

Muckleshoot Housing Authority

38037 158th Avenue S.E., Auburn, Washington 98092

Phone (253) 833-7616 Fax (253) 735-6473



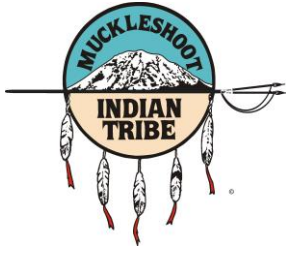
HOUSING STABILIZATION PROGRAM APPLICATION

Dear Applicant:

The purpose of the Housing Stabilization Assistance Program is to assist low-income Muckleshoot Tribal members to obtain safe and affordable rental housing. Assistance will be provided to eligible applicants to assist with securing rental housing by providing one-time assistance for move-in fees (deposits, first and last month's rent). The following eligibility criteria must be met:

- 1) Assistance is limited to head of household Tribal members at least eighteen (18) years of age who are enrolled in the Muckleshoot Indian Tribe for a minimum of five (5) years or enrolled with the Muckleshoot Tribe and have resided within the Muckleshoot Reservation their entire life;
- 2) Applicant household must qualify as a low-income family, defined as a family whose income does not exceed 80% of the median income for the assisted area, as published by the Office of Housing and Urban Development (HUD);
- 3) Applicant household must demonstrate the ability to maintain the financial obligation of the assisted property and have a monthly income of at least two times the monthly rent amount;
- 4) Applicants eighteen (18) years and older must sign a Release of Information;
- 5) Applicants must be willing to sign a Rental Agreement (6-month term minimum) containing provisions related to payments, occupancy and use of the home;
- 6) Applicant must be willing to sign an agreement allowing for future garnishment of Per Capita if they default on their rental obligations during the term of their Lease;
- 7) Applicants cannot have received Housing Stabilization Assistance within the past five (5) years;
- 8) Applicants must be willing to participate in a Housing Stability Plan including budgeting and education on landlord and tenant roles;
- 9) Applicants cannot have any outstanding debts owed to the Muckleshoot Housing Authority.

PLEASE NOTE: Applications will only be accepted when there is sufficient funding available. This application will not be accepted, processed and/or date stamped until all required documentation is submitted. Once all documentation is received, the application will be processed and if qualified, you will be contacted to participate in an eligibility intake. Staff is available to answer questions about the program and application process and can be reached during business hours at the number above.



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This application can be used to obtain housing services from the Muckleshoot Housing Authority under the Housing Authority's Low-Income Housing funded by Native American Housing Assistance and Self Determination Act (NAHASDA) and the Tribal Tax Fund Housing Program as set up by the Tribal Council. Both programs provide services based on income criteria, housing code requirements, affordability, and specific contractor bidding procedures.

APPLICATION FOR HOUSING STABILIZATION PROGRAM

APPLICANT & HOUSEHOLD INFORMATION

Name: _____ SSN: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Message: _____

Applicant Race: _____ Tribe: _____ Enrollment #: _____

HOUSEHOLD COMPOSITION: List all persons who are/will be residing in your residence on a permanent basis. List the Head of Household and continue with the oldest to the youngest.

Name	Relation to Head of Household	Date of Birth	Social Security Number	Sex	Tribal Enrollment / Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Comments: _____

TOTAL HOUSEHOLD INCOME: List all monies earned or received by your household. This includes money from wages, self-employment, monthly child support, Social Security, Workman’s Compensation, retirement, TANF payments, Veterans benefits, alimony, rental property income, stock dividends, income from per capita, and all other sources: (Verification must be included with your application)

Household Member	Amount Per Month	Income Source
1.		
2.		
3.		
4.		

Household Member: _____ Position: _____

Name of Employer: _____ Supervisor: _____

Address: _____ Phone Number: _____

Household Member: _____ Position: _____

Name of Employer: _____ Supervisor: _____

Address: _____ Phone Number: _____

If DSHS benefits are received, please provide your case worker, DSHS office city, telephone and client ID#:

Case Worker: _____ DSHS Office Location: _____

Phone Number: _____ Client ID #: _____

1. Have you sold or disposed of any asset(s) in the last two years? () Yes () No

If yes, please explain: _____

2. Have you or any adult household member ever used any name(s) or Social Security number(s) other than the one you are currently using? () Yes () No

If yes, please explain: _____

3. Have you or any of your household, ever committed any fraud in a federally-assisted housing program or been required to repay money for knowingly misrepresenting information for such program? () Yes () No

If yes, please explain: _____

4. Do you currently owe any money to a Housing Authority in connection with your or any household member’s participation in a federally assisted housing program? () Yes () No

If yes, please explain: _____

RENTAL HOUSING INFORMATION: In order to complete your application, you must provide information regarding your rental history. Failure to provide complete and accurate information may result in insufficient information to determine your eligibility for the program.

Have you ever applied for housing with the Muckleshoot Housing Authority: () Yes () No
Were you evicted: () Yes () No If yes, please explain: _____
Do you have outstanding debts to MHA: () Yes () No Reason you left: _____

HOUSING INFORMATION: Starting with your current housing, please provide the requested information for current and previous residences.

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Occupancy: _____ Do you have a rental or lease agreement in your name: () Yes () No

Is eviction action pending against you: () Yes () No If yes, please explain: _____

Complex Name: _____ Landlord Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Monthly Rent: \$ _____ Number of Bedrooms: _____ Utilities Included: () Yes () No

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Occupancy: _____ Do you have a rental or lease agreement in your name: () Yes () No

Were you evicted from this location: () Yes () No If yes, please explain: _____

Complex Name: _____ Landlord Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Monthly Rent: \$ _____ Number of Bedrooms: _____ Utilities Included: () Yes () No

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Occupancy: _____ Do you have a rental or lease agreement in your name: () Yes () No

Were you evicted from this location: () Yes () No If yes, please explain: _____

Complex Name: _____ Landlord Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Monthly Rent: \$ _____ Number of Bedrooms: _____ Utilities Included: () Yes () No

GENERAL INFORMATION:

1. Have you ever vacated a rental unit owing rent or other amounts? () Yes () No

If yes, please explain: _____

2. Have you or any member of your household been convicted within the past two (2) years for drug related or violent criminal activity? () Yes () No

If yes, please explain: _____

3. Have you or any member of your household been convicted within the past two (2) years for an alcohol-related offense? () Yes () No

If yes, please explain: _____

4. Are you or any member of your household a registered sex offender? () Yes () No

5. Do you own a pet? () Yes () No If yes, what type: _____

6. Would you be willing to give up the pet if required in order to receive housing? () Yes () No

PLEASE READ BEFORE SIGNING:

I understand that the information above is provided to the Muckleshoot Housing Authority in order to process my application for the Housing Stabilization Program. I hereby authorize the above listed references to release employment and tenant information to the MHA in order to verify my references. I further understand that providing false or misleading information may be grounds for rejection of my application, or if I become a recipient, it may be grounds for future garnishment of my Per Capita to recollect the funds paid on my behalf.

I certify that all the information provided in this application, including household composition, family assets, income, allowances, deductions, and previous housing assistance is accurate and complete to the best of my knowledge. I understand that I am required to report all changes of household composition and income to the MHA in writing. I understand that the Title 18, Section 1011 of the US Code states that a person is guilty of a felony for knowingly and willingly making false statements to any department or agency. **My application is only considered complete after a fully executed application and the required verification documents are received. The date the MHA receives all the required information is the effective date my application.**

By signing below, I acknowledge that per the MHA Policies & Procedures stated under Section IV, Paragraph 1 in the Drug & Alcohol Policy: "Any applicant for the MHA whom the MHA has reasonable suspicion to believe is using illegal drugs and/or alcohol may be required to take a Drug and/or alcohol screening test or other test within a time specified by the MHA. Any applicant who fails or refuses to take such a test shall be ineligible for admission to any MHA program for a two (2) year period beginning on the date that such test was to have been taken."

Signature of Applicant: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

**AUTHORIZATION
for Release of Information**

CONSENT: 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 Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. 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.

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

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

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 a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies
	Tribe/State ICW Agencies	Tribal Tax Fund

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	
Head of Household:	_____	_____	Date: _____
Spouse:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____