



Muckleshoot Housing Authority

38037 158th Ave. S.E., Auburn, Washington 98092
Phone (253) 833-7616 Fax (253) 735-6473



Elders, Disabled & Veterans Housing Program

Dear Tribal Member:

Please complete the attached application and submit the following documentation with your application.

- PROOF OF LAND OWNERSHIP** – This may include a copy of your deed, or a copy of the TSR (Title Status Report) along with your BIA approved lease and survey.
- PROOF OF ENROLLMENT WITHIN THE MUCKLESHOOT INDIAN TRIBE** – The Housing Authority will need a copy of your Tribal ID card or a letter from the Tribal Enrollment Office.
- PAYBACK AGREEMENT** – Please be sure to sign the payback agreement. This form must be signed and notarized before funds can be disbursed.
- Release of Information Authorization Form** – This form must be signed by each household member 18 years of age and older that you will be applying for. By each family member signing this form, the Housing Authority will verify income whether its income from employment, DSHS, SSI/Veterans Benefits, Child Support, General Assistance, or Unemployment.

Please note this application will not be processed until all documentation is submitted. If you need any assistance with this application or have any questions, please call the Housing Authority at 253-833-7616, extension 2861.



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ELDER, DISABLED & VETERAN HOUSING PROGRAM

Muckleshoot Enrolled Members Only

The information in this application is being collected to identify eligible individuals to participate in the Elder, Disabled and Veteran Housing Program, and will be used to determine priority of funding. Incomplete information and/or false statements will be subject to rejection from this program.

Application Type: () New Home Construction () Mortgage Payoff / Pay Down

A. APPLICANT INFORMATION:

Date: _____

Name: _____
Last First Maiden Name (if any)

Address: _____ City: _____ Zip Code: _____

Phone No. Home: _____ Work: _____

E-Mail Address: _____ Cell Phone: _____

Date of Birth: _____ Social Security: _____

Tribe: _____ Enrollment Number: _____ Enrollment Date: _____

Marital Status: Married: ____ Single: ____ Widowed: ____ Other: ____

Name of Spouse: _____ Date of Birth: _____

Tribe: _____ Enrollment Number: _____

Is head of household recognized as permanently disabled? _____

If yes, provide certified documentation from a doctor, Veterans Administration, Social Security Administration or other agency:

Do you have any unpaid debts owing the Muckleshoot Indian Tribe or the Muckleshoot Housing Authority? _____ If so, what is the debt? _____

B. FAMILY INFORMATION: List all other persons living in the household on a permanent basis. Start with the oldest and provide Social Security numbers

<u>Name</u>	<u>Birth date</u>	<u>Soc. Sec. No.</u>	<u>Relationship</u>	<u>Tribe/Roll No.</u>

C. HOUSING INFORMATION: Have you or anyone in your household ever received any type of housing assistance from the Bureau of Indian Affairs, the Muckleshoot Indian Tribe or the Muckleshoot Housing Authority? _____ If yes, when: _____

Please select the situation that best describes your current housing status?

- I currently own my home and have a Lease or Deed.
- I currently make monthly mortgage payments for my home.
- I currently reside in a rental home.

Please complete if you are applying for a Mortgage Payoff / Pay Down:

Lender Name: _____ Phone Number: _____

Approximate Payoff Amount: _____

Please complete if you are applying for a New Home Construction:

Do you own land: _____ Is infrastructure present (water, sewer, gas, electric, etc.): _____

Allotment or Trust Land Area: _____

Type of Ownership (*please attach a copy*): Lease Deed

I understand that the above information is provided to the Tribe in order to determine my qualification for housing services as described above and included in the Tribal Housing Assistance Ordinance as enacted by Tribal Council on September 25, 2015 and subsequent amendments there to. I further understand that although every effort has been taken to insure that this program provides nontaxable benefits under the general welfare doctrine of tax law, if a personal tax liability is determined to be owed by me as a result of the benefits, then it will be my responsibility for its payment. Also, I understand that giving false or misleading information may be grounds for rejection of my request and may bar me from receiving any future benefits from this program. **Applicants for substantial financial assistance will sign a Residency/Pay Back Agreement and have it Notarized.**

Applicant's Signature _____ **Date** _____

Spouse's Signature _____ **Date** _____

Muckleshoot Housing Authority
RELEASE OF INFORMATION AUTHORIZATION CONSENT

I authorize and direct any Federal, State, or local agency organization, business, or individual to release to the Muckleshoot Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Indian Housing Program(s), and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by The Muckleshoot Housing Authority in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or myself may be needed. Verification and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Medical or Child Care Allowances
Employment, Income and Assets	Credit
Current Residence/Rental History	Criminal Background Check

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous/Current Landlords	Past/Present Employers	Veterans Administration
Welfare Agencies	Retirement Systems	Utility Companies
Courts and Post Offices	State Unemployment Agencies	Credit providers and Credit
Bureaus		
Banks and other Financial Institutions	Health Institutions	Schools and Colleges
Social Security Administration	Tribe/State ICW Agencies	Law Enforcement Agencies
Medical and Child Care Providers	Support and Alimony Providers	Tribal Tax Fund

COMPUTER MATCHING NOTICE AND CONSENT - I understand and agree that the Muckleshoot Housing Authority may conduct computer-matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information.

CONDITIONS - By signing below, understand the intent of this form and agree that a photocopy of this authorization may be used for the purpose stated above.

Head of Household

Print Name

Date

Spouse/Other adult member

Print Name

Date

MUCKLESHOOT INDIAN TRIBE

Tribal Housing Program

RESIDENCY/PAY BACK AGREEMENT

The undersigned member or members (“Member”) of the Muckleshoot Indian Tribe (the “Tribe”), in consideration of a grant of \$_____ (the “Grant”) to Member to provide assistance for the construction or principle pay off or pay down of real property (the “Property”) located at _____ which is now or will become on closing the primary residence of Member, hereby agrees as follows:

1. Principal Residence. Member agrees that the Property shall be used as the Member’s principal residence during the term of this Agreement. The term of this Agreement shall begin on the date that the Grant is funded by the Tribe and shall continue for 15 years thereafter.

2. Maintenance and Insurance. Member agrees to maintain and keep the Property in good condition and repair and shall pay all taxes, assessments, homeowner dues, and liens assessed or recorded against the Property. Member shall maintain property insurance on the Property in the amounts specified by the Tribe.

3. Automatic Payment. Member authorizes the Tribe to deduct from any payroll or other compensation payable by the Tribe, Muckleshoot Indian Bingo, or Muckleshoot Indian Casino to Member or from any senior distribution by the Tribe to the Member, the amounts necessary to pay all taxes, assessments, homeowner dues, and liens assessed or recorded against the Property and all premiums for insurance on the Property.

4. Pay Back Requirement. If Member sells the Property within the following years after the date of the Grant, Member shall pay back to the Tribe the following percentages of the Grant:

Time Period After the Date of the Grant	Percentage of Grant To Be Repaid
0 to 1 year	100%
1 year to 2 years	93%
2 years to 3 years	86%
3 years to 4 years	79%
4 years to 5 years	72%
5 years to 6 years	65%
6 years to 7 years	58%
7 years to 8 years	51%
8 years to 9 years	44%
9 years to 10 years	37%
10 years to 11 years	30%
11 years to 12 years	23%
12 years to 13 years	16%
13 years to 14 years	9%
14 years to 15 years	0%

