

Muckleshoot Housing Authority

38037 158th Ave. S.E., Auburn, Washington 98092 Phone (253) 833-7616 Fax (253) 735-6473



Elder, Disabled & Veteran Homeowners Insurance Assistance Program

| Dear Tribal Member: |
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| Please complete the attached application and submit the following documentation with your application. |
| ☐ PROOF OF OWNERSHIP – This may include a copy of your deed or BIA approved Lease. |
| ☐ PROOF OF ENROLLMENT WITHIN THE MUCKLESHOOT INDIAN TRIBE – The Housing Authority will need a copy of your Tribal ID card or a letter from the Tribal Enrollment Office. |
| ☐ RELEASE OF INFORMATION – This form must be signed by the applicant allowing the Muckleshoot Housing Authority to verify information relevant to program eligibility and participation. |
| CURRENT POLICY INFORMATION – The application must include current Homeowners Policy Declarations. Please note each applicant is encouraged to maintain insurance coverage based on their needs however insurance assistance shall be up to \$1,000 per eligible household for standard coverage policies including: 1. Coverage A: Dwelling Replacement Cost 2. Coverage B: Other Structures 3. Coverage C: Personal Property 4. Coverage D: Loss of Use 5. Coverage E: Personal Liability 6. Coverage F: Medical Payments to Others 7. Deductible: \$1000.00 Homeowners are responsible for premiums which exceed the \$1,000.00 limit or for additional coverage options (i.e. flood insurance, earthquake insurance). |
| ☐ POLICY ASSISTANCE REQUEST – If you currently don't have Homeowners Insurance and would like MHA staff to assist in obtaining coverage, please complete this form. |
| Please note this application will not be processed until all documentation is submitted. If you need any assistance with this application or have any questions, please call the Housing Authority at 253-833-7616. |



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ELDER, DISABLED & VETERAN HOMEOWNERS INSURANCE ASSISTANCE PROGRAM

Muckleshoot Enrolled Members Only

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|--|---|----------------------|--|--|
| APPLICANT INFORMAT | ΓΙΟN: | Date: | | |
| Eligibility Status: Elder: _ | Veteran: Disability: | | | |
| Name: | | | | |
| Last | First | Maiden Name (if any) | | |
| Address: | City:_ | Zip Code: | | |
| Phone No. Home: | Work: | | | |
| E-Mail Address: | Cell Pho | ne: | | |
| Date of Birth: | | | | |
| Tribe: Enrollment Number: Enrollment Date: | | | | |
| Is your insurance paid through | red: () Yes () No Insurance Co an Escrow Account: () Yes () No | o Lender Name: | | |
| (Please attach a copy of you | ir current Homeowners Policy De | eclaration) | | |
| • | obtaining a new policy: () Yes a attached Policy Assistance Reque | | | |
| Applicant's Signature | | Date | | |
| Snouse's Signature | | Date | | |

Eligibility Guidelines: Assistance for homeowners insurance will be provided to any Elder (age 55+), permanently disabled, and/or Veteran Muckleshoot Tribal member, meeting the following criteria:

- a) Participant has been enrolled with the Muckleshoot Tribe for five (5) or more years or enrolled with the Muckleshoot Tribe and have resided on the Muckleshoot Reservation their entire life.
- b) Participant owns and permanently occupies the home for which the assistance is being provided.
- c) The insured property is located within the following Washington State Counties: Whatcom, Skagit, Snohomish, King, Pierce, Thurston, Mason, Jefferson, Grays Harbor, Clallam, Kitsap, San Juan, or Island.

<u>Participant Acknowledgement:</u> By signing below I agree that the Muckleshoot Indian Tribe and Muckleshoot Housing Authority are not responsible for any loss sustained by any participant of this program. It is each participant's responsibility to obtain policy coverage pursuant with their individual needs, to comply with conditions of coverage, and to select insurance carriers of their choice. The Tribe and MHA are not responsible for any coverage lapses or any losses due to inadequate coverage. Participants agree to notify MHA of any policy changes, including any cancellations or notices of intent to cancel. Participants must also notify MHA in advance if they wish to change their coverage. Coverage will be renewed on an annual basis unless MHA is notified otherwise by the participant, or the participant is notified otherwise by MHA.

Release of Information: By signing below I authorize and direct any Federal, State, or local agency organization, business, or individual to release to the Muckleshoot Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Homeowners Insurance Assistance Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by The Muckleshoot Housing Authority in administering and enforcing program rules and policies.

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 the Homeowner Insurance Assistance Program.

By signing below, I understand the intent of this form and agree that a photocopy of this authorization may be used for the purpose stated above.

| Applicant's Signature | Print Name | Date |
|-----------------------|------------|------|
| Spouse's Signature | Print Name | Date |

FILL OUT THIS FORM, IF YOU ARE REQUESTING MHA STAFF TO ASSIST YOU WITH OBTAINING INSURANCE QUOTES

| I currently own the land upon which my home is located? Yes No |
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| What year your home was built? |
| How many stories does your home have? |
| What is the measurement (sq. ft.) of your home? |
| Is this home your primary residence? Yes No |
| Do you own a dog? Yes No If yes, what is the dog's breed |
| Do you have a security system installed in your home? Yes No |
| Is your home within 500 yards of a fire hydrant? Yes No |
| Do you have a detached garage located near your home? Yes No |
| What is the year of your Water heater? |
| What is the year of your furnace? |
| What type of roof do you have? |
| What year was your roof completed/updated? |
| What is your primary exterior? |
| Does your home have a fire alarm installed inside the home? Yes No |
| How many bedrooms in your home? |
| Does your home have a fireplace or woodstove? Yes No Type |
| What is your heating type? |
| Do you have a sprinkler system installed? Yes No |
| Do you own a swimming pool? Yes No |
| Do you own a trampoline? Yes No |