Snoqualmie Indian Tribe
HUD Housing and Stability
Program Application

Application

The Snoqualmie Indian Tribe recognizes the need to develop a program that assists low-income tribal members whose needs cannot be met through the existing housing programs. The Snoqualmie Tribal Council hereby establishes the HUD Housing and Stability Program ("Program"). The Housing Department will implement the program in a manner consistent with the Tribe's overall mission. The objectives of the program are:

- To provide rental assistance to eligible low-income Indian households.
- To provide utility assistance to eligible low-income Indian households.
- To provide reasonable home modification options for Elders – Independent Living "Aging in place"

This application is governed by the HUD Housing and Stability Program Policy, which contains eligibility requirements and program limitations. The Program is further subject to NAHASDA requirements and funded by the U.S. Dept. of Housing & Urban Development ("HUD").

Eligibility

1. Funds are only available *once per eligible household*.
2. Eligibility requirements include:
   a. Indian: Any person enrolled in a federally recognized Indian tribe or certain state-recognized tribes under the Policy. Verification with a Tribal ID or other acceptable documentation will be required. Preference will be given to enrolled Snoqualmie Tribal Members.
   b. Low Income: A family whose income does not exceed 80 percent of the median income for the area in which they reside, as determined by HUD, with adjustments for smaller and larger families. A sample of income calculation is located on Page 13 of the Policy.
   c. The unit must meet Occupancy Standards and pass housing quality inspection. A valid lease agreement for the unit that meets HUD/NAHASDA requirements must be provided. The initial lease term must be for one year. Please see the additional requirements under the Approval of Leases section of the Policy.
   d. Affordable Rent: A Participant's monthly rent must be "affordable," which means equal to but not more than 30% of their monthly adjusted income or equal to but not more than the Fair Market Rent of the unit, as determined by HUD.
3. Utility Allowance is available on an as-needed basis.
   a. Eligibility for Utility Allowance is the same as Rental Assistance.
   b. Qualified Indian households may receive Utility Allowance without Rental Assistance.
   c. The Applicant or Head of Household must be the named account holder for the utility service.
4. The following are ineligible to receive Program assistance:
   a. Applicants who owe the Snoqualmie Indian Tribe or other recognized Tribe money and have not set up a payment plan or have been previously terminated or evicted from any program administered by the Snoqualmie Indian Tribe or any other recognized Tribe and have not been permitted to resume participation.
   b. Applicants currently receiving the benefit of any other form of housing subsidy funded in whole or in part by HUD for the same dwelling unit.
   c. Applicants related to the owner/landlord of the unit.
5. All eligible participants must reapply annually; participants in good standing may be granted self-certification with full biannual recertification.
6. Applicants must meet with the financial advisor provided by the Tribe within 90 days of being approved.
7. Funding is available on a first-come-first-served basis, with preference to enrolled Snoqualmie Tribal Members. ***Only completed applications with all required documentation will be accepted.*** Once all grant funding has been accounted for, the Department will accept applications for the waitlist. Please see waitlist procedures in the Policy.

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Program Requirement

The amount of program assistance that a family will be eligible to receive will be based on the gross household income and determined utilizing an Income Tier Method based on a family's median income in the county that they reside in and not exceeding $12,000 per annual term. Under no circumstances will the Snoqualmie Indian Tribe enter into an agreement where the family is required to pay more than 30% of the family's adjusted monthly income. Rent cannot exceed the fair market rent for the area in which the unit is located. Rental Deposits include "last month" rent (if required), application fees, and other move-in deposits. All approved payments will be paid directly to the owner/landlord after the Tribe enters a contract with the owner/landlord for the payments. Reimbursements or retroactive payments are not allowed. The UTILITY assistance allowance that may be provided will be a flat rate of $75 per home plus $10 per household member, not to exceed $290 per month.

Check one:

- ☐ Rental Assistance
- ☐ Rental Deposit/Move-In Fees
- ☐ Utility Allowance
- ☐ Elder Home Modification

RENT ASSISTANCE	
Below Income Median	Amount Per Month
30%	$ 1,000.00
50%	$ 825.00
80%	$ 625.00

UTILITY ALLOWANCE		UTILITY ALLOWANCE	
Members of Household	Amount Per Utility	Members of Household	Amount Per Utility
1	$75	5	$115
2	$85	6	$125
3	$95	7	$135
4	$105	8	$145

Personal Information

Applicant Name: _____

Physical Address: _____

Mailing Address: _____

City, State and Zip: _____

Email: _____

Phone (or best contact number): _____ Enrollment number: _____

Number of adult enrolled Indians in household: _____ Tribe _____

(If Not a Snoqualmie Tribe)

Rental Status

Are you involuntarily Displaced due to one of the following? ☐ Yes ☐ No

By Natural Disaster *Due to Hate Crime* *Due to Owner Action*
By Government Action *Due to Unit Inaccessibility* *To Avoid Reprisal*
By Domestic Violence

Are you paying more than 50% of your gross income towards rent and utilities? ☐ Yes ☐ No

Are you living in substandard housing? ☐ Yes ☐ No

Examples Include:

Homeless *No Tub/Shower* *No Toilets* *No Electricity*
No Plumbing *No Kitchen* *No Heat* *Dilapidated Home*

Rental Information

Please complete your rental information for your current lease or rental that you are applying for. ***(Required)***

Monthly Rent _____ Lease Term _____ No. of Bedrooms ____

Landlord Name _____ Phone _____

Landlord Email_____

Emergency Contact Information

Please list one (1) person we may contact if you are not available.

Name _____ Relationship_____

Email_____ Phone_____

Reason for Contact:

☐ Unable to contact you ☐ Eviction from Unit ☐ Other:_____

☐ Late Rent Payment ☐ Termination of Assistance

☐ Check this box if you choose not to provide an emergency contact.

Household Information

Please list yourself and all persons living in your same dwelling. Do not list members who reside elsewhere during the school year. Please continue on a separate page if necessary.

	Last Name	First Name	MI	Relation to Head	Date of Birth	Social Security #
1				Head		
2						
3						
4						
5						
6						

Does anyone live with you who is not listed above? (If yes, please list their name(s) and explain):

_____

Please answer the following questions by placing a check in the correct box

(1) Is the Head of Household, Spouse, or any other member of the household disabled? ☐ YES ☐ NO
If YES, please list their name(s): _____

(2) Have you or any other family member listed on your application now or ever lived in Public Housing, Section 8 Assisted, or any other form of government-subsidized housing program? If YES, was your rental assistance ever terminated for program violations? ☐ YES ☐ NO
Please explain: _____

(3) Do you currently live in housing that is subsidized by another HUD program or agency? (Seattle Housing Authority, King County Housing Authority, Tribal Housing Authority, Section 8 voucher, etc.) ☐ YES ☐ NO

(4) Do you receive rental assistance from any other agency? ☐ YES ☐ NO
If YES, please list all agencies:
_____

(5) Is any member of your household on a leave of absence from work due to layoff, medical leave, maternity leave, or military leave? If YES, please list their names(s): ☐ YES ☐ NO
_____

(6) Have you, or any member(s) of your household, ever served in the United States Military? ☐ YES ☐ NO
If YES, please list their name(s):_____

(7) Does anyone else help you pay your bills or give you money? ☐ YES ☐ NO
If YES, how much, and list their name(s): _____
_____

(8) Does your family have more than $50K in assets? (Including checking/Savings accounts, IRAs, Keogh accounts, CDs stocks/bonds, dividends, homes, mobile homes, or any form of real estate): ☐ YES ☐ NO
_____

** Please attach additional pages/documents if needed.*

Household Income

Income can be defined as but is not limited to the following sources:

(E) Employment/ Wages	(CS) Child Support/ Alimony	(WC) Workmen's Comp/ L & I	(A) Alimony
(TA) Tribal Assistance	(U) Unemployment Benefits	(AP) Annuity Payments	(RP) Retirement Pension
(SS) S.S.I./ Social Security	(SE) Self-Employment Income	(V) Veteran's Benefits	(PA) Public Assistance

On the chart below, please list everyone 18 years and older WITH or WITHOUT a source of income in your household. Please list any additional information on a separate page.

Name of Family Member	Source of Income	Wage /Salary	Hourly ✓	Weekly ✓	Monthly ✓	Annually ✓
		$				
		$				
		$				

Please complete employer information for all adult employed family members. Use additional sheets if necessary.

Person Employed: _____ Person Employed: _____

Employer's Name: _____ Employer's Name: _____

Email / Phone: _____ Email / Phone: _____

Application Agreement

Please initial that you understand and agree to the following:

_____I agree that if any information on this application changes after I have submitted it to the Housing Department (such as total household income or family composition), I will promptly notify the Housing Department so that my application may be updated accordingly.

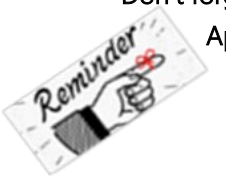
____I understand that if I am selected for assistance, I will be required to provide documentation verifying my identity and all income sources for all adult household members (18 and older). I understand that I will also be required to sign a Participant Agreement committing to program obligations, as outlined in the Policy, which includes the requirement of reporting changes in income or family composition to the Housing Department.

____I understand that I may be required to meet with a Financial Advisor provided by the tribe.

By signing, I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application under penalty of criminal prosecution if I knowingly give false information that results in payments on my behalf, for which I am not entitled. I agree that the Housing Department may contact other Tribal programs for pertinent information as it applies to this application. I agree to repay any assistance that the Tribe deems to have been misused and that the Tribe may pursue any available remedies at law and/or equity to recover misused funds.

Signature:_____Date:_____

Don't forget to include a copy of your lease agreement, income verification, and current utility bills:
Applications with missing documents will not be considered until they are complete.



Send applications to the housing department

By Mail:

ATTN: Housing Department
P.O. Box 969, Snoqualmie, WA 98065

By Fax: (206) 984-1586

E-mail: housing@snoqualmietribe.us