SPOKANE INDIAN HOUSING AUTHORITY
6403 Sherwood Addition, P.O. Box 195
Wellpinit, WA 99040
(509) 818-1460 • Fax (509) 258-7188

Required Documents

1. Completed Application Packet

- ☐ All sections fully filled out
- ☐ All adults (17+) signed all required forms

2. Housing Program Selection

- ☐ Applicant selected the correct housing list(s)

3. Identity Documentation for All Household Members

- ☐ Birth Certificates – for all household members
- ☐ Social Security Cards – for all household members
- ☐ Tribal ID(s) – if applicable

4. Background Check Forms

- ☐ Signed by all adult household members (18+)

5. SIHA Release of Information

- ☐ Signed by all adult household members (18+)

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	*

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APPLICATION

Reservation Housing: ___ Rental
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.

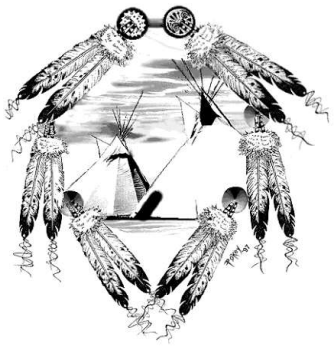
SIGNATURES AND DATES (REQUIRED). I/WE CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED:

_____ _____

Head of Household Signature Date

_____ _____

Co-Head/Spouse/Other Adult Signature Date



SPOKANE INDIAN HOUSING AUTHORITY

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: _____

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RELEASE OF INFORMATION

I, _____ (print), authorize the Spokane Indian Housing Authority (SIHA) the to request or provide information for the purpose of determining or re-evaluating my eligibility, safety, and compliance with SIHA. I also authorize the recipient of this release to freely provide information that may be pertinent to my housing/household eligibility, safety, and compliance.

I authorize the release of information between SIHA and:

- ☐ Spokane Tribal Housing Authority Board of Commissioners
- ☐ Spokane Tribal social service programs, including:
  - STOI 477
  - STOI HHS
  - STOI Senior Program
- ☐ Spokane Tribal Emergency Services, including:
  - STOI PD
  - STOI EMT
- ☐ Spokane Tribal Enterprise
- ☐ Spokane Tribal Casinos
- ☐ Landlord/Property Management Agency: _____
- ☐ SIHA Legal Representatives
- ☐ Bureau of Indian Affairs Realty
- ☐ Applicant Lenders
- ☐ Travois (SIHA Monitor)
- ☐ Other (must be specified)

A copy or scanned format of this release should be accepted as an original.

Applicant name: _____

Applicant Signature: _____

Date: _____