TULALIP TRIBES HOUSING DEPARTMENT

Application Received:

3107 Reuben Shelton Drive, Box A-2, Tulalip, WA 98271
Phone Number: 360-651-4580 Fax Number: 360-651-4595

APPLICATION FOR HOUSING ASSISTANCE

Applying For: ☐ Rental Housing ☐ Home Repair Program ☐ Senior Housing ☐ Homeowner Housing

***Note**: This is a pre-application. Information provided on this application is subject to verification at the time your name comes to the top of the waiting list. You will be determined apparently eligible or apparently ineligible based on the information you provide in this application. If you are determined apparently eligible, you will be placed on the waiting list for the program(s) checked above. When your name comes to the top of the waiting list, you will be asked to submit a complete application, and **all information will be verified.**

APPLICANT INFORMATION

First Name _____ Last Name _____ M.I. _____ _____

Current Address _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Alternate Phone No. _____

HOUSEHOLD COMPOSITION: List the Head of Household and all person who will be living in the housing unit.

First	Last	Relationship	Birthdate	Enrollment #	Social Security No.

INCOME INFORMATION: List below all sources of income for every family member. This information will be verified before assistance is provided. Include all income; such as wages, public assistance, all benefit payments, net income from a business, child support, fishing income, per capita payments, 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

ADDITIONAL INFORMATION: Please check all that apply to you or any member of your household

Does any member of your household have special housing needs due to disability? ◯YES ◯NO

If YES, explain:

Have you or any household member ever been convicted of a crime? ◯YES ◯NO

If YES, explain:

Have you or any household member ever lived in tribal housing? ◯YES ◯NO

If YES, provide dates and addresses:

Is the Head or Spouse a Veteran (honorably discharged)? ◯YES ◯NO

CURRENT HOUSING

Name of Landlord _____ Phone _____

Landlord Address _____ Cell _____

APPLICATION CERTIFICATION: I/we certify that all information provided in this application is true, complete and accurate to the best of my/our knowledge. I/we authorize the Tulalip Tribes Housing Department to verify all information provided on this application. I/We understand that supplying false information may result in denial and/or termination of assistance.

Head of Household Signature _____ Date _____

Spouse Signature _____ Date _____