

SPOKANE INDIAN HOUSING AUTHORITY

APPLICATION FOR HOUSING

NOTICE TO APPLICANTS

- **Criminal Policy**
 - All household members and/or new additions to a household (18+) will be subject to a criminal background check at the time of application.
 - A second background check may be required before placement in a SIHA owned unit if the initial background check is over 6-months old
- **Drug Policy**
 - Before placement in a SIHA owned unit, all household members 18+ will be drug-tested
 - Any person who fails or refuses to take a drug test will be ineligible for occupancy for 3 years (from the date of request).
- **Waiting List**
 - To remain on the waiting list applicants MUST submit a completed Application Update form EVERY 12 months
 - SIHA will not send reminders or contact applicants; it will be the applicant's responsibility to ensure they remain current.
- **Notifications**
 - SIHA will send all notices to the mailing address provided, it will be the applicant's responsibility to ensure their mailing address is current and the applicant's responsibility to check and read their mail.
 - Should SIHA not be able to contact an applicant, or an applicant does not respond within the given time for placement in a vacant unit it will be considered a refusal. After 3 refusals an applicant will be moved to the end of the waiting list, a 4th refusal will result in removal.
- **Tenant Selection**
 - Selection for vacant units will be based on the following system:
 - Priority points will be utilized to identify preferences. The higher the points, the higher the individual will be on the waiting list for the eligible bedroom size:
 - i. Spokane Tribal member = 30 points
 - ii. Spokane Tribal elder = 5 points (add to above for a total of 35 points)
 - iii. Other Tribal member = 20 points
 - iv. Spokane Tribal first-line descendant = 10 points
 - v. Other Tribal elders/non-tribal = 0 points
- **Occupancy Standard:**

Number of Bedrooms	Number of Persons – Minimum	Number of Persons - Maximum
1	1	3
2	1	4
3	3	6
4	4	8
5	5	*



SPOKANE INDIAN HOUSING AUTHORITY

6403 Sherwood Addition Road, P.O. Box 195 Wellpinit, WA 99040
 (509) 818-1460 Fax (509) 258-7188

APPLICATION

Reservation Housing: Rental Homebuyer Emergency (short-term)
 Urban Housing: Student Dorm Casino Employee

Applicant: _____
 (First) (MI) (Last)

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Message: _____ Email: _____

Spokane Tribal Member: Yes No Enrollment Number: _____
 Spokane Tribal 1st Line Descendant: Yes No
 Member of another Tribe: Yes No Tribe: _____

FAMILY COMPOSITION (include all that will be residing in the home)

Name	Relation to Head	Date of Birth	Gender	Last 4 of SSN#	Enrollment #
1.	Head				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Are you pregnant or planning to be?		YES		No	

INCOME (Verification will be required)

Family Member #	Employer Name / Source of Income / TANF or GA	Rate of Pay (weekly/bi-weekly/monthly/yearly)	Employment Status (indicate as follows) Full time = F Part time = P Seasonal = S
1.			
2.			
3.			

If part-time or seasonal, how long will the job last? _____

HOUSING CONDITIONS

	YES	NO
Do you own or are you presently buying a home?		
If yes, is it financed and by whom?		
Are you currently renting?		
Are you currently homeless?		
Are you going to be homeless?		
Do you live in substandard housing?		
If yes, explain:		
Have you ever rented from another Public or Indian Housing Authority?		
If yes, where and when?		
Do you presently hold an existing Tribal Homesite Lease, or own land that has existing water and septic on it?		
If yes, please explain:		
Do you, or a member of your household, need an ADA unit?		
Are you a Veteran?		
Are you an enrolled student in a post-secondary program?		
Do you have a pet (be advised that SIHA has a Pet Policy and some properties have a no-pet policy)?		

BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE AND CERTIFY TO ALL (CHECKBOXES):

I/We acknowledge that I/We must inform management of changes to my/our WAITING LIST Application information and of my/our continued interest at least every 12 months to remain on the waiting list. Failure to update MAY result in removal from the waiting list.

I/We acknowledge it is a criminal offense to make willful false statements or misrepresentations and failure to complete and sign the application with required attachments, providing false statements, or failure to provide complete and truthful information related to my/our application may result in the delay of my/our eligibility approval, rejection of my/our application or eviction after tenancy.

I/We understand that if I/we are rejected I/we have the right to appeal the decision within (10) days of the receipt of the rejection notice by submitting a written letter of grievance.

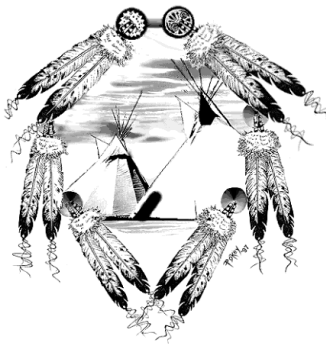
SIGNATURES AND DATES (REQUIRED). I/WE CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED:

Head of Household Signature

Date

Co-Head/Spouse/Other Adult Signature

Date



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6401 Sherwood Addition, P.O. Box 195
Wellpinit, WA 99040
(509) 258-4523 Fax (509) 258-7188

Date: _____

Spokane Tribal Court
P.O. Box 225
Wellpinit, WA. 99040

and/or

Verus Research
P.O. Box 141688
Spokane, WA. 99214

I hereby authorize the Spokane Indian Housing Authority (SIHA) to have access to my Court Records. I understand that my Court Records will be researched through Spokane Tribal Court and/or Verus Research Inc. for any Tribal, State, and/or Federal Criminal History Records. SIHA will utilize the records strictly for the purpose of determining eligibility for Admission. The records are to be released to:

Spokane Indian Housing Authority
P.O. Box 195
Wellpinit, WA. 99040

Full Name: _____
 First Middle Last

Aliases/Other Names Used/Maiden Name: _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____
 P.O. Box City St. Zip Code

 Street Address City St. Zip Code

Signature: _____