

B. FAMILY INFORMATION: List all other persons living in household on a permanent basis. Start with the oldest and provide Social Security numbers. *Note: The disclosure of your Social Security numbers are requested in order to keep your record straight, because other people may have the same name and/or birth date. The numbers will also be used, if necessary, to verify income and to avoid duplication of housing assistance.*

First and Last Name	Date of Birth	Soc. Sec. No.	Relationship	Tribe Enrollment No.

Have you listed any household members who will be temporarily or permanently absent from the household? Yes [] No []

C. PLEASE UNDERSTAND THAT THE FOLLOWING QUESTION IS VOLUNTARY AND THAT THE INFORMATION IS USED TO BETTER ASSEST YOUR NEEDS.

1. Would you or anyone in your household benefit form a wheelchair or other handicapped accessible unit? Yes [] No []

If yes, would your like to request an adapted unit? Yes [] No []

2. Do you have any disability assistance expenses, which enable a family member (including the disabled member) to work? Yes [] No []

If yes to any of the above questions, you may and/or will be required to provide verification of your need for an accessible unit.

Please refer to the Housing Requirements Questionnaire; it is attached to the back of your application.

D. Allowance for Medical Expenses:

This applies **ONLY** to Head of Household, Spouse and/or Co-Head of Household that is age 62 or older and/or disabled regardless of age. The allowance is the amount by which total medical expenses exceeds 3% of annual income. Total medical expenses includes all medical expenses that are anticipated to be paid by the household in a 12 month period and **NOT** paid by an outside source, such as insurance, Medicare, Grants and/or any other outside agency and must be able to be verified from the third party sources.

Medical expenses include but are not limited to services from a physician, medical insurance premiums, prescription medicines, dental expenses, eyeglasses, hearing aids and batteries, attendant care and/or periodic medical care, payments on accumulated bills etc.

Does this expense apply to your household? Yes [] No []

I certify my medical expenses anticipated for the next 12 months are as follows:

(Indicate who they are paid to and the anticipated amounts paid)

Name of person who pays the expenses	What is the Service For	Who are the expenses paid to and contact information	Amount Paid and how often

E. MISCELLANEOUS INFORMATION:

Do you pay any childcare expenses for children age 13 or younger that enables a family member to go to work and/or school? (NOTE: This amount should not exceed a sum reasonable expected to cover class time and to travel time to and from classes. Also, for this expense to be allowed as a deduction from income, the amount is not to be paid to a family member living in the household. It can be reimbursed by an agency or individual and is allowed only if there is no adult member of the household capable of providing the care.) Yes [] No []

I certify my child care expenses for the next 12 months are as follows: Est. Amount _____ Hr. Per Wk _____ Source _____

- a. Name of daycare, address and phone number: _____
- b. Does your household receive reimbursement or contributions from an agency or person for some and/or all of your childcare?
Yes [] No [] Est. Amount _____ Source _____
- c. Are there any Foster Children, Foster Adults or Live-in Care attendants who are part of the household Yes [] No []
- d. Are any household members **18 years and over** Full-time students? Yes [] No []
If Yes, Please list the names and relationship that is in your household:

Name of Student	Date of Birth	Relationship	Name of School and/or Program Address and Phone Number

- e. Does anyone in your household receive money to pay for the education or related expenses? (i.e. tuition, books, childcare, housing etc.)
Yes [] No []
If yes, from what source, how often and what does it cover? _____
- f. Does anyone in your household receive income from a **Job-Training and/or Apprenticeship Program** administered by federal, state or local agency?
Yes [] No []
If yes, from what source, how often and what does it cover? _____

F. ASSET INFORMATION: List all assets held by all family member in the household and/or any that have be disposed of.
ie. Cars, Boats, Trailers ect.

Family Member who owns Assets	Assets Description	Amount Paid for Asset	Market Value of Asset

- 1. Have you disposed of any asset for less than fair market value in the past two years? [] Yes [] No
- 2. **Assets Disposed of For Less than Fair Market Value Certification:**
I have disposed of assets for less than fair market value during the two years proceeding the effective date of my Housing Department Application. I certify that the following information regarding the disposition of those assets is true and accurate:

List All Assets Disposed of For Less Than Market Value	Date Disposed of Assets	Amount Family Received	Market Value When Disposed

- 3a. **Assets Disposed of For Less than Fair Market:**
Please Explain and/or Comments Why? _____
- b. Were there expenses involved in the disposing of this asset? _____
- c. What was the amount if there was one? _____
- d. Were they deducted from the amount that the family received? _____

G. 1. Income Information: List all permanent family members who have any income.

Earned Income: This can include, but is not limited to, wages, salary, commissions and/or Self Employment

Unearned Income: This can include but is not limited to Child Support, Interest Income and/or Other Assistance.

Please answer yes or no to all questions listed and that you certify that your anticipated income, whether taxable or not, to live on for the next 12 months is as follows:

Family Member Name	Income Source	Yes/No Circle	Est. Amount \$ /Frequency	Address of Source	Asset Income Office Use Only
	Wages, Salary, Commission, Tips	Yes/ No			
	Overtime Pay, Fees, Bonuses Etc.	Yes/ No			
	Self Employment	Yes/ No			
	Regular Pay, Special Pay, & Allowance from Armed Forces	Yes/ No			
	Supplemental Security Payment	Yes/ No			
	Social Security and/or SSI	Yes/ No			
	TANF, Work First, AFDC,	Yes/ No			
	BFNEP, WWIETP, ADC and/or Other Assistances	Yes/ No			
	Alimony and/or Child Support	Yes/ No			
	Unemployment Compensation	Yes/ No			
	Disability Compensation	Yes/ No			
	Workman's Compensation	Yes/ No			
	Interest and/or Dividends	Yes/ No			
	Other Income from Assets	Yes/ No			
	Retirement Benefits	Yes/ No			
	Pension and/or Annuities	Yes/ No			
	IRAs', 401K and/or Other	Yes/ No			
	Keogh Accounts	Yes/ No			
	Income from Real or Personal Property	Yes/ No			
	Insurance Policies Income	Yes/ No			
	Disability or Death Benefits (Other than SS)	Yes/ No			
	VA Benefits	Yes/ No			
	Severance Pay	Yes/ No			
	Distributions from a Trust Account and/or Fund	Yes/ No			
	Dividend Funds from a State Agency (ie. Alaska Perm Fund)	Yes/ No			
	Any type of Allowance and/or Grant	Yes/ No			
	Lottery Winnings (paid annually)	Yes/ No			
	Monetary gifts or contributions	Yes/ No			

Must submit the most recent Tax Return signed and dated

Year of Return _____

- G. 2. **Have you received any Lump Sum (One-Time) Payments:** Aside from regular monthly Income listed above in the Income Section
Please answer yes or no to all questions listed and that you certify that your anticipated income, whether taxable or not, to live on for the next 12 months is as follows:

Family Member Name	Income Source	Yes/No Circle	Est. Amount \$ /Frequency	Address of Source	Asset Income Office Use Only
	Social Security and/or SSI Benefits	Yes/ No			
	Unemployment Compensation Settlements	Yes/ No			
	VA Disability Settlements	Yes/ No			
	Capital Gains and/or Other	Yes/ No			

- G. 3. **Do you have any of the following Assets?** List any and all Assets that are not listed above
Please answer yes or no to all questions listed and that you certify that your anticipated income, whether taxable or not, to live on for the next 12 months is as follows:

Family Member Name	Income Source	Yes/No Circle	Est. Amount \$ /Frequency	Address of Source	Asset Income Office Use Only
	Checking and/or Saving Account	Yes/ No			
	Certificate of Deposits	Yes/ No			
	Money Market Funds	Yes/ No			
	Stocks and/or Mutual Funds	Yes/ No			
	Bonds and/or Treasury Bills	Yes/ No			
	Company Retirement Account	Yes/ No			
	Pension Funds	Yes/ No			
	Retirement Savings	Yes/ No			
	Deed of Trusts	Yes/ No			
	Trust Accounts	Yes/ No			
	Cash in Safety Deposit Box	Yes/ No			
	Cash on Hand	Yes/ No			
	Real Estate (home, rental etc)	Yes/ No			
	Other Capital Assets and/or Investments	Yes/ No			
	Whole Life and/or Universal Life Policies	Yes/ No			
	Other Investments not listed above	Yes/ No			

4. Are any of these Assets above **Owned Jointly** with another Person in the household and/or outside of the household? Yes [] No []

Describe who the person is that owns jointly and percentage of ownership: _____

H. HOUSING INFORMATION:

- a. Do you have any unpaid debts owing to the Samish Indian Nations? Yes [] No []
If so, what is the debt and amount? _____
- b. Have you or anyone in your household ever received any type of housing assistance form the Bureau of Indian Affairs or the Samish Indian Nation?
If yes, indicate type of assistance, date and amount: _____
- c. Has assistance ever been provided by the Bureau of Indian Affairs or the Samish Indian Nation for this house?
If yes, indicate type of assistance, date and amount: _____
- d. Do you own or lease this home and property? (Provide copy of deed, title or lease) Yes [] No []
- e. Do you own any other home or property? Yes [] No []
If so, then is this your primary residence that you are requesting assistances for? Yes [] No []
- f. Have you or any household member ever been evicted? Yes [] No []
If so, how long ago, where and the reason why. _____
- g. Have you and/or any member of your household been arrested or convicted of a crime in the past 7 years? Yes [] No []
If so, what reason, where and what date. _____
- h. Are you currently using illegal drugs? Yes [] No []
If so, why and what kind of drugs. _____
- i. Have you ever been convicted of the sale, distribution or possession of illegal drug? Yes [] No []
- j. Is your home, property or adjacent properties free of substances which can affect the health or safety of occupants? Yes [] No []
If not, how and the reason why? _____
- k. Is the home nearby any landfills, dumps, industrial sites and/or any other operations with hazardous wastes? Yes [] No []
- l. Is the home part of any historic preservation including archeology? Yes [] No []
- m. Is the home and/or property in a 100 year floodplain zone? Yes [] No []
- n. Would you be able to move to Anacortes? Yes [] No []**

For this application to be considered, you must submit the most current following informant with your application:

- 1. A copy of the tribal enrollment card for the tribal member head of household.
- 2. A **signed and dated copy** of your most recent **Income Tax Returns with W-2 forms**. Copies of your last **two months** of pay stubs from Wages including even if you are on Salary, Commissions, Overtime Pay, Fees, Tips, Bonuses and/or Self Employment. Regular Pay, Special Pay, and/or Allowances from the Armed Forces. Also any copies if you are receiving Social Security, Supplemental Security payment, SSI, TANF, Work First AFDC, BFNEP, WWIETP ADC, along with bank statements, Child Support and/or Alimony. Any other payment in lieu of earnings such as Disability Compensation, Workers' Compensation, Unemployment Compensation, Severance Pay, VA Benefits, any Retirement Benefits, Pensions, IRA'S, 401K, Keogh Account, Annuities, Insurance Policies, Disabilities and/or Death Benefits. Interest, Dividends, Trust Funds, Deed of Trusts, and Dividend Funds from a State Agency, Any type of Allowance and/or Grant, Monetary Gifts or Contributions and/or Lottery Winnings paid in Periodic Payment. Income from Real or Personal Property along with any other verification for all household income sources. We require proof of all income, in order to qualify any and all applicants.
- 3. Copies of any Stocks, Bonds, Treasury Bills, Certificates of Deposit, Money Markets, Mutual Funds, Pension Funds, Retirement Savings, Safety Deposit Box, Real Estate, Other Capital Assets and/or Investments, Whole and/or Universal Life Insurance Policies and Trust in which any member of the household is a beneficiary.
- 4. Copies of receipts for any out of pocket medical expenses and daycare expenses for only children listed above and of daycare age with name of daycare and phone number.
- 5. Verification if in any schooling programs or College. Copies of any Financial Aid, Pell Grants, Scholarships and/or any other assistance.
- 6. Social Security card copies for everyone in the household and Birth Certificate copies for everyone under age 18.
- 7. A current copy of rental or lease agreement signed by applicant, co-applicant and landlord with date.
- 8. If you own the home a copy of mortgage papers and homeowners insurance
- 9. Any other home, even if is held as an investment and/or equity in Real Estate and/or other Capital Investments.

The information provided in this application will remain confidential with the Tribe, and no information will be released to other departments or agencies without the consent of the applicant. Under Title 18 Parts 1 Chapter 47 Fraud and False Statements Section 1001:

(2) Makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both. Furnish false or incomplete information could also result in lost of any assistance in the Housing Department.

ALL APPLICANTS ARE RESPONSIBLE FOR KEEPING THE INFORMATION IN THEIR APPLICATION CURRENT AND NOTIFYING THE HOUSING DEPARTMENT OF ANY CHANGES. THIS INCLUDES, BUT IS NOT LIMITED TO CHANGE OF INCOME, PERSONS LIVING IN THE HOUSEHOLD AND ANY CHANGE OF RESIDENCES. THIS APPLICATION IS SUBJECT TO CURRENT ELIGIBILITY REQUIREMENTS AND AVAILABILITY OF FUNDING AT THE TIME OF COMPLETION OF THE APPLICATION PROCESS. ANY APPLICATION SUBMITTED WITHOUT PROPER AND CURRENT VERIFICATION INFORMATION WILL NOT BE PLACED ON THE WAITING LIST UNTIL THE INFORMATION HAS BEEN SUBMITTED FOR REVIEW.

I, the undersigned applicant, certify the foregoing information to be true, complete and accurate to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____