APPLICATION FOR LNHA/NWIC STUDENT LIVING PROGRAMS

FOR OFFICE USE ONLY

Date/Time Application complete & accepted
By Director of Student Living _____

Signature of Student Living Director_____

Date/Time Rcvd by LNHA Intake Manager_____

Signature of LNHA Intake Manager_____

****NWIC STUDENT APPLICANTS ONLY****

PERSONAL DECLARATION:

All forms must be carefully completed. You must use the correct legal name for each member of your household, as it appears on his or her social security card. All adult members (18 years of age and older) of the household must sign the application. **PLEASE PRINT CLEARLY.**

NAME **ADDRESS**

CITY **STATE** **ZIP CODE**

TELEPHONE NUMBER (OR NUMBER WHERE A MESSAGE CAN BE LEFT)

Email:_____

1. **HOUSEHOLD COMPOSITION**

List all persons who will be living in your home, listing head of household first. If there are two heads of household please indicate who the second head will be. Please supply all requested information and supporting documentation for every member of the household. **PLEASE FILL OUT CHART COMPLETELY**.

Legal Name of Persons	Date of Birth	Age	Relationship to Head of House-hold	Social Security Number	Tribal #
			Self		

2. **PREVIOUS HOUSING**

Please list the address(s) of all residences for the past **five years**, the period of occupancy and contact information, and the reason the occupancy was terminated. (Attach additional sheets as necessary.) PLEASE FILL OUT CHART COMPLETELY.

Address of Former Residence and Contact Information for Landlord	Dates of Occupancy	Reason(s) Occupancy was Terminated
	TO	
Landlord's Name ( )		
	TO	
Landlord's Name ( )		
	TO	
Landlord's Name ( )		

3. CRIMINAL ACTIVITY

A. Have you ever been convicted of a Violent or Drug related crime?

☐ Yes, please list the offense, when it occurred and the circumstances surrounding the offense please list in box below.

☐ No

B. Has anyone listed as an occupant of your household been convicted of a violent or Drug related crime?

☐ Yes, please list the offense, when it occurred and the circumstances surrounding the offense please list in box below.

☐ No

Household Member	Nature/Type of Conviction	Date of Offense	Surrounding Circumstance

4. **Income** (Please list all income for all family members 18+ i.e. GA, TANF, Unemployment, Self Employed, Fishing, Employment, Social Security, Child Support, GAU, GAX, DSHS. ***Please ATTACH copies of all Income.***)

Name	Type of Income	Amount

5. **Employment in the Fishing Industry**

Are you now, or have you within the previous 5 years been employed in any aspect of the fishing or farming industry? (This includes all forms of harvesting seafood, i.e. Fishing, Clamming, Crabbing, or Shrimping, as well as working in a processing plant or other fishing related industry?) NOTE: This question will be used to determine eligibility for residency in the Lummi Low Income Housing Tax Credit Project.

Yes ☐ No ☐

(If yes, Please provide Lummi Nation Housing with a copy of your fishing card or other proof or other proof of occupation in the fishing or farming industry.)

6. **Child Custody**

Do you have full custody of the minor children listed on your application?

Yes ☐ No ☐

If no, do you have 50 % custody? Yes ☐ No ☐

If yes, We will need Court Documents to show proof of this

7. **Veteran Status**

Are you or your spouse a Veteran of the Armed Services? Yes ☐ No ☐

If you answered, "Yes" to the above question, please provide your dd214

8. **Student Status**

Is the Head of Household or Spouse a Full Time Student? Yes ☐ No ☐

9. **Care Provider**

Are you a registered foster care or respite care provider? Yes ☐ No ☐

Please provide proper documentation.

10. **Pets**

Do you own a pet? Yes ☐ No ☐

If so, What type and how many? _____

Everyone 18 and over must sign this page.

I understand that any change to the above information must be reported to Lummi Nation Housing within 14 days of the occupancy. I also understand that this is not a contract and creates no obligations for either party. I declare under penalty of law that the above information is full, true, and complete to the best of my knowledge.

Signature of **Head of Household**	**Date**
Signature of **Occupant**	**Date**
Signature of **Occupant**	**Date**
Signature of **Occupant**	**Date**
Signature of **Occupant**	**Date**
Signature of **Occupant**	**Date**

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, Local Agency, Organization, Business, or Individual to release to Lummi Nation Housing Authority any information or material needed to complete or verify my application for residence in a Lummi Nation Housing Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Lummi Nation Housing Division in administering and enforcing program rules and policies.

INFORMATION COVERED
I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested included but are not limited to:

Medical or Child Care Allowances, Public Benefits, Credit, Employment, Income or Assets, Residence and Rental Activity, Criminal History, Identity and Marital Status

I UNDERSTAND that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for continued participation in a Lummi Nation Housing Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED
The groups or individuals that may be asked to release information include, but not limited to:

Previous Landlords	**Past & Present Employers**	**Veteran's Administration**
Courts	Public Assistance Programs	Financial Institutions
Educational Institutions	Unemployment Agencies	Credit Bureaus
Law Enforcement Agencies	Social Security Administration	Utility Companies
Child Support Agencies	Medical Providers	LIBC Entities

CONDITIONS
I agree that ***a photocopy of this authorization may be used for the purpose stated above.*** I understand that this release of information may be used for all documentation necessary for participation in programs administered through Lummi Nation Housing. I understand that I have a right to review my file and correct any information that I can show is incorrect.

Signature of **Head of Household**	Print Name	Date
Signature of **Occupant**	Print Name	Date
Signature of **Occupant**	Print Name	Date
Signature of **Occupant**	Print Name	Date
Signature of **Occupant**	Print Name	Date
Signature of **Occupant**	Print Name	Date

LUMMI NATION HOUSING AUTHORITY

2828 Kwina Rd Bellingham, WA 98226
Phone: (360) 312-8407 Fax (360) 383-0625

I, _____ authorize you to release the following information to Lummi Nation Housing Authority.

Signature: _____ Date: _____

*********TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT ONLY*********

All blanks must be filled in and if the information is not available or does not apply. Please indicate either with "n/a" or unknown" etc. This will ensure nothing has bee overlooked. This form will be void if filled out by applicant.

EMPLOYER NAME: Lummi Indian Business Council/LIBC
EMPLOYER'S ADDRESS: 2665 Kwina Rd Bellingham, WA 98226
EMPLOYER'S PHONE: 360-312-2000
NAME OF HR CONTACT COMPLETING FORM: (Check one)

____Carol Veale, HR Office Manager, 360-312-2179
____Darcilynn Bob, HR Employee Relations, 360-312-2183
____ Carolyn Peters, HR Background Investigator, 360-312-2181

NAME OF APPLICANT: (PRINT) _____

EMPLOYEE JOB TITLE: _____ **DOH:** _____

STATUS: ____F/T ___P/T____PERMANENT____TEMP ____ SPECIAL PROJECTS/SEASONAL____ON CALL

RATE OF PAY: $_____HOUR TIPS____ **YTD GROSS INCOME:** $_____

HOURS PER WEEK: _____ AVERAGE **TOTAL HOURS IN A MONTH:** _____

IF VARIES LIST (3) PAY PERIODS:

_____

_____

_____

I certify all fact being true, factual, and based on company records of employee named above.

HR Signature: _____ Date: _____

Print Name: _____

LUMMI NATION HOUSING AUTHORITY

2828 Kwina Rd Bellingham, WA 98226
(360) 312-8407 Fax (360) 383-0625

Zero Income Form

Signatures Required for Zero Income Clients ONLY.

I certify that I DO NOT receive any income such as:

- Wages
- Social Security payments
- Unemployment disability
- Alimony
- Child support
- Public Assistance (TANF, GA, AFDC, DSHS, GAX, GAU, ETC.)
- ANY OTHER SOURCE NOT NAMED ABOVE
- Self-employment
- MARY KAY
- AVON
- INTERNET SALES

I certify that all information provided is true and accurate to the best of my knowledge. ***I understand that giving false representations here constitutes an act of fraud.*** **Any and all false, misleading information given may result in termination of my lease / assistance agreement or position on the Lummi Nation Housing Authority Waiting List.**

Signatures Required for Zero Income Clients ONLY.

Household Members Signature	Print Name	Date

By signing this form Lummi Housing Authority does check with outside agencies to verify that there is no income being received by the signee.