel# _____ Supervisor _____
Dept / Attached to _____ Occupation _____ Rank _____
Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____
Address _____ Suite _____ City _____ State/Zip _____

√ Prior Employer _____ Tel# _____
Hire Date _____ Occupation _____ Monthly Salary _____ Full Time _____ Part Time _____
Address _____ City _____ State/Zip _____

√ Additional Income (Interest, Child Support, Etc) _____
√ Bank _____ Acct# _____ Branch _____ Tel# _____

√ Pets? Yes _____ No _____ If yes, number, size, and type(s) _____
√ Disability status and require special accommodations? _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:
Ever been evicted or refused to pay rent? Yes _____ No _____ Ever been Charged or Convicted of a Crime? Yes _____ No _____
If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)? _____
When? _____

Ever used any other name(s)? Yes _____ No _____ If yes, list name(s) _____

Are you or any other household member a Registered or Unregistered Sex Offender? Yes _____ No _____

Are you or any other household member currently using any illegal drugs? Yes _____ No _____

Auto/Year/Make/Lic#: 1.) _____ 2.) _____
Nearest Relative _____ Address _____ Tel# _____
Emergency Contact _____ Address _____ Tel# _____

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by ORCA Information, Inc., 360-588-1633, PO Box 277, Anacortes, WA 98221. I certify that to the best of my knowledge all statements are "true & complete". I further authorize ORCA Information, Inc. to obtain CREDIT REPORTS, EMPLOYMENT REFERENCES, COURT, CRIMINAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFERENCES, GENERAL REPUTATION, MODE OF LIVING, and RENTAL REFERENCES as needed to verify all information put forth on this application. SCREENING FEE IS NON-REFUNDABLE. In addition, I confirm receipt of the Tenant Selection Policy (per WA State Fair Tenant Screening Act, 2012) from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

Applicant's Signature _____ Date _____



Phone: () ()
Fax: () ()

Landlord

Orca Information, Inc.
P.O. Box 277, Anacortes, WA 98221
Phone: 360-588-1633/800-341-0022
Fax: 360-588-1189/800-522-6722

