

## Kwina Village Apartment Application Check List

- Income Verification OR Zero Income Form**  
All household members 18 & over must attach copy of income verification: pay stubs for one month, bank statements, or W2 forms. If zero income, complete Zero Income Form.
- Veteran**  
Please provide a copy of Veterans Card or Discharge Papers
- Employer Verification**  
Employer Form is to be filled out by Human Resources at place of employment
- Identification**
  - Tribal Enrollment Verification: All household members must attach scan/copy of tribal ID card or CDIB from the enrollment office
  - State Identification Card (WDL or ID)
- Social Security**  
Copy of Cards for everyone in household
- Custody Papers**  
If separated or divorced please attach a copy of custody: Parenting Plan, Proof of Guardianship



## APPLICATION FOR NWIC-KVA HOUSING PROGRAM

### FOR OFFICE USE ONLY

Date/Time Application Received: \_\_\_\_\_

Signature of Student Living Director: \_\_\_\_\_

Date/Time Rcvd by LNHA Intake Manager: \_\_\_\_\_

Signature of LNHA Intake Manager: \_\_\_\_\_

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: \_\_\_\_\_

Phone: \_\_\_\_\_ May we text you? Yes  No

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

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

Year in School:

Freshman)   
(0-45 Credits)

Sophomore   
(45-90 Credits)

Junior   
(90-135Credits)

Senior   
(135-180 Credits)

**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.

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

**1. 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.)

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

**2. CRIMINAL ACTIVITY**

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

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

**3. 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



4. **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.)

5. **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

6. **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

7. **Student Status**

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

8. **Care Provider**

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

Please provide proper documentation.

9. **Pets**

Do you own a pet? Yes  No

If so, What type and how many? \_\_\_\_\_

**NORTHWEST INDIAN COLLEGE**  
*X w l e m i E l h > T a l > N e x w S q u l*



**SIGNATURE PAGE**

*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 <b>Head of Household</b>	_____ <b>Date</b>
_____ Signature of <b>Occupant</b>	_____ <b>Date</b>
_____ Signature of <b>Occupant</b>	_____ <b>Date</b>
_____ Signature of <b>Occupant</b>	_____ <b>Date</b>
_____ Signature of <b>Occupant</b>	_____ <b>Date</b>
_____ Signature of <b>Occupant</b>	_____ <b>Date</b>

## AUTHORIZATION FOR RELEASE OF INFORMATION

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

Courts  
 Educational Institutions  
 Law Enforcement Agencies  
 Child Support Agencies

#### Past & Present Employers

Public Assistance Programs  
 Unemployment Agencies  
 Social Security Administration  
 Medical Providers

#### Veteran's Administration

Financial Institutions  
 Credit Bureaus  
 Utility Companies  
 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 <b>Head of Household</b>	Print Name	Date
Signature of <b>Occupant</b>	Print Name	Date
Signature of <b>Occupant</b>	Print Name	Date
Signature of <b>Occupant</b>	Print Name	Date



## Zero Income Form

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.* 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.***