



2205 Lashi St. S.E.  
Olympia, WA 98513  
Phone: (360) 493-0081  
Fax: (360) 493-8167  
[housing@nisqually-nsn.gov](mailto:housing@nisqually-nsn.gov)

## HUD AND NITH RENTAL WAITING LIST APPLICATION

HUD/NAHASDA and NITH requirements, therefore, the following documents must be submitted with your application. Submitting your application does not guarantee that you will be placed on the waiting list. **INCOMPLETE** applications will NOT be added to the waiting list until all requirements have been met.

**The following documents are needed to complete your application: PLEASE READ CAREFULLY**

Attach for all household members:

- Copy of State Identification or Driver's License
- Social Security Card Copies
- Certificate of Indian Blood (CIB) or Tribal Identification Card Copies
- Proof of Income (Pay stubs, W-2, 1099, etc.)

To be completed with the application:

- Completed NITH Application
- Read HUD Form 1140 OIG
- Proof of Household Composition (Family Report)
- Income Verification- Attach award letters for: TANF, SSI, Disability Benefits, General Welfare
- Release of Information (ROI) (All household Members 18+)
- Criminal Background Check (All household Members 18+)

If applicable:

- Marital Status Document (Marriage, Divorce Decree, Separation Papers)
- Military Documentation- DD214
- Legal Custody/Guardianship/Placement Orders for Dependents
- Medical Expense Documents (Disability/Elderly Families Only, Expenses for Medical Conditions)
- Child Care Expense Documents (Child Care for Families Gaining Education/Employment)

### **\*IMPORTANT\***

If you or anyone else listed on your application has an outstanding debt with the Nisqually Indian Tribal Housing Department, you will need to make arrangements with the Compliance & Internal Auditor and/or Director for your application to be considered.

It is your responsibility to keep our department informed of any changes on your application. You will be notified by U.S. mail and/or e-mail to make sure you are updating annually.

Please contact a Nisqually Tribal Resident Occupancy Specialist if you have questions or concerns regarding the application process at (360)-493-0081 or email questions and documents to [housing@nisqually-nsn.gov](mailto:housing@nisqually-nsn.gov).



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HUD RENTAL WAITING LIST

NITH RENTAL WAITING LIST

Application Date: \_\_\_\_\_

\_\_\_\_\_  
 Name of Applicant (must be 18 or older)

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Tribal Affiliation

\_\_\_\_\_  
 Enrollment Number

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

**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, general welfare, etc. Include all income you are now receiving or expect to receive during the next twelve months.

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



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Do you think the size of your family will grow?  YES  NO  
 If yes, how, and when?

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Have you ever been a Nisqually Tribal Housing Department tenant?  YES  NO  
 If yes, when?

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Have you ever been evicted or asked to leave from a rental residence?  YES  NO  
 If yes, explain:

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Have you ever had two or more late rental payments in the past year?  YES  NO  
 If yes, explain:

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**OTHER INFORMATION:**

Childcare Expenses:  YES  NO Amount: \_\_\_\_\_ Weekly/Monthly: \_\_\_\_\_  
 If yes, explain:

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Does any member of your household have any special needs due to a disability?  YES  NO  
 If yes, explain:

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Have you, or a member of your family been convicted of a crime?  YES  NO  
 If yes, explain:

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Are you currently a homeowner?  YES  NO  
 If yes, explain:

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**VEHICLE INFORMATION:**

MAKE	MODEL	LICENSE PLATE NUMBER



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## ACKNOWLEDGMENT

1. My/Our income must be verified prior to admission.
2. Monthly rent is based upon 30% of total family gross income minus certain deductions (min. \$750/min. \$500 for Nisqually Tribal Elders).
3. A \$200 security deposit must be paid prior to admission.
4. Electricity (PSE) account will need to be opened in my name.
5. Residents are responsible for paying all utilities of their home.
6. Residents must keep their utilities active.
7. The rental agreement is a month-to-month lease and is renewed by paying the rent each month.
8. Residents are responsible for making rent payments for each month by the 1<sup>st</sup> day of every month.
9. The resident is renting the home on a temporary basis, but not purchasing it.
10. The Housing Department insurance covers the home- not the Resident's personal property and possessions. Personal renter's insurance is recommended but not required.
11. The Housing Department will perform all routine maintenance on the house; however, the resident will be responsible for any damages beyond the normal wear and tear.
12. Residents are responsible for basic housekeeping and keeping grounds/landscape/yard clean.
13. Totally family income of each family must be recertified by the Housing Department every year.
14. Units must be inspected annually (at least once a year) by the Housing Department for compliance with the lease.
15. Units must be randomly inspected at other times of the year by the Housing Department if suspicious activity is reported.

By signing, below, I acknowledge that the above information is true and complete to the best of my knowledge. I am eighteen (18) years of age and do not object to inquiries made to verify the statements made herein. This application will be on file for one (1) year, if I wish to remain on the waiting list after a (1) year period, I will renew a NITHD updated waiting form application.

\_\_\_\_\_  
Printed Name of Applicant (Head of Household)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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## AUTHORIZATION OF RELEASE OF INFORMATION

### CONTENT:

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 Nisqually Indian Tribal 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 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 Childcare 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 program.

Alliance 202 is the consumer reporting agency who will be coiling your consumer report. You have the right to Obtain a free copy of your consumer report in the event of a denial or adverse action, and to dispute the accuracy of the information appearing in the consumer report. All inquiries may be directed to:

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

Three 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 Childcare 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.



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**NOTICE OF REDISCLOSURE OF CONFIDENTIAL INFORMATION:**

This notice accompanies the 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	18 Years and Older
Date	18 Years and Older	Date	18 Years and Older
Date	18 Years and Older	Date	18 Years and Older

**TO BE COMPLETED BY NITH STAFF ONLY:**

This criminal background report will be kept under lock and key and be under the custody and control of the NITH Director and/or their designee for such records.

Date Report Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Report Determination: Favorable      Unfavorable



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**HOUSING DEPARTMENT USE ONLY:**

Application Received by: \_\_\_\_\_  
 (NITH Staff) (Date and Time)

HUD RENTAL PROGRAM	NITH RENTAL PROGRAM
Net Annual Income = \$ _____	Net Annual Income = \$ _____
Net Annual Income X 30% (Housing ratio) = _____	Net Annual Income X 30% (Housing ratio) = \$ _____
Total Gross Household Income = \$ _____	Total Gross Household Income = \$ _____
Total Gross Household Income / \$ 12 months = _____	Total Gross Household Income / 12 months = \$ _____
Total Monthly Payment = \$ _____	Total Monthly Payment = \$ _____

Total Annual Income: \_\_\_\_\_ Family Size: \_\_\_\_\_ Unit Size Required: \_\_\_\_\_ Is the family income eligible:  Yes  No

Type of Housing:  HUD Rental  NITH Rental  Elder Designated Rental

Review Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Application Complete:  Yes  No

I confirm that the information given to the Nisqually Indian Tribal Housing Department on household composition, income, net family assets, allowance and deductions have been verified as required by Federal Law. The family has certified that it has given our department accurate and complete information.

Eligible for Waiting List  Ineligible for Waiting List

Reason(s): \_\_\_\_\_  
 \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Print Name of NITH Staff Signature of NITH Staff Date



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**INCOME VERIFICATION**

Name of Applicant/Tenant: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize release of information relating to my income to the Nisqually Indian Tribal Housing Department. This includes submitting a copy of my most recent paystub, W-2, 1099, and/or Per Capita Statement, which can be requested from Nisqually Indian Tribal Housing Department at any time while I am on the waiting list or a tenant of the Nisqually Tribal Housing program.

\_\_\_\_\_  
 Applicant/Tenant Signature Date

Financial Services Department/Payroll:

Federal Regulations made to mandate that income for all Nisqually Tribal Housing residents/ applications be verified annually and during the application and annual recertification process. The information received is held in strict confidence for use in establishing monthly rent charges and to determine if the tenant/applicant(s) meet the national median income guideline. Please include the total annual income including the estimated overtime earnings, if applicable.

Thank you,

\_\_\_\_\_  
 NITH Staff Signature

**FOR FINANCIAL SERVICES USE ONLY**

Department Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Employer Phone No.:( ) \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
 Days Worked: \_\_\_\_\_ Days Off: \_\_\_\_\_  
 Total anticipated earning for the next twelve (12) months: \$ \_\_\_\_\_  
 If no longer working, date last worked: \_\_\_\_\_

\_\_\_\_\_  
 Payroll Date ( ) Phone Number

**FOR HOUSING STAFF USE ONLY**

Date Sent Over: \_\_\_\_\_ Sent Over By: \_\_\_\_\_  Waiting List:  
 Received (stamp) Here: