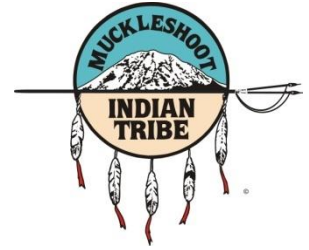




# Muckleshoot Housing Authority

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



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## Landless Elder, Landless Disabled & Landless Veteran Housing Program

Dear Tribal Member:

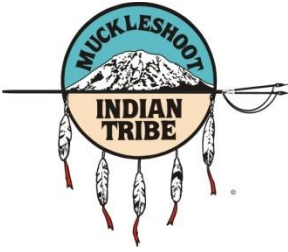
The Landless Housing Program was enacted to assist eligible landless Tribal Members to secure safe and affordable Housing. This program is authorized to provide home leasing (life estate) opportunities to landless elder, landless disabled, and/or landless veteran Tribal members who otherwise would not meet the criteria for New Construction or Mortgage Payoff / Pay Down contained in the Tribal Housing Assistance Ordinance.

The Landless Housing Program is limited to enrolled landless Tribal Member Elders 55 years of age and older; landless Disabled Tribal Members, and eligible landless Veteran Tribal Members who don't currently own a home or buildable land for new construction. For additional landless eligibility criteria and program information, please refer to the attached landless policy.

Please complete the attached application and submit the following documentation:

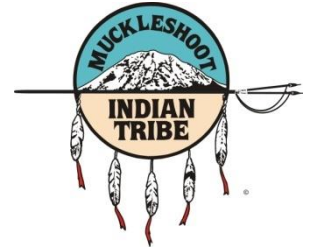
- PROOF OF ENROLLMENT WITHIN THE MUCKLESHOOT INDIAN TRIBE** – The Housing Authority will need a copy of your Tribal ID card or a letter from the Tribal Enrollment Office.
- PROOF OF LAND STATUS** – The Housing Authority will need a signed copy of the Trust Services Land Verification form.
- RELEASE OF INFORMATION FORM** – This form must be signed by each household member 18 years of age and older that you will be applying for. *Please be sure to read the entire form before you and other adult household members sign it. If you need additional forms for other family members or have questions regarding the form, please call the Housing Authority.*
- PROOF OF DISABLED STATUS** (if requesting disabled status)– The Housing Authority will need certification from the Social Security Administration or Veteran Administration showing eligibility for SSI or VA Disability benefits. If this certification is not available, the applicant may submit a Muckleshoot Indian Tribe Tax Fund Programs Disability Certification, signed by an appropriate certifying professional.

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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## Landless Elder, Landless Disabled & Landless Veteran Housing Program Muckleshoot Enrolled Members Only

The information in this application is being collected to identify eligible landless Elder, landless Disabled and/or landless Veteran Tribal members to participate in the Landless Housing Program, and will be used to determine priority of assistance. The applicant must provide the required information for consideration of the application. Incomplete information and/or false statements will be subject to rejection from this program.

### APPLICANT & HOUSEHOLD INFORMATION

Date: \_\_\_\_\_

Applicant Preference Status: ( ) Elder ( ) Disabled ( ) Veteran

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Message: \_\_\_\_\_

Tribes: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Marital Status: ( ) Married ( ) Single ( ) Widowed ( ) Other

**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	DOB	Social Security Number	Sex	Tribal Enrollment / Number
1.					
2.					
3.					

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOUSING INFORMATION**

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

1. Have you or anyone in your household ever received any type of housing assistance from the Bureau of Indian Affairs, the Muckleshoot Indian Tribe or the Muckleshoot Housing Authority? ( ) Yes ( ) No

If yes, when: \_\_\_\_\_

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

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

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

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 or any member of your household been convicted within the past (2) years for drug related criminal activity: ( ) Yes ( ) No  
If yes, please explain: \_\_\_\_\_
2. Have you or any member of your household been convicted of violent criminal activity: ( ) Yes ( ) No  
If yes, please explain: \_\_\_\_\_
3. Are you or any member of your household a registered sex offender: ( ) Yes ( ) No
4. Have you ever been enrolled with a Tribe other than the Muckleshoot Indian Tribe: ( ) Yes ( ) No  
If yes, please provide your Muckleshoot enrollment date: \_\_\_\_\_
5. How long have you resided in the service area of the Muckleshoot Tribe: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:**

I understand that the information is provided to the Muckleshoot Housing Authority in order to process my application for the Landless Elder, Landless Disabled, and Landless Veteran Housing Program. I hereby authorize the above listed references to release tenant information to the Housing Authority in order to verify my references. I further understand that providing false or incomplete information may be grounds for rejection of my application, or if I am awarded home, it may be grounds for eviction.

I certify that all the information provided in this application is accurate and complete to the best of my knowledge. I understand that I am required to report all changes of household composition to the MHA in writing. My application is only considered complete after fully executed and all the required verification documents are received. The date the MHA receives all the required information is the effective date of my application.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Muckleshoot Housing Authority

## RELEASE OF INFORMATION AUTHORIZATION

### 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 Indian Housing Program(s), 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 my household or myself may be needed. Verification and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Medical or Child Care Allowances
Employment, Income and Assets	Credit
Current Residence/Rental History	Criminal Background Check

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) includes but are not limited to:

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

### COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that the Muckleshoot Housing Authority may conduct computer-matching programs to verify the information supplied for my application. 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

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

---

### SIGNATURES

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Other Adult member

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date