



sq'ali?abš səsətəl

NITH COMMUNITY HOMELESS PREVENTION FUND



2205 Lashi St. S.E. Olympia, WA 98513

Phone: (360) 493-0081

Fax: (360) 493-8167

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# Community Rental Assistance

# Guidelines, Procedures, and Application



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### Purpose:

The Nisqually Indian Tribe's HUD Indian Housing Plan includes community rental services for Low-Income to provide rental assistance dollars to place homeless or near homeless Native American families with children that are first-time renters, difficult to serve renters (previous evictions/no existing/bad credit) into local economy apartments by providing additional deposits/first month/last month rent and paying fees for applications.

### Guidelines:

- This program may only be utilized by qualifying enrolled federally recognized tribal members residing in Thurston and Pierce County who are ages 18 and older.
- This program is income based, per family size (all who reside in the home/address). Low-Income must be at or below 80% of the median income (Please see income limits below).
- Eligible applicants ***are federally recognized tribal members*** that meet the income guidelines of Thurston County.
- Funds will not exceed a ***one-time \$5,000 per unit/family*** per fiscal year for Low-Income applicants. Provide rental assistance to first-time renters, difficult to serve renters (previous evictions/no existing/bad credit) by providing additional deposits/first month/last month rent and paying fees for applications. It also assists with payment of rental arrearages and late fees to prevent eviction.
- Funding is based on a **first come first serve basis** if qualifications are met appropriately. If funding is no longer available applicants **MUST** apply at the beginning of the following year, applications will **NOT** be considered from prior years information.
- Funding for this program will ***only*** be provided until program funds are exhausted. Funding will be allocated per activity the applicant applied for, monies will not be carried over to another activity or year of funding.
- NITH staff members will ensure accurate record keeping of files and documentation.
- If the activity is more than the amount received applicant will be responsible for any overages.
- Applicants must provide the following documentation to show proof of eligibility:



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- Proof of Enrollment in a Federally Recognized Tribe:
    - Tribal Enrollment Card (ID)
    - Certificate of Indian Blood
  - Proof of Residency:
    - Residential Rental Lease Agreement
    - Utility Bill
    - Voter's Card
    - Driver's License or State ID
  - Proof of Income:
    - Employment verification (attached)
    - Pay stub
    - 1099 or Per Capita Statement)
    - Bank Statement
    - Retirement Pension
    - Social Security Statement
  - Proof of Social Security Number:
    - Social Security Card
    - Tax Form(s)
    - Benefit or income statement from Social Security containing Social Security number
  - Proof of Delinquent Rent Payments and Fees
    - Delinquent/Late Notice
    - Eviction Notice
    - Vacate Notice
    - Termination Notice
- Approved applications will result in the creation of a payment check, issued by the Financial Services Department, and sent directly to the company/vendor.
  - No check(s) will ever be issued directly to the participant.
  - This program may NOT be used by multiple Tribal members applying for assistance to the same home/address (i.e., \$5,000 will be the limit per unit/family); \$5,000 may not be issued to two different Tribal members who will be residing in the same home/address).

**Procedures:**

Applicants must fill out and complete a Community Rental Assistance Application (attached with this policy) which will provide all necessary documentation required for NITH staff. The application must be completed prior to approving a request. NITH staff will not approve un-qualifying applications (i.e., incomplete applications, or applicants who are not eligible). It will be the applicants' responsibility to ensure that the below listed items are completed prior to applying:

- Proof of Tribal Enrollment in a Federally Recognized Tribe
- Proof of Social Security Number
- Proof of Residency
- Proof of Income
- Proof of Delinquency



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**Activities:**

Activities will include, but not limited to rental assistance dollars to place homeless or near homeless Native American families with children that are first-time renters, difficult to serve renters (previous evictions/no existing/bad credit) into local economy apartments by providing additional deposits/first month/last month rent and paying fees for applications.

**Billing & Payment for Activities:**

Creation and distribution of checks for companies/vendors will be based on policies and procedures set forth by the Financial Services Department. Tribal members may contact the Financial Services Department once qualifying applications have been routed, to inquire about the issue date of check(s).

**Income Limits:**

The Department of Housing and Urban Development (HUD) sets income limits that determine eligibility for assisted housing programs including Community Rental Assistance. NITH uses HUD's income limits to determine eligibility.

FY 2023 Income Limits Summary

FY 2023 Income Limit Area	Median Family Income <a href="#">Click for More Detail</a>	FY 2023 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Olympia-Tumwater, WA MSA	\$102,500	Very Low (50%) Income Limits (\$) <a href="#">Click for More Detail</a>	35,900	41,000	46,150	<b>51,250</b>	55,350	59,450	63,550	67,650
		Extremely Low Income Limits (\$)* <a href="#">Click for More Detail</a>	21,550	24,600	27,700	<b>30,750</b>	35,140	40,280	45,420	50,560
		Low (80%) Income Limits (\$) <a href="#">Click for More Detail</a>	57,400	65,600	73,800	<b>82,000</b>	88,600	95,150	101,700	108,250

NOTE: Thurston County is part of the Olympia-Tumwater, WA MSA, so all information presented here applies to all of the Olympia-Tumwater, WA MSA.

The Olympia-Tumwater, WA MSA contains the following areas: Thurston County, WA;

I have read and understand the above policies and procedures for the Community Rental Assistance Program.

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

\_\_\_\_\_  
Date



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## COMMUNITY RENTAL APPLICATION

### PERSONAL INFORMATION

Applicant Full Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_ Message (\_\_\_\_) \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Are you enrolled in a Federally Recognized Tribe?  Yes  No  
 Tribe Affiliation \_\_\_\_\_ Tribal Number \_\_\_\_\_

### HOUSEHOLD COMPOSITION

FULL NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1)	HEAD OF HOUSEHOLD		
2)	CO-APPLICANT		
3)			
4)			
5)			
6)			
7)			

### EMPLOYMENT/INCOME INFORMATION

NAME	EMPLOYER/SOURCE OF INCOME ADDRESS & PHONE NUMBER	ANNUAL GROSS INCOME



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### RESIDENCY INFORMATION

Property Type:  Apartment |  Condominium |  Home |  Other \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Do you own you a residential lease agreement \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Monthly Rent: \_\_\_\_\_ Security Deposit: \_\_\_\_\_ Other Fees: \_\_\_\_\_

Other Fess explained: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REQUEST

Please leave a brief description of why you are requesting assistance for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date of signature \_\_\_\_/\_\_\_\_/\_\_\_\_

For Official Use Only:

NITH Staff Received \_\_\_\_\_

Time and Date Stamp \_\_\_\_\_



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## Authorization for Release of Information

<b>AUTHORIZATION TO DISCLOSE NISQUALLY INDIAN TRIBAL HOUSING (NITH) RECORDS OF:</b>																											
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH																								
OTHER LAST NAMES (if any)		TRIBE/VILLAGE	TRIBAL ENROLLMENT NUMBER																								
ADDRESS (number, street, and Apt. or Suite)		CITY, STATE, AND ZIP CODE																									
<b>DISCLOSE TO:</b>																											
LAST NAME	FIRST NAME	MIDDLE NAME	TITLE																								
ORGANIZATION OR BUSINESS NAME (IF APPLICABLE)																											
ADDRESS (number, street, and Apt. or Suite)		CITY, STATE, AND ZIP CODE																									
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS																									
REASON FOR DISCLOSURE (not required)																											
<b>AUTHORIZATION:</b>																											
<p>SOURCES: I authorize the Nisqually Indian Tribal Housing (NITH) and the department(s) program(s) listed below, to disclose, release and/or obtain confidential information verbally or by computer data transfer, mail, fax, or hand delivery from the following department(s)/Program(s). Please mark the box(s) that apply to you:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Any Dept./Program of Nisqually</td> <td><input type="checkbox"/> Financial Services</td> <td><input type="checkbox"/> Training &amp; Professional Development</td> </tr> <tr> <td><input type="checkbox"/> Administration</td> <td><input type="checkbox"/> Health &amp; Wellness Center</td> <td><input type="checkbox"/> Tribal Attorney</td> </tr> <tr> <td><input type="checkbox"/> Building</td> <td><input type="checkbox"/> Human resources</td> <td><input type="checkbox"/> Tribal Council</td> </tr> <tr> <td><input type="checkbox"/> Community Services</td> <td><input type="checkbox"/> ICW/NCFS</td> <td><input type="checkbox"/> Victims of Crime</td> </tr> <tr> <td><input type="checkbox"/> Court</td> <td><input type="checkbox"/> Planning</td> <td><input type="checkbox"/> Vocational Rehab</td> </tr> <tr> <td><input type="checkbox"/> Elder's</td> <td><input type="checkbox"/> Probation</td> <td><input type="checkbox"/> Wellness Center</td> </tr> <tr> <td><input type="checkbox"/> Emergency Management</td> <td><input type="checkbox"/> Social Services</td> <td><input type="checkbox"/> Work Force Development</td> </tr> <tr> <td><input type="checkbox"/> Enrollment</td> <td><input type="checkbox"/> SORNA</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>				<input type="checkbox"/> Any Dept./Program of Nisqually	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Training & Professional Development	<input type="checkbox"/> Administration	<input type="checkbox"/> Health & Wellness Center	<input type="checkbox"/> Tribal Attorney	<input type="checkbox"/> Building	<input type="checkbox"/> Human resources	<input type="checkbox"/> Tribal Council	<input type="checkbox"/> Community Services	<input type="checkbox"/> ICW/NCFS	<input type="checkbox"/> Victims of Crime	<input type="checkbox"/> Court	<input type="checkbox"/> Planning	<input type="checkbox"/> Vocational Rehab	<input type="checkbox"/> Elder's	<input type="checkbox"/> Probation	<input type="checkbox"/> Wellness Center	<input type="checkbox"/> Emergency Management	<input type="checkbox"/> Social Services	<input type="checkbox"/> Work Force Development	<input type="checkbox"/> Enrollment	<input type="checkbox"/> SORNA	<input type="checkbox"/> Other _____
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<input type="checkbox"/> Enrollment	<input type="checkbox"/> SORNA	<input type="checkbox"/> Other _____																									
PLEASE NOTE: If confidential records include any of the following information, you must also complete the below section to allow disclosure of these records.																											
SPECIAL RECORDS: I give my permission to disclose the following information held in NITH records (check all that apply):																											
<input type="checkbox"/> Mental Health Records (RCW 70.02.230 or 240)		<input type="checkbox"/> Substance use disorder records (42 CFR Part2)																									
<ul style="list-style-type: none"> <li>• This permission is valid for 180 days or until _____ (if not checked, will be 180 days)</li> <li>• I may revoke or withdraw my permissions in writing at any time, but that will not affect information already produced</li> </ul>																											
AUTHORIZED BY (SIGNATURE)	DATE SIGNED	TELEPHONE NUMBER																									
PRINT NAME		WITNESS/NOTARY (SIGN AND PRINT NAME IF APPLICABLE)																									
If I am not the person who is the subject of the records, I am authorized to sign because I am the: (attach proof of authority)																											
<input type="checkbox"/> Parent of a Minor	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Personal representative	<input type="checkbox"/> Other _____																								