

Chehalis Tribal Housing Authority

APPLICATIONS FOR A UNIT IN THE CHEHALIS TRIBAL HOUSING

The following documents are required before application can be reviewed for eligibility.

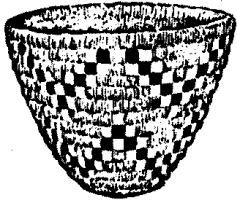
1. Housing application. (to include)
 - Admission Policy (reviewed)
 - Drug Policy
 - Release of Information (all individuals 18 yrs and older)
 - Drivers License
 - Social Security Cards
 - Proof of Tribal Enrollment
2. Proof of Income (pay stubs etc.)
 - Employment Verification
 - Percapita payments
 - General Welfare Disbursements

NOTE:

Incomplete applications will not be accepted. Applicants will not be put on the waiting list unless all the required documentation is received.

UPON ACCEPTANCE FOR A UNIT

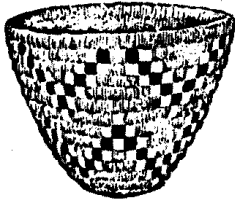
1. Applicant will be notified.
2. Drug test.
3. Background check.
4. Reference checks.
5. First month's rent will have to be paid.
6. Security deposit will have to be paid. (\$200)
7. Electricity will have to be turned on in Tenants name and receipt turned in to the Housing Office.
8. Tenant must sign Rental Agreement.
9. Inspection of unit jointly with staff person.



Chehalis Tribal Housing Authority

10. Keys received.

ALL APPLICATIONS SHOULD BE UPDATED ANNUALLY.



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APPLICATION FOR TENANCY

This application and the contents thereof are considered part of my rental agreement.

Applicant's Name _____ SS # _____ Birth Date _____

Telephone Number _____ Address _____

FAMILY COMPOSITION:

Name	Relation to H of H	Date of Birth	Sex	Social Security #
1.	Self			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, etc.

Household Member	Wages	DSHS	Child Support	Social Security	Un-employment	Other	Monthly Total
1.							
2.							
3.							
4.							

Are you a Chehalis Indian? _____ Enrollment # _____ Are other occupants Chehalis Indian? _____

If so, Who? _____ Enrollment # _____

Are you a Veteran? _____ Branch of Service _____ Date Discharged _____

Are you or other occupants handicapped? _____ Who and nature of handicap _____

Type of housing desired: Housing Authority Rental Unit _____ Rental Assistance Program _____

Nearest relative to be notified in Emergency. Name _____

Relationship _____ Address _____ Telephone # _____

Name, Address and Phone of Last Landlord _____

Dates: From _____ to _____

Name, Address and Phone of Next Last Landlord _____

Make of Autos _____ Year _____ License Plate # _____ Drivers Lic # _____

Make of Autos _____ Year _____ License Plate # _____ Drivers Lic # _____

Personal Reference:

_____ Address _____ Telephone # _____

_____ Address _____ Telephone # _____

_____ Address _____ Telephone # _____

Credit Reference:

Bank _____ Branch _____ Account # _____

Checking _____ Savings _____ Both _____

Major Credit Cards 1. _____ Card # _____

2. _____ Card # _____

Other Credit References:

PLEASE READ CAREFULLY BEFORE SIGNING:

In considering this application from you, the Housing Authority will relay heavily on the information, which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize the Housing Authority to verify references that you have listed.

Signed _____ Date _____

Signed _____ Date _____

Date received by the Housing Authority _____ By Whom: _____

WARNING! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Departments of Agencies of the United States.

RELEASE OF INFORMATION

I, _____, hereby give the Chehalis Tribal Housing Authority permission to obtain any information necessary to verify and complete my housing application or recertify my occupancy.

Verifications and/or reports include but are not limited to records of:

Employment; State Public Assistance; Unemployment Compensation; Workers Compensation; Internal Revenue Service; Social Security; SSI; Other Housing Authorities, or Federally Assisted Home Loan Programs; Credit Reporting Agencies; Current and Past Landlords; Energy Providers; Law Enforcement Agencies; any Tribal Department or Agency.

Name: _____
First Middle Last

DOB: _____ SS#: _____ - _____ - _____
Month/Day/Year

Signature: _____

Name: _____
First Middle Last

DOB: _____ SS#: _____ - _____ - _____
Month/Day/Year

Signature: _____

Name: _____
First Middle Last

DOB: _____ SS#: _____ - _____ - _____
Month/Day/Year

Signature: _____

**** Every member of the household over the age of 18 years old must complete this form.**