



# 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 Rental and Utility Assistance Program ("Program"). The Housing Department will implement the Program in a manner consistent with the overall mission of the Tribe. The objectives of the program are:

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

This application is governed by the HUD Rental Assistance Program Policy, which contains eligibility requirements and limitations of the Program. 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. Must provide a valid lease agreement for the unit that meets HUD/NAHASDA requirements. The initial lease term must be for one year. Please see additional requirements under the Approval of Leases section in 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 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. Tribal Elder may receive a Utility Allowance without Rental Assistance.
  - c. Tribal Elder applicant 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 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 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 or STOWW for the same dwelling unit.
  - c. Applicants related to the owner/landlord of the unit.
5. All eligible participants must re-apply annually; Participants in good standing may be granted a self-certification with full bi-annual recertification.
6. Funding is available on a first-come-first-serve 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 Requirements

The amount of **RENTAL** assistance that a family will be eligible to receive will be up to 50% of the affordable rent amount, which is based on 30% of the applicant's monthly adjusted income. Under no circumstances will the Snoqualmie Indian Tribe enter into an agreement where the family is required to pay more than 30 percent 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, pet deposits, 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 amount of **UTILITY** assistance allowance that may be provided will be a flat rate of \$60 per home plus \$10 per household member; not to exceed \$120 per month.

- Check One:
- |  |   |
|--|---|
| <input type="checkbox"/> Rental Assistance         | <input type="checkbox"/> Emergency Rental / Mortgage Assistance |
| <input type="checkbox"/> Elder Mortgage Assistance | <input type="checkbox"/> New Rental Move-In Fees                |
| <input type="checkbox"/> Elder Utility Allowance   | <input type="checkbox"/> Elder Home Modification                |

## 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 Snoqualmie Tribal Member)*

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

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Reason for Contact:

- Unable to contact you
- Termination of Rental Assistance
- Eviction from Unit
- Late Payment
- Other: \_\_\_\_\_

For internal Use

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

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



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### Rental Information-----

Please complete your rental information for your current lease or rental that you are applying for.

Monthly Rent _____	Landlord Name _____
Lease Term _____	Landlord Phone _____
No. of Bedrooms _____	Landlord Email _____

### 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 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? (e.g., Seattle Housing Authority, King County Housing Authority, Tribal Housing Authority, or Section 8 voucher, etc.)  YES       NO
- (4) Do you receive rental assistance from any other agency? If YES, please list all agencies:  YES       NO
- \_\_\_\_\_



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## Household Income -----

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

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

A. 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	Sources of Income	Wage/ Salary	Hourly	Weekly	Monthly	Annually

B. 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: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (1) 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 lists their names(s):<br>_____                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (2) Have you, or any member(s) of your household ever served in the United States Military? If YES, please list their name(s): _____  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (3) Does anyone else help you pay your bills or give you money? If YES, how much and list their name(s): _____  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (4) Does your family one more than \$50K in assets? (Including checking/Savings account, IRA's, Keogh accounts, CD's stocks/bonds, dividends, homes, mobile homes, or any form of real estate): _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

\* Please attach additional page/document if needed.



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## 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 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.

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 bill;** applications with missing documents will not be considered until complete.



**Send applications to the housing department at:**

**Mail:** ATTN: Housing Department  
P.O. 969, Snoqualmie, WA 98065  
**FAX:** (206) 984-1586 **EMAIL:**  
housing@snoqualmietribe.us