



EMERGENCY HOUSING APPLICATION CHECKLIST

This application must be filled out completely with copies of IDs in order to be placed on the waitlist.

Application must include:

- Name, D.O.B., Tribal ID# for all persons living in the household including minors.
- Copy of Tribal IDs for adults and minors in the household.
- Copy of drivers license for any non-tribal adults in the household.
- All adults must sign the Release of Information form and the Consent for Release of Information form.
- The Membership Form must have a physical signature. All adults must fill one out separately.
- Signed Verification of Employment Form. The top portion of this form is to be filled out by anyone in the household that is employed.

Income verification includes:

- 1040 Tax Return from the previous year from all adults in the household including tribal youth.
- Verification of Employment Form (Preferred Method) or 3 months of paystubs, totaling your 6 most recent paystubs.
- Child Support, TANF, SSI, and/or any other similar income.
- Membership Distribution Letter.

Other documentation that will be requested upon final eligibility if applicable include (these are not required to be placed on the waitlist but will be required if it pertains to your household upon your selection from the waitlist. If you have these documents readily available, turn them in with your application):

- Parenting plans. We require court documents of parenting plans if the father/mother of the child does not live in the household. A notarized parenting plan letter signed by both parents is adequate if you do not go through the court. This can be done at the Admin Building.
- Divorce documentation if applicable.

CDACD referral for all adults over 18 required within 24 hours of application submission.



Emergency Housing Application

PLEASE ATTACH A COPY OF YOUR TRIBAL ID AND LEASE AGREEMENT

Please submit a copy of your Tribal ID. This is a preapplication. Information provided on this application is subject to verification at the time your name comes to the top of the waitlist. When your name reaches the top of the waitlist, you will be asked to update your application and all information verified (if it exceeds 90 days since submission).

Emergency housing application

Check all that apply:

- Tulalip Tribal member
 Veteran
 Have a household member in bedah?chelh
 Other Native

APPLICANT INFORMATION

First Name		M.I.	Last Name		
Street Address			City	State	ZIP Code
Home Phone	Work Phone		Email		

HOUSEHOLD COMPOSITION: List the Head of Household and ALL persons who will be living in the housing unit.

First Name	Last Name	Relationship	Birth Date	Tribal ID	Social Security Number
		Self			

INCOME INFORMATION: List below all sources of income for every family member. Include all income such as: wages, public assistance, TANF, all benefit payments, net income from a business, child support, fishing income, per capita payments, etc.

Family Member	Source of Income	Amount	Payment Basis (Weekly, Monthly, etc.)

OFFICE USE ONLY:
Application Received:
Name: _____
Date: _____
Received By: _____

3. **Conflict of interest:** Does anyone in your household have an immediate family member working in the Housing Department, or for the Executive Director of Tribal Services, CEO, COO, or any of the current Board of Directors? Yes No

Definition of "immediate family": child, sibling, parent, grandparent, step-child, sibling-in-law, parent-in-law, or grandparent-in-law.

If Yes, list the household member that has the conflict and the employee name/title that is the source of conflict:

Household Member Name	Employee's Name	Employee's Job Title

4. **Housing status:** Please check the statement which applies to your current housing situation:
- I am/We are without housing and live on the streets, in a car, non-residential building, etc.
 - I am/We are without housing and spend nights in a shelter, institution, or temporary housing.
 - I am/We are staying with another family member (for less than 30 days) and there are not enough beds for everyone.
 - I am/We are at risk of losing housing due to eviction, loss of income, or other crisis.
 - I/We live in substandard housing as determined by a licensed housing inspector.
 - I/We are without housing due to fire, flood, or other natural disaster.

Below, please explain your current housing situation:

5. **Signatures:** Every household member 18 years of age and older must sign. **All signatures must be legible.** I/we certify that all information provided on this form is true, complete, and accurate to the best of my/our knowledge. I/we authorize the Tulalip Tribes Housing Department to verify all information provided on this application. I/we understand that supplying false information may result in termination of assistance.

Applicant Print Name	Signature Date	Applicant Signature
Other Adult Print Name	Signature Date	Other Adult Signature

Please be aware that if you choose to email this form to TTHD, your information is not being sent securely on an encrypted email and will be at your own risk. You can opt to fax your application to 360-716-0366.

HOUSING DEPARTMENT STAFF USE ONLY

Total household income \$	# of household members \$	Income limit based on family size \$
Meets homeless definition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Urinalysis result for all adult household members. <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Eligibility determination. <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible		
If ineligible, please state why:		
Determination made by	Date	Approved by
		Date



Emergency Housing Application (Continued)

APPLICATION CERTIFICATION: I/We certify that all information provided in this application is true, complete and accurate to the best of my knowledge. I/We authorize the Tulalip Tribes Housing Department to verify all information provided on this application. I/We understand that supplying false information may result in denial and/or termination of assistance.

Date: _____ Head of Household Signature: _____

Date: _____ Other Adult Signature: _____

Please be aware that by emailing this form you are sending your information to an unencrypted email at your own risk. You can opt to fax your information to **360-716-0130**.

HOUSING DEPARTMENT USE ONLY

TOTAL INCOME: _____ Income Limit For: _____ Person Family: \$ _____

Eligibility Determination: Approved Ineligible

If ineligible, please state why:

Date: _____ Determination Made By: _____

Date: _____ Approved By: _____

TDS-44668 10/2024 Page 4 of 11



Authorization for Release of Information

CONSENT:

I authorize the use of a photocopy of the authorization and direct any Federal, State, or local agency organization, business, or individual to release to Tulalip Tribes Housing Department any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the housing assistance programs. I understand and agree that this authorization or 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 rules and policies.

INFORMATION COVERED:

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

- | | |
|-----------------------------------|------------------------------|
| Identity and Martial Status | Employment, Income, Assets |
| Medical and Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental Activity | Urine Analysis Testing |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUP OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information include but are not limited to:

- | | |
|--|-------------------------------|
| Previous Employer | Past and Present Employers |
| Welfare Agencies | Veterans Administration |
| Courts | Retirement Systems |
| Social Security Administration | State Unemployment Agencies |
| Medical and Child Care Providers | Schools and Colleges |
| Any Tribal Entity | Utilities Companies |
| Law Enforcement Agencies | Support and Alimony Providers |
| Central Drug and Alcohol Testing Program | |

SIGNATURES:

Every household member 18 years of age and older MUST sign. All signatures MUST be readable.

I understand that my treatment records, if any are protected under the federal and state confidentiality regulations (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that information disclosed by this authorization may be subject to redisclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA, 45 CFR, Part 164.)

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. I further acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will.

Notice of Redisclosure of Confidential Information

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, Part 2). The federal rules may prohibit you from making any further disclosure of this information unless expressly permitted by the written consent to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is not sufficient for his purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.

_____	_____	_____	_____
Date	Head of Household	Date	Spouse
_____	_____	_____	_____
Date	18 Years and Older	Date	18 Years and Older
_____	_____	_____	_____
Date	18 Years and Older	Date	18 Years and Older



Consent for Release of Information (ROI)

Client Name _____	Client Date of Birth _____
-------------------	----------------------------

I HEREBY AUTHORIZE THE EXCHANGE OF CONFIDENTIAL INFORMATION SPECIFIED BELOW BETWEEN:

INFORMATION TO BE RELEASED FROM:

- Tulalip Housing Department
- Tulalip Family Services
- Tulalip Tribal Court/Probation
- beda?chelh
- Emergency Contact
- Other: _____

Person or Facility Name

Address: _____

INFORMATION TO BE RELEASED TO:

- Tulalip Housing Department
- Tulalip Family Services
- Tulalip Tribal Court/Probation
- beda?chelh
- Emergency Contact
- Other: _____

Person or Facility Name

Address: _____

SPECIFIC INFORMATION TO BE DISCLOSED:

Tulalip Housing limited access from date: _____ to date: _____

Check box(es) that apply:

- Tenant ledger
- Recertification
- Wait list/eligibility
- Work orders
- Letters/correspondence
- Entire file

Tulalip Housing limited access for 12 months

Check box(es) that apply:

- Tenant ledger
- Recertification
- Wait list/eligibility
- Work orders
- Letters/correspondence
- Entire file

Compliance with Treatment Compliance Reports Intake Assessment/Evaluation

Urinalysis Results Other: _____

FOR THE PURPOSE OF:

Compliance with Housing Case Coordination Supporting Client in Academics

Compliance with Court Order Staffing Treatment Planning

Other: _____

I understand that my records are protected under the federal and state confidentiality regulations (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that information disclosed by this authorization may be subject to redisclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA, 45 CFR, part 164).

I also understand that I may revoke this consent at any time, if done in writing, except to the extent that action has been taken in reliance of it. I further acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will.

Today's Date _____	Print Name _____	Signature _____
--------------------	------------------	-----------------

This authorization will expire 1 year from the date entered here _____. If no date is entered, release will automatically expire in 6 months of the date signed.

Notice of Redisclosure of Confidential Information

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, part 2). The federal rules may prohibit you from making any further disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is not sufficient for his purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



Verification of Employment

AUTHORIZATION: Federal regulations require us to verify employment income of all members of the household that is applying for participation in the Indian Housing Programs, which we operate, and to re-examine these expenses periodically. We ask your cooperation in supplying this information. This information will be used only to determine eligibility status and level of benefit of the household.

TO:	Employer name			
	Street address	City	State	Zip code
	Phone number	Fax number		

AUTHORIZATION

I hereby authorize the release of the following requested information

Applicant name	Signature of applicant	Date
----------------	------------------------	------

FOR PAYROLL/HR ONLY

Occupation _____

Employment	Date started _____ <input type="checkbox"/> Current employee, or <input type="checkbox"/> Ended _____		
Wages/salary	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
	Effective date of last wage increase: _____		
	\$ _____	\$ _____	\$ _____
Hours	<input type="checkbox"/> Average hours _____ per <input type="checkbox"/> week <input type="checkbox"/> year, or <input type="checkbox"/> Full-time employment (52 weeks per year)		
Overtime pay rate	\$ _____ /hour	Projected overtime work for the next 12 months _____	
Compensation	Any other compensation not included above (specify for commissions, bonuses, tips, etc.)		
	FOR: _____	\$ _____	Per _____

Probability and expected pay increase: **Date:** _____ **Wage/Salary amount** \$ _____

Total base per earnings for past 12 months \$ _____

Total overtime earnings for past 12 months \$ _____

Other compensations \$ _____

TOTAL \$ _____

AUTHORIZED REPRESENTATIVE

Signature	Date	Title	Phone
-----------	------	-------	-------



Membership Distribution Department

Request for Monthly Distribution Letter

ATTACH COPY OF TRIBAL IDENTIFICATION CARD OF MEMBERS

Adult Name	Tribal ID No.	Date
Telephone	Address	
Email Address		

Which distribution(s) do you receive monthly?

- General Welfare
 Elder Support
 Disability

Adults and children to be included on the Distribution Letter:

Name	Tribal ID No.	Date of Birth

How would you like to receive the letter?
(choose one)

- Pick up by: _____
 Email to: _____
 Fax to: _____
 Mail to: _____

Signature Date	Signature
----------------	-----------

NO POWER OF ATTORNEY WILL BE ACCEPTED
Please allow 72 hours for income verification to be completed.

Questions?
Phone: **360-716-4364** Email: **membershipdistribution@tulaliptribes-nsn.gov** Fax: **360-716-0304**



Emergency Contact Form

Date

APPLICANT

Applicant Name
Telephone Number
Email Address

Address

EMERGENCY CONTACT

Emergency Contact Name
Telephone Number
Email Address

Address

Your emergency contact person must be 18 years or older. We will utilize this form if the Head of Household is not available by phone, regular mail, and/or email. This person will have access to your Rental Voucher file, so we will also need a Release of Information Form to be filled out by you and returned to the Rental Voucher Specialist assigned to your file.

AUTHORIZED REPRESENTATIVE

Signature	Date	Title	Phone



Acknowledgment of Not Providing IRS 1040 Form for All Household Members Applicable

TTHD DISCLOSURE: IRS METHOD INCOME DETERMINATIONS

To qualify for this income determination: all household members 18+ are required to submit prior year's 1040 Tax Form and proof of filing, for any income earned from employment or self-employment. Minors who are not required to file must be listed as dependents on HOH/Other Adult's 1040 form: unless otherwise specified by supporting documents such as a Parenting Plan.

Please Be Advised: If you are unable to provide the documents described above, TTHD is required to utilize the **Section 8 Method** for income determinations. Section 8 income determinations include income from ALL sources: employment, SSI, fishing, General Welfare, etc. This will increase your household's annual income significantly and will affect eligibility and how your monthly voucher amount is calculated.

I, _____ acknowledge that TTHD (Tulalip Tribes Housing Department) had requested for all household members to provide IRS Form 1040 to either determine eligibility for the program, or for current program participants recertification process.

Currently, I am not able to provide requested documentation of all household members IRS Form 1040 that are applicable. Therefore, I understand that TTHD will not be able to use the HUD (United States Department of Housing and Urban Development) Internal Revenue Service (IRS) method for calculation of my household income.

I understand when TTHD uses the HUD Section 8 method, it does include General Welfare payments for all Tulalip Tribal members.

Head of Household Name	Signature Date	Signature
Adult Household Member	Signature Date	Signature
Adult Household Member	Signature Date	Signature



Zero Income Certification

(to be completed by adult household members)

Head of household: _____

Household member name with zero income: _____

1) I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
- b. Income from operation of a business.
- c. Rental income from real or personal property.
- d. Interest or dividends from assets.
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
- f. Unemployment or disability payments.
- g. Public assistance payments.
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
- i. Sales from self-employed resources (Avon, Mary Kay, eBay, etc.).
- j. Any other source not named above.

2) Employment income—choose one:

- Currently, I have no income of any kind and while I am seeking employment, I have not been offered a job.
- Currently, I have no income of any kind and I will not be seeking employment within the next 12 months.

3) I will be using the following sources of funds or relying on the following person(s) to pay for rent and other necessities. Enter first and last name(s):

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Name of Applicant	Contact Phone	Email Address
Signature Date	Signature	