



# Puyallup Tribal Housing Department



*“A Drug & Alcohol-Free Housing Program”*

## **Only Complete applications are accepted.**

To submit NEW applications, please schedule an appointment with the Intake Specialist to ensure the application is complete and any questions answered.

### **Intake Specialist**

- Melissa Stephens 253-382-6112 [Melissa.Stephens@puyalluptribe-nsn.gov](mailto:Melissa.Stephens@puyalluptribe-nsn.gov)

### **Resident Service Specialists**

- Kasandra Gutierrez 253-680-5992 [Kasandra.L.Gutierrez@puyalluptribe-nsn.gov](mailto:Kasandra.L.Gutierrez@puyalluptribe-nsn.gov)
- Jamie Sportsman 253-680-5991 [Jamie.Sportsman@puyalluptribe-nsn.gov](mailto:Jamie.Sportsman@puyalluptribe-nsn.gov)
- Lisa Davis 253-680-5987 [Lisa.Davis@puyalluptribe-nsn.gov](mailto:Lisa.Davis@puyalluptribe-nsn.gov)

Please provide all documents that pertain to you; additional documentation may be required

### **Proof of Identity**

- Washington State ID
- Tribal ID or CIB
- Social Security Cards
- Birth Certificates for those under 18

### **Income Verification**

- Employment** – Provide the last two months of pay stubs
- Unemployment** – Provide a statement
- Current Year Tax Returns**
- SSI/SSDI** – Provide a current statement
- Food Stamps** – Most current statement
- TANF** – Most current statement
- Per Capita** – Provide current stub
- Any Tribal Income, Dividends, or Shares**
- Child Support** – Provide a current statement
- Diving/Shellfish**
- Foster Child/ren’s Income**

### **Other Documentation**

- If Married, the Marriage certificate*
- If Divorced, the decree is required with no exceptions*
- Child Custody documents are required with no exceptions*
- Veteran** – Provide DD-214
- Need for a handicapped-accessible unit** – Provide documentation of disability
- Service Animal** – Provide documentation of need, current records for animal

### **Deductions**

- Child Care Expenses** Provide written documentation from the childcare provider, including their name, address, SS# &/or tax Id #, and payment amounts.
- Long-term** “out of pocket” medical expenses, please provide receipts and a Tax return if the medical deduction is claimed.

## **Puyallup Tribal Housing Department Application Process**

To be considered for eligibility for any assisted tribal housing program, all interested applicants must submit a completed application packet provided by the PTHD to the Intake Specialist or Resident Services at the PTHD office. Only complete applications are accepted. Incomplete applications will not be processed, and the application will be returned to the applicant.

Each applicant must provide all information requested on the application and sign all necessary forms, documents, and certifications. All information provided and any statements made by the applicant are subject to verification. Intentionally providing false or misleading information is grounds for automatically denying eligibility for all PTHD programs and grounds for termination from any program if the applicant has been admitted.

The applicant must certify that all information contained in the application is true and accurate. The applicant is responsible for contacting PTHD and making any corrections or updating the application if any of the information contained in the application changes.

The applicant is responsible for providing all of the necessary information and accurately completing the application as required. Information that verifies all information that affects eligibility, family composition, selection, priority or preferences, annual income, unit size, determination of homebuyer payments or rent, and housing needs is required. Failure to provide such verifying information may be grounds for a determination that the applicant is ineligible.

### Ability to Make Minimum Payments

A family applying for any of PTHD's rental or rental assistance programs must have an income high enough to cover the deposit, first months, and or prorated costs of moving in, and also the current minimum rent established by the PTHD to cover the PTHD's cost of operations for its rental units without exceeding 30 percent (30%) of the annual adjusted family income. Currently, that minimum rent is \$140/month but may be changed from time to time by PTHD.

### ELIGIBILITY CERTIFICATION

Once the application is complete, the application must follow the Eligibility Certification Procedure. The Eligibility Certification reviews and verifies that the application process, supporting documents, and income calculations meet the eligibility requirements in accordance with the Puyallup Tribe Housing Code and federal regulations

### Notice of Ineligibility

Applicants who have applied for housing and who, for any reason, have been determined to be ineligible will be notified in writing stating the reasons for their ineligibility. The applicant shall be entitled to an informal hearing under the provisions of the grievance procedures provided in the PTHD Grievance Procedures Policy. All information relative to the rejection of an applicant shall be documented and placed in the applicant's file for future reference.

## Waitlists

The certified eligible Puyallup Tribal member applicant with the oldest application date on the waiting list for that size unit in that program will be selected. If there are no Puyallup Tribal members eligible applicants available on the waiting list for that size unit in that program, the non-Puyallup Tribal member applicant who is otherwise eligible with the oldest application date on the waiting list for that size unit in that program will be selected.

When an applicant is selected from the waiting list, they must be re-verified as eligible under the PTHD eligibility guidelines set out in these policies. They must be able to provide move-in costs, the security deposit, the first month's (or prorated) rent, and other costs associated with move-in.

If that applicant is no longer eligible, PTHD will move on and select the next applicant on the waiting list.

An Applicant will be considered to have refused a unit that is offered to that applicant if:

- a. The applicant informs PTHD by any method that they are refusing the unit; or
- b. The applicant fails to respond to the notice that the unit is available within ten (10) working days of the initial communication of the notice; or
- c. The notice that the unit is available sent to the applicant is returned by the postal service as undeliverable for any reason.

If an Applicant is offered a unit but refuses, the following procedures shall apply:

- a. Upon the first refusal, PTHD will move on to the next eligible applicant, and the applicant will retain their position on the waiting list.
- b. Upon a second refusal, PTHD will move that applicant to the end of the waiting list with a new application date as of the date of the second rejection.

## Certification/ Recertification Application

- Low Rent Townhomes
- Elders Community Homes
- HOPA

DATE \_\_\_\_\_

### PLEASE PRINT

<b>Head of Household</b>					
<b>Address</b>					
<b>City, State &amp; Zip</b>					
<b>Phone numbers</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Home:</td> <td style="width: 50%; border: none;">Cell:</td> </tr> <tr> <td style="border: none;">Message:</td> <td style="border: none;"></td> </tr> </table>	Home:	Cell:	Message:	
Home:	Cell:				
Message:					
<b>E-mail address</b>					

You must use the correct legal name for each member of our household.  
 All adult members of the household 18 or older must sign the application certifying the information Pertaining to them is true and correct.  
**Household Composition:** List all persons who live or will be living in your home for more than 30 days during the following next year.

Please list the list Head of Household first.

Name of Occupants	SS #'s	DOB	M/F	Relationship to the Household	Tribe & Enrollment Number
				HOH	

Is the Head of Household Married or Divorced?	Yes	No
Are you or a member of your household 55 years or older?	Yes	No
Are you or a member of your household handicapped/disabled?	Yes	No
Please explain and provide documentation:		
Do you require a disabled-accessible unit?	Yes	No
Are you a Veteran?	Yes	No
Was your discharge honorable?	Yes	No
Are you or anyone in your household paying out of pocket for medical/pharmacy expenses?	Yes	No
If yes, please explain:		
Do you pay for childcare?	Yes	No
PLEASE PROVIDE WRITTEN DOCUMENTATION FOR CHILDCARE FROM THE FACILITY		
Are you or anyone in your household involved in a CPS Case?	Yes	No
Have you or any household member been arrested or convicted of a drug/alcohol-related activity, felonies, or Domestic Violence?	Yes	No
<b>If yes, then please provide the most recent court documents.</b>		
Do you or anyone in your household have a case pending in court or on probation?	Yes	No
<b>If yes, then please provide the most recent court documents.</b>		
Have you or any household member received housing assistance from any other Tribal Housing or Urban Programs?	Yes	No
Were you or any household member evicted, or do you owe a debt to any Nation Housing or Urban Programs?	Yes	No
<b>If Yes, which and what years?</b>		
Is there any other agency you want housing to share information with?	Yes	No
<b>If yes, please sign a consent form.</b>		
Are you interested in Homebuyer's Counseling?	Yes	No

Verification of Employment				
Name	Employer	Hourly Rate	Hours Per week	Total amount

INCOME			
TYPE OF INCOME	Yes	No	List the amount
Net income from salaries or other distributions			
Earned income tax credit to the extent it exceeds income tax liability			
Annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts.			
Social Service payments or benefits			
Alimony and or child support payments (circle which)			
Recurring monetary contributions or gifts regularly received			
Equity in a rental property or other capital investments (circle which)			
Lump sum receipts inheritances, capital gains, lottery, insurance claims			
Personal property held as investments: gems, jewelry, coin collections, and cars held as an investment.			
Social Security Income			
TANF			
Food Stamps			
Unemployment			
Workman's comp			
Child Support			
Military Pay/Allotment			
Per Capita			
Indian Shares			
Indian Land			
Pell Grant/ Student Loans			
Fishing/Diving			
Fireworks			
Other Income not Listed			
<b>Total</b>			

Assets	
Type	Total Amount
Savings Account	
Checking	
CD/ Money Market	
Stocks/ Bonds	
IRA/Roth/401K	
Real Estate	
Trust Fund	
Mortgage Held	
Cash Value	
Assets Disposed of in Last 2 years	
Other Assets not listed	
<b>Total</b>	

**Puyallup Tribal Housing Department  
Giving True & Complete Information  
Applicant & Tenant Certification**

	I acknowledge that I am responsible for reporting changes in the income of the household composition.		
	I understand that I must report immediately in writing the changes in my income, household size, or when a person moves in or out of my unit. This is also to the rules of the visitors, guests, and persons staying with me.		
	I certify that reporting on prior housing assistance is accurate.		
	I certify that I have disclosed where I received any previous Federal Housing Assistance, whether or not any money is owed and that for this assistance I did not commit fraud, or knowingly misrepresent any information of vacate under violation of the lease agreement.		
	I certify that there is no duplicate residence or assistance.		
	I certify that the house or apartment will be my principal residence and that I will not duplicate Federal Housing Assistance while I am in the Program. I will not live anywhere without notifying the Puyallup Nation Housing Authority in writing and I will not sub-lease my assigned unit.		
	I certify that all the information provided on the household composition, income family assets and items for allowance and deductions are accurate and complete to the very best of my knowledge and that it is true and correct		
<b>Cooperation Agreement</b>			
	I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal and State Criminal Law, and doing so is grounds for termination of HUD-assisted housing tenancy.		
	I understand that I must cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances and that failure to do so may result in delay, termination of assistance and/or Eviction. This includes but is not restricted to Criminal and Administrative Actions.		
<b>Signatures</b>			
Head of Household		Date	
Adult Occupant		Date	
Adult Occupant		Date	
Adult Occupant		Date	
Reviewed By		Date	

## Puyallup Tribal Housing Department Fraud

The Department of Housing and Urban Development is seriously concerned about fraud in Housing Programs and has asked us the Housing Department to send this reminder to all families in the program. Going along with these simple rules will help you stay in compliance in regard to Housing Programs and help the program run fairly and honestly. Not following these rules could result in referral of the matter for investigation and you being accused of a Federal crime.

Whenever appropriate we will ask you for information about your income and your family size so that we can make sure you are paying the right rent and that your house or apartment is the right size for your family. When we ask for this information be sure to:

	Let us know about all incomes received by members of your household and the income that you expect to receive in the next year. This includes income from second jobs, overtime, part-time jobs, and income received from child support.	
	Let us know the name of everyone expected to live in your household in the next year. If your family size increases or decreases.	
	Your rent payment to your landlord must not be more than in your lease that we calculated at the time of your review. If you are paying (or if your landlord asks for) any money in addition to this payment, <b>please report this at once</b> . We will review your case and get back to you shortly. If necessary, we will help you find another place to live.	
	It is very important that you report all income and any changes in the number of people living with you. We urge you to be sure that you are meeting these responsibilities so that you will continue to receive assistance and so that this program can serve as many families as possible.	
	If you know of any cases of fraud by landlords and Housing Department Staff or if you have any questions on this subject, please call the Puyallup Tribal Housing Department at (253) 573-7956. Thank you for your cooperation.	
	I have reviewed this document with a Housing Department Representative and understand the importance implicated.	
<b>Signatures</b>		
Head of Household		Date
Other Adult Occupant		Date
Other Adult Occupant		Date
Other Adult Occupant		Date
Reviewed By		Date



**Puyallup Tribal Housing Department**  
**REQUIREMENTS FOR REPORTING CHANGES IN FAMILY INCOME AND COMPOSITION**

In addition to submitting information as may be required at the time of the periodic re-examination of eligibility and re-determination of income, families are required to report to the Housing Authority the following changes in the family circumstances:

	All Changes in family income, whether an increase or decrease, must be reported to the Housing Department within 10 (ten) days of the occurrence.
	Death, divorce, or any other continuing circumstances affecting the family. This would include the circumstances for any family member no longer residing in the unit.
	Marriage or any addition of a family member.
	If the family has a change in income, composition, medical or dependent care expenses that would result in a decreased rent, and the family applies for such a decrease, the family shall be given an appropriate adjustment.
	Until the time for the next annual review, the family must report all changes, which would result in increased rent, and appropriate adjustments shall be made.
	Reports of the above circumstantial changes are to be made within 10 (ten) days of the occurrence of the change.

Upon the receipt of such report, and interim re-determination for family income after allowances will be conducted and the family portion of the rent adjusted if necessary, Failure to report the occurrence of the above defined circumstantial changes will require a retroactive rent charge when necessary or may be cause for termination of assistance.

Increases in the family portion of rent between periodic re-examinations are to be made effective the first of the second month following that in which the change in family circumstance occurred.

Decreases in the family portion of rent between periodic re-examinations are to be made effective the first of the month following that in which the change of family circumstances occurred; however, no downward adjustments may be made until all facts have been verified. In the case of loss of employment, downward adjustments will be made the first of the month following, then the date of occurrence, provided that 30(thirty) days of unemployment have passed before the change is effective.

The complete statement of policies governing admission, occupancy, and eligibility are posted at the Housing Authority Office 2806 E. Portland Ave. Suite 200 Tacoma, WA 98404.

**I have read and understand the above requirements for reporting changes.**

<b>Signatures</b>		
Head of Household		Date
Other Adult Occupant		Date
Other Adult Occupant		Date
Other Adult Occupant		Date
Reviewed By		Date



# Puyallup Tribal Housing Department

“A Drug & Alcohol-Free Housing Program”



## PTHD Resident Drug & Alcohol Policies Drug & Alcohol Test Acknowledgement & Consent Form

I, \_\_\_\_\_, understand and acknowledge that the Puyallup Tribal Housing Department (PTHD) requires that I submit to testing for drugs or alcohol consistent with the PTHD’s Resident Drug and Alcohol Policies (RDA Policies). I hereby consent to submit to such tests and agree to provide any specimens needed to conduct the tests. I agree to authorize the testing firm to release the test results to the PTHD. I understand that PTHD will maintain the confidentiality of the test results in accordance with the RDA Policies.

I understand and agree that *if the results of my drug and/or alcohol tests are positive*, then –

1. I may be ineligible for admission to any PTHD program or may be subject to termination and eviction in accordance with the RDA Policies; and \_\_\_\_\_
2. The results reported to the PTHD may be used in a grievance hearing before a Hearing Panel or in Tribal Court to support termination and eviction. \_\_\_\_\_

I also understand and agree that if I at any time refuse to submit to a drug and/or alcohol test required by the RDA Policies, I fail to authorize the disclosure of the test results to the PTHD, or I otherwise fail to cooperate with the testing procedures or abide by the RDA Policies, then –

1. I may be ineligible for admission to any PTHD program or may be subject to termination and eviction in accordance with the RDA Policies; and \_\_\_\_\_
2. Such information may be used in a grievance hearing before a Hearing Panel or in Tribal Court to support termination and eviction. \_\_\_\_\_

I agree to hold harmless the PTHD, its Board, officers, employees and agents, and any testing facility the PTHD may use, meaning that I will not attempt to sue or to hold responsible such parties for any alleged harm to me that might result from –

1. Testing for drugs or alcohol, including ineligibility, eviction or any other kind of adverse action that might arise as a result of the drug or alcohol test(s), even if a testing facility representative makes an error in the administration or analysis of the test(s) or the reporting of the results; or \_\_\_\_\_
2. The release or use of information relating to the drug or alcohol test(s), as long as the release or use of the information is within the scope of the RDA Policies. \_\_\_\_\_

The RDA Policies and this form have been explained to me in a language that I understand, and I have been told that any questions I may have about the RDA Policies or testing will be answered by the PTHD Director.

Signature

Date



**Authorization for the Release of Information / Privacy Act Notice**

**Tenant ID:**

**U.S. Department of Housing and Urban Development**

PHA requesting release of information; **(Cross out space if none)**

IHA requesting release of information: **(Cross out space if none)**

(Full address, name of contact person, and date)

(Full address, name of contact person, and date)

Puyallup Tribal Housing  
2806 E PORTLAND AVE # 200  
TACOMA, WA 98404

XX  
XX  
XX  
XX

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Sources of Information To Be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

# RENTAL SCREENING APPLICATION



521 W. Maxwell Ave. Spokane WA 99201  
 Customer Service : 509 324-1249 • 1 800 304-1249  
 Fax: 509 324-1240 • 1 800 845-7435

TenantScreening@ACRAnet.com • www.ACRANET.com

### TYPE OF REPORT

- FULL CONSUMER
- QUICK CHECK
- CO-SIGNER (Credit Only)
- COMPREHENSIVE
- OTHER \_\_\_\_\_

MEMBER ACCOUNT # \_\_\_\_\_

DATE OF APP: \_\_\_\_\_

RENT \$ \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## **\*\*INCOMPLETE APPLICATION CAUSES A DELAY IN PROCESSING\*\***

PROPERTY INFORMATION				
MGMT COMPANY	COMPLEX NAME/ADDRESS	REQUESTING AGENT	PHONE#	FAX#
MOVE IN:	MOVE OUT:	DEPOSIT:	PET DEPOSIT:	STUDENT ID#
APPLICANT INFORMATION				
APPLICANT IS: <input type="checkbox"/> APPLYING ALONE <input type="checkbox"/> HAS CO-APPLICANTS		CO-APPLICANT'S NAME(S) (MUST COMPLETE SEPARATE APPLICATION, UNLESS MARRIED) 1. _____ 2. _____		RELATIONSHIP _____ _____
APPLICANT LAST NAME		FIRST NAME	MIDDLE/SUFFIX	SOCIAL SECURITY #
DRIVERS LICENSE #	STATE	DATE OF BIRTH (MM/DD/YYYY)	EMAIL ADDRESS:	PHONE #
SPOUSE'S LAST NAME		FIRST NAME	MIDDLE/SUFFIX	SOCIAL SECURITY #
TOTAL GROSS MONTHLY INCOME \$ (include all sources)	SPOUSE'S DRIVERS LICENSE	SPOUSE'S DATE OF BIRTH (MM/DD/YYYY)	SPOUSE'S PHONE #	
SPOUSE'S EMAIL ADDRESS:		OTHER NAMES USED FOR EITHER APPLICANTS:		
CURRENT RESIDENCE				
(1) PRESENT STREET ADDRESS		APT #	CITY	STATE ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND		LANDLORD NAME	PHONE	FAX
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	
PREVIOUS RESIDENCE				
(2) PREVIOUS STREET ADDRESS		APT #	CITY	STATE ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND		LANDLORD NAME	PHONE	FAX
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	
(3) PREVIOUS STREET ADDRESS		APT #	CITY	STATE ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND		LANDLORD NAME	PHONE	FAX
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	

EMERGENCY CONTACT INFORMATION			
NAME OF CONTACT	ADDRESS	RELATIONSHIP	PHONE
ADDITIONAL OCCUPANTS			
Do you have any dependents that will be living at the property? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST NAMES AND DATES OF BIRTH FOR ALL OCCUPANTS	
EMPLOYMENT HISTORY			
PRESENT EMPLOYER	CITY	STATE	POSITION/TITLE
SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
SPOUSE'S CURRENT EMPLOYER	CITY	STATE	POSITION/TITLE
SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
ADDITIONAL INCOME <small>Additional income such as child support, alimony, or separate maintenance need not be disclosed unless such income is to be included in consideration for qualification.</small>			
AMOUNT OF ADDITIONAL INCOME \$	FREQUENCY	SOURCE	
MISCELLANEOUS INFORMATION			
Do you have any Service/Support Animals? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, (Please Explain):	LIST PET TYPES AND BREEDS
CRIMINAL HISTORY			
Have you ever been convicted of any crime? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please use an additional page for multiple offenses)		What level was the offense? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	COURT LOCATION:
EVICTION HISTORY			
Have you ever been evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	Have you ever filed for Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you request a reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO
VEHICLE INFORMATION			
MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE

Applicant/Co-Applicant certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury. Applicant/Co-Applicant hereby authorize the landlord and/or agents to verify the information and obtain credit reports, criminal background, unlawful detainer, prior eviction information, past tenancy report and employment verification through ACRANet.

Applicant/Co-applicant understand that there is a NON-REFUNDABLE APPLICATION FEE of \$ \_\_\_\_\_ per person, regardless of marital status.

Applicant's Signature \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

The undersigned agent for the above-referenced landlord certifies that the information sought herein or in any consumer report prepared by ACRANET is for the purpose of evaluating the applicant's residency and no other purpose.



Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

It is the Policy of the owners and managers of this management company and/or landlord not to discriminate against anyone in any respect in the rental of this dwelling unit because of race, nationality, religion, sex, disability or family status / having children under the age of 18.

BILLING INFORMATION				
CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	TOTAL AMOUNT \$ _____	CARD NUMBER _____	EXP. DATE _____	SECURITY CODE _____
NAME ON CARD _____	BILLING ADDRESS _____	APT # _____	CITY _____	STATE _____
My signature below authorizes ACRANET, a background screening and reporting company, to charge the above credit card the background screening fee noted above. I agree to pay for this charge according to the terms of my card holder agreement.				
Signature _____			Date _____	

## Authorization to Release Records - Individual

<b>A. AUTHORIZATION TO DISCLOSE CONFIDENTIAL UNEMPLOYMENT INSURANCE PROGRAM RECORDS:</b>			
<b>FIRST MIDDLE LAST NAME OF INDIVIDUAL</b>			
<b>SOCIAL SECURITY NUMBER (NEED TO PROCESS REQUEST):</b>			
<b>B. DISCLOSE RECORDS TO:</b>			
<b>NAME LAST</b>	<b>FIRST</b>	<b>TITLE (IF APPLICABLE)</b>	
Stephens	Melissa	Intake Specialist	
<b>ORGANIZATION OR BUSINESS NAME (IF APPLICABLE)</b>			
Puyallup Tribal Housing Department			
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
2806 E. Portland Ave, Suite 200	Tacoma	WA	98404
<b>TELEPHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>EMAIL ADDRESS</b>	
253-573-7956	253-680-5986	MELISSA.STEPHENS@PUYALLUPTRIBE-NSN.GOV	
<b>STATE PURPOSE OF DISCLOSURE (REQUIRED):</b>			
Application for Tribal Housing			
<b>C. RECORDS AUTHORIZED TO RELEASE:</b>		<b>OFFICE USE ONLY</b>	
<p>I authorize the following confidential unemployment insurance program information and records to be released to the third party entity identified in Section B. I understand State governmental files will be accessed to provide the requested information/records. The identified third party entity is only authorized to use the requested information/records for the stated purpose.</p> <p><input checked="" type="checkbox"/> A copy of my <u>Wages Reported</u> by employers in the State of Washington from _____ through _____ (start date – far back as 1987) (end date)</p> <p><input checked="" type="checkbox"/> A copy of my <u>Unemployment Payment History</u> from: _____ through _____ (start date) (end date)</p> <p><b>If just requesting a copy of individual's wages reported and/or unemployment payment history then upload and submit this signed release on-line to receive a response within <u>1 business day</u> at <a href="http://esd.wa.gov/newsroom/public-records">esd.wa.gov/newsroom/public-records</a></b></p> <p><input type="checkbox"/> If releasing other records other than the above (identify here): N/A</p>			
<b>D. SIGN REQUEST FOR RECORDS</b>			
By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the individual whose confidential unemployment insurance program information and records is being requested:			
<b>SIGNATURE (REQUIRED – ELECTRONIC SIGNATURE NOT ACCEPTED):</b>		<b>DATE REQUESTED:</b>	
X			
MAILED OR FAXED IN REQUESTS WILL BE RESPONDED TO WITHIN <b>5 TO 10 BUSINESS DAYS</b> . SEND REQUEST TO:			
<b>ESD Records Disclosure Unit P.O. Box 9046 Olympia WA 98507-9046 Fax: 1-866-610-9225</b>			

**Any questions contact the ESD Records Disclosure Unit at 1-844-766-8930**

# Multifamily Housing Case Studies

## A RHIP Training Program

U.S. Department of Housing and Urban Development  
Office of Inspector General



November 2004

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house:</li><li>▫ Required to repay all overpaid rental assistance you received:</li><li>▫ Fined up to \$ 10,000:</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
<b>Asking Questions</b>	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
<b>Completing The Application</b>	When you answer application questions, you must include the following information:
<b>Income</b>	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
<b>Assets</b>	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>



# Multifamily Housing Case Studies

## A RHIP Training Program

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- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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<b>Signing the Application</b>	<ul style="list-style-type: none"><li>▫ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.</li><li>▫ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.</li><li>▫ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.</li></ul>
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<b>Recertifications</b>	<p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"><li>▫ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.</li><li>▫ Any move in or out of a household member; and,</li><li>▫ All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.</li></ul>
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<b>Beware of Fraud</b>	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"><li>▫ Do not pay any money to file an application;</li><li>▫ Do not pay any money to move up on the waiting list;</li><li>▫ Do not pay for anything not covered by your lease;</li><li>▫ Get a receipt for any money you pay; and,</li><li>▫ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).</li></ul>
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<b>Reporting Abuse</b>	<p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.</p>
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HUD- 1140-OIG THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION

