

Please attach ALL of the following with your application so QHA can better determine your eligibility.

Application filled out and signed by applicant

“Release of information” form signed by all adults over the age of 18 years old

State I.D. or driver’s license (current) for everyone for the age of 18

Social security cards and birth certificates for everyone listed on the application

Employment or income verification for all sources (includes per capita, fishing, child support, etc.)

Verification on enrollment for everyone that is listed on the application

Quileute Housing Authority

PO Box 159, La Push, WA 98350

Phone 360-374-9719

Fax 360-374-9117

APPLICATION FOR HOUSING

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone # where you can be reached: _____ Message: _____

Type of housing you are applying for: (check one or both) Rental Homeownership

Have you ever participated in a Quileute Housing Authority program? yes no

Have you ever participated in any HUD program anywhere? yes no

If yes, where; _____

1. Family Composition

A. Person who will live in your home:

Family Member Number	Name of Family Members	Relation to Family Head	Date of Birth	Sex	Social Security Number *
1		Self			
2		Spouse/Other			
3					
4					
5					
6					
7					

* Social Security number is required for all family members who are on this application.

B. Are you an enrolled member of the Quileute Tribe? Yes No- If yes, enrollment # _____

C. Are you enrolled member of a recognized tribe? Yes No if yes what tribe _____

D. Is your spouse living in your home enrolled Quileute? Yes No enrollment # _____

E. Is your spouse who will be living in your home enrolled in another Tribe? Yes No

F. Are any of the listed children enrolled within the Quileute Tribe? Yes No

G. Are any of the listed children enrolled with another Tribe? Yes No

H. Are you or a member of your household a Veteran? Yes No

I. Are you or your spouse/other a person with a disability? Yes No

J. Are any other members of your family who will be living in your home persons with disabilities?
 Yes No - If yes, which family member; _____

K. Are any members of your family who will live in your home 18 years of age or older and a full time student(s)? Yes No - If yes, which family members _____

2. Estimated Family Income (for next 12 months)

A. Income from Employment

Family Member Number	Income Source & Address	Rate Per Hour	Rate Per Week	Total For Next 12 Months
1-self				
Address				
2-spouse				
Address				
3-other				
Address				

B. Other Income

Source	Rate Per Month	Total for Next 12 Months
DSHS		
TANF		
GA		
Social Security		
Unemployment		
Pensions		
Leases		
Own Business (Fishing/Carving etc.)		
Other (per capita, child support etc.)		

C. Total family income for next 12 months. _____

D. Deductible family expenses

Expense	Total Per Year
Child Care \$ _____ Per Week \$ _____	\$ _____
Miles traveled per week for employment or education _____ Miles @ _____ (QHA will determine rate per mile)	\$ _____
Medical expenses	\$ _____
Person with disability care or apparatus expenses	\$ _____

3. Present Housing Condition

A. Are you presently without housing? Yes No - If yes, what is the reason(s) you are presently without housing? _____

B. What is your present living conditions? _____

C. Who is your current landlord: _____

Address _____

Phone #: _____

D. Please provide previous landlord name, address and a contact number for the last five years.

(Attach any other additional information with the Application)

4. **Signature and consent to release information**

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Housing Authority to obtain any and all information necessary for the purpose of verifying the statements made above. I understand that it is my responsibility to inform the Housing Authority if there is any changes in my family status along with reporting any changes in income, living conditions and change of address. I also understand that it is my responsibility to update my application at least annually in order to remain on the waiting list.

Your Signature: _____

Date: _____

Date application received by the Quileute Housing Authority _____

Signature of Housing Authority employee receiving application: _____

NOTICE:

QHA will need a copy of the following with your application: Drivers license or state ID card for all adults listed on your application and a copy of everyone's social security card for those of the age of 6 years and older, and verification of enrollment for any one enrolled with Federally recognized Tribes.

Also, each adult will need to sign both copies of the "Release of Information" forms that are attached with this application.