



HOUSING REQUIREMENTS QUESTIONNAIRE

Please read the following regarding this questionnaire:

This questionnaire is administered to every applicant that applies to the Samish Indian Nation Housing Department

It is used to determine if your family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features to families that actually need the features.

Completing this questionnaire is optional on your part.

If you choose not to complete this form, please check the box that indicated that choice, Sign, date and return the form to the Housing Department. The choice not to complete this questionnaire will not in any way affect the processing of your application for assistance.

If you choose to complete this form please check the box that indicated your choice to furnish this information, complete the form in full then sign, date and return it the completed form to the Housing Department.

Applicant Election and/or not to Provide Special Needs Information:

Applicant's Name _____ Social Security # _____
 I choose to complete this form I choose NOT to complete this form

Applicant's Signature _____ Date _____

Housing Signature _____ Date _____

Information relative to the housing requirements of applicant's family:

1. Do you, or any other member of your family have special needs that requires any of the following:

- | | |
|--|--|
| <input type="checkbox"/> a separate bedroom | <input type="checkbox"/> unit for vision impaired |
| <input type="checkbox"/> one level apartment | <input type="checkbox"/> physical modifications to a typical apartment |
| <input type="checkbox"/> unit for hearing impaired | <input type="checkbox"/> special parking space |
| <input type="checkbox"/> a barrier free apartment | <input type="checkbox"/> bedroom/bath on 1 st floor |
| <input type="checkbox"/> other _____ | |

2. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation.

3. Name of the family member who needs the special features identified above? _____

4. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? Yes No



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5. Do you or any of your family members need special features to go up and down stairs other than traditional railings? Yes No

If Yes, please indicate how we may accommodate your family _____

6. Will you or any of your family members require a live in aide to assist you? Yes No
7. Are you applying for status as an Elderly Household, where the tenant/co-tenant is 62 or older, handicapped/disabled as defined by FmHA/HUD? Yes No

Medical and Handicap Assistance Expenses

8. Do you request or feel you may qualify for a handicap allowance? Yes No
 Medical Costs: Complete this part **ONLY** if the Head of house or Spouse is 62 or older, disabled or handicapped.

(a) Medicare premiums Monthly Amount \$ _____
 Monthly Amount \$ _____

(b) Medical Insurance Coverage – Name of Insurance Company _____
 Address _____ Monthly Amount \$ _____

(c) Anticipated medical/drug prescription/non-prescription costs NOT covered by insurance nor reimbursed: Monthly Amount \$ _____

(d) Medical bills or outstanding costs you are making monthly payment for:
 Balance Due \$ _____ Monthly Payment \$ _____
 Payable To: _____

(e) Medical related travel cost \$ _____

- (f) Are you seeing a physician regularly? Yes No

Name of Physician _____ Co-Payment Amount \$ _____
 Address _____ Phone No# _____

(g) Any other medical expense:
 List type and amount \$ _____

Who should be contacted to verify your need for the special features you have identified above?
 (e.g. a doctor or social services agency.)

Name _____ Phone No# _____

Address _____

City, State and Zip Code _____



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The information provided in this application will remain confidential with the Housing Department and no information will be released to other department or agencies without the consent of the applicant.

ALL APPLICANST 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 ELIBIBILITY REQUIREMENTS AND AVAILABILITY OF FUNDING AT THE TIME OF THE COMPLETION OF THE APPLICATION PROCESS.

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: _____