



Swinomish Housing Authority  
 P.O. Box 677  
 La Conner, WA 98257  
 (360)466-4081

## *SHA Application for Rental Housing*

Dear Housing Applicant,

Please complete all sections of the attached application that apply to you and your family. You must provide the following information before your application is considered complete. Please use this checklist to ensure a completed application.

- \_\_\_\_\_ Social Security Numbers for all residents of the household
- \_\_\_\_\_ Proof of Income for all adults 18+ (current pay stubs, recent award letter for SSI, TANF, Unemployment, fishing income statement, etc.)
- \_\_\_\_\_ Copies of Birth Certificates for family members under the age of 18
- \_\_\_\_\_ Copies of Current Personal identification for those 18 and older (Washington State Driver’s License)
- \_\_\_\_\_ Copies of Tribal Enrollment Card
- \_\_\_\_\_ Signed Release of Information Authorization (all family members over the age of 18) If you need extra forms, please ask
- \_\_\_\_\_ Signed and Date Application

You are encouraged to provide a letter stating any special circumstances, such as living in substandard housing, being displaced because of government action, paying over 50% of your income to rent, family composition needs, or physical handicapped or elder special needs, etc.

**\*\*It is your responsibility to update your application annually.** Please contact staff at 360-466-4081 to advise us of continued interest, there is no need to fill out new application. Additionally, if you fail to notify SHA staff annually you are still interested in housing you will be removed from the waitlist. Also, contact us if you would like to be removed or family composition changes.

### **2024 HUD Income Limits – La Conner, Washington**

These household income limits are used to determine income eligibility. Other eligibility requirements also apply. Contact SHA for questions regarding all eligibility requirements.

<b>2024 Median Family Income</b>		<b>\$97,800</b>						
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$54,768	\$62,592	\$70,416	\$78,240	\$ 84,499	\$ 90,758	\$ 97,018	\$103,277
100%	\$68,460	\$78,240	\$88,020	\$97,800	\$105,624	\$113,448	\$121,272	\$129,096

\* For households over 8 persons, please contact the SHA office.



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### Applicant Information

Applicant: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_

Physical address if different than mailing address: \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Family Composition to Occupy New Unit:

Name	Relationship	Tribal Member Enrollment #	Social Security Number*	Date of Birth**
	Applicant			

Please note any anticipated changes to the family composition: \_\_\_\_\_  
 \_\_\_\_\_

Will there be any physically handicapped tenants? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe special needs or circumstances: \_\_\_\_\_

## Income Verification

Name*	Income Source (TANF, fishing, Unemployment SSI, wages, etc.)	Amount	Frequency (weekly, bi- weekly, etc.)	Verification attached? (Check)
Applicant				

**\* Income for all members listed in the family composition over the age of 18 MUST report income.**

## Landlord Information (required information)

Name of Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Email: \_\_\_\_\_ Past Due Rent: \_\_\_\_\_

Have you ever lived in Tribal or Public Housing in the past? Yes: \_\_\_\_ No: \_\_\_\_

Name of Housing Entity: \_\_\_\_\_

Have you ever been evicted from any rental housing? Yes: \_\_\_\_ No: \_\_\_\_

Do you or your family members owe SHA for past due Rent: Yes: \_\_\_\_ No: \_\_\_\_

Are you in a Repayment Plan with SHA? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please explain (this will not automatically disqualify you): \_\_\_\_\_

Are you related to a Housing Board Commissioner or SHA staff? \_\_\_\_\_, if so, how? \_\_\_\_\_

## Current Housing Conditions

	Condition	Yes	No
1	Is your dwelling structure unsafe?		
2	Do you have potable water?		
3	Do you have flushable toilet?		
4	Do you have usable shower or tub?		
5	Is there an operating sink and cook stove?		
6	Is your electrical wiring inadequate or unsafe?		
7	Is your heating inadequate or unsafe?		
8	Is your single-family residence occupied by two or more families?		
9	Are you about to be displaced from you current housing situation?		
10	Are you currently homeless?		

How many people are living at your current residence? \_\_\_\_\_

How many bedrooms in your current residence? \_\_\_\_\_

Number of bedrooms requested: \_\_\_\_\_

***I understand that this is not a contract and does not bind either party. The information listed in this application is true and complete to the best of my knowledge. I furthermore authorize the Swinomish Housing Authority to make any inquiries needed for the purpose of validating the statements and references listed in this application.***

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date Received



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**Authorization**

for Release of Information

(all household members over the age of 18 **MUST** complete this form)

**CONSENT:**

I, \_\_\_\_\_, AUTHORIZE AND DIRECT ANY Federal, State, or local agency, organization, business or individual to release the SWINOMISH HOUSING AUTHORITY any information or material needed to complete and verify my application for participation in any or all of the Swinomish Housing Authority housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) in administering and enforcing program regulations and policies. **This Authorization is valid for a period of three (3) years after the date of my signature on this document.**

**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 and income    Medical and childcare allowances    Residence and rental activity    Criminal activity

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility in the Swinomish Housing Authority housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED:**

The groups or individuals that may be asked to release the above information may include, but are not limited to:

- |                               |                             |                                      |
|-------------------------------|-----------------------------|--------------------------------------|
| Previous Landlords            | Past and present employees  | Dept. of Health and Human Services   |
| Veterans Administration       | Courts and post offices     | Retirement systems                   |
| Utility companies             | State unemployment agencies | Social Security Administration       |
| Schools and Colleges          | Departments within SITC     | Banks and other Finance Institutions |
| Support and alimony providers | Law enforcement agencies    | Tribal organizations                 |

**CONDITIONS:**

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

I hereby expressly waive, release, and forever discharge the Swinomish Housing Authority and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, of may have against the Swinomish Housing Authority and my authorization for release of information by the relevant agencies noted.

I have read the forgoing Authorization for Release of Information and accompanying application for services and know the contents thereof. The statements contained herein are true and correct and contain a full and true account of the information requested. I execute this statement with the knowledge that misrepresentation of failure to reveal information requested may be deemed sufficient cause for the denial or revocation of services. I am voluntarily submitting this application.

**SIGNATURES:**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date



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