



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

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 (current pay stubs, recent award letter for SSI, TANF, Unemployment, fishing income statement, etc.)
- _____ Birth Certificates for family members under the age of 18 (to be photocopied by SHA staff)
- _____ Personal identification for those 18 and older (to be photocopied by SHA staff)
- _____ Tribal Enrollment/Identification documents or card
- _____ Signed Release of Information Authorization (all family members over the age of 18)
- _____ Signed 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 each year.** Failure to update your application will result in your application being placed in an inactive file. Additionally, if you fail to update your application, you will be removed from the waitlist.

Please schedule an appointment with Housing staff if you have questions or need assistance in completing your application.

Incomplete applications are not eligible to be placed on the waitlist.

2020 HUD Income Limits

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

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$43,960	\$50,240	\$56,520	\$62,800	\$67,824	\$72,848	\$77,872	\$82,896
100%	\$54,950	\$62,800	\$70,650	\$78,500	\$84,780	\$91,060	\$97,340	\$103,620

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



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Application for Rental Housing

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 # (attach card)	Social Security Number*	Date of Birth**
	Applicant			

* Social Security Number for each family member is required to determine eligibility.
 ** Family members under the age of 18 will need a birth certificate and those 18 and older will need to submit a copy of their identification.

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, 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: _____

Name of Previous Landlord: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Monthly 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: _____

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

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?		

If you answered yes to any of the above, please explain:

How many 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

Time



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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	Credit activity and history
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 Svcs.
Veterans Administration	Courts and post offices	Retirement systems
Utility companies	State unemployment agencies	Social Security Administration
Schools and Colleges	Credit provider/credit bureaus	Banks and other Finance Institutions
Support and alimony providers	Law enforcement agencies	Medical providers
Childcare providers	Tribal organizations	Departments within SITC

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

Print Name

Date