Quinault Housing Authority

P.O. BOX 160 | Taholah, WA 98587

(360) 276-4320 | FAX (360) 276-4778 | 1-888-891-0017

ʔaawk yəx̌uč (good day),

Attached is QHA's new rental and homeownership application. Please return the completed application with the following items:

- Copy of tribal enrollment cards or CIB's for all enrolled household members
- Copy of social security cards for all household members
- Copy of driver's license or state ID for all adult household members
- Proof of all household income. Some examples of income include: Social Security Benefit Award letters, Employment Verifications, Fishing Income, Pay stubs (if submitting paystubs we will need at least two months' worth) If any adult household member has no income they will need to fill out a zero income certification.

If your application is incomplete or we need more information, you will receive a letter within two (2) weeks of submitting your application regarding the status of your application and what info we may need. The waitlist frequently changes from day to day and fluctuates often due to each applicant's circumstances and points received.

To remain active on our waitlist you must update your application annually. Please also update your application whenever there is changes in the household, such as phone number, mailing address, income changes, etc.

If you have any questions or need assistance feel free to schedule an appointment with our Occupancy Specialist staff by calling (360)276-4320 or you may email qha@quinault.org. You may submit your completed application to the QHA office or email at qha@quinault.org.

Siokwil (Thank you),
Quinault Housing Authority

All housing assistance provided by the QHA is subject to federal income guidelines. Moderate income families may be eligible for various programs, however, are not able to receive the same benefits as low income families. All applicants are required to attend financial management. Various eligibility requirements apply to each program, please talk to a housing staff for more information.

2025 Median Family Income $104,200 United States

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	$58,352	$66,688	$75,024	$83,360	$90,029	$96,698	$103,366	$110,035

Frequently Asked Questions

What are the check boxes on the point list? Each box that you check; you must provide verification and or documentation for each marked box. Some examples are statements, pictures, verifications, etc. The more points you have the higher you will be on the list.

What is a Homeless Family and how do I get these points? Homeless family is individuals who lack a fixed, regular and adequate nighttime residence and do not have an existing lease or ownership of any home. To get the points, you will need to write a statement explaining your circumstances.

What are substandard factors and how do I get these points? Substandard factors include issues like lack of plumbing, heating, bathroom facilities, working roofs, windows, doors & mold issues. To get the points, you will need to submit pictures and provide a statement of the condition of the home. This may include reports from contractors verifying the deficiencies of the home.

What is Extreme Overcrowding and how do I get these points? We now go by the HUD guidelines for occupancy standards. An example of this is if you have a boy and a girl they can't share the same bedroom and would need their own space. To get the points we would need a statement describing your situation and the age, and sex of each member in the household and how many bedrooms the home has.

What is a Displaced Elder and how do I get these points? Displaced Elder is Elder applicants whose current home is deemed uninhabitable or who do not own or lease a home. To get these points, you will need to write a statement describing your circumstances and conditions of the home. Pictures may be required for verification purposes.

Civic Service- Provide documentation of volunteer time contributed to the community in the year prior to the application being filed. This shall be recertified annually. Voting or attendance at General Council meetings shall count as 1 point. Donation blood shall count as 1 point. Proof of volunteer time of time of five hours shall count as 1 point for each 5 hours.

What is a victim of fire, flood, other natural disaster, or domestic violence as referred by the QIN Domestic Violence advocacy program and how do I get these points? You must provide a statement explaining your circumstances and if applicable provide verification that you are receiving care from the QIN DV program.

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POINT LIST FOR RENTAL / HOMEOWNERSHIP APPLICATION

Each box that you check below you will need to provide verification in order to receive those points. (The more Points you have the higher you will be on the list)

- ☐ Enrolled QIN Head of Household (Must provide enrollment verification) **(25 Points)**
- ☐ Enrolled other Indian Head of Household (Must provide enrollment verification) **(15 Points)**
- ☐ Enrolled QIN Child(ren) in Household (Must provide enrollment verification) **(10 Points per household)**
- ☐ Enrolled other Indian Child(ren) in Household (Must provide enrollment verification) **(5 Points per household)**
- ☐ Veteran Head of Household (Must provide DD-214) **(5 Points)**
- ☐ Homeless Family **(10 Points)**
- ☐ First time participant in QHA housing Program **(10 Points)**
- ☐ Income less than 50% AMI (Must be 3rd party verified) **(10 Points)**
- ☐ Income within 50%-80% AMI (Must be 3rd party verified) **(5 Points)**
- ☐ Elderly (Must provide verification) **(10 Points)**
- ☐ Disabled (Must provide verification) **(10 Points)**
- ☐ Degree of substandard factors in existing housing determination shall be on a case-by-case basis **(5 Points)**
- ☐ Gross rent paid for present housing exceeds 50% of Annual Income **(5 Points)**
- ☐ Extreme overcrowding (More than 2 persons per bedroom) **(5 Points)**
- ☐ Degree of participation in civic service (Must provide letter) **(Up to 5 Points)**
- ☐ Victim of fire, flood other natural disaster, or domestic violence as referred by the QIN Domestic Violence program **(5 Points)**
- ☐ Displaced elder
  Displaced includes applicants whose current home is deemed uninhabitable, or who do not own or lease a home. **(15 Points)**
- ☐ Currently reside in a Tsunami Zone **(25 points)**
- ☐ Current QHA Renter in Good Standing (No Lease Violations within the last 12 months) **(10 Points)**

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RENTAL/HOMEOWNERSHIP APPLICATION

Applicant Full Name: _____ Birthdate: _____
Physical Address: _____
Mailing Address: _____ Phone#: (_____) _____
Social Security #: _____- _____ - _____ Email: _____
Enrolled QIN? Yes☐ No☐ Enr#: _____ Are you supporting a QIN member? Yes☐ No☐
Type of residence you are interested in: ☐Homeownership ☐Rental ☐Both
Size of home you are interested in: ☐1Bed ☐2Bed ☐3Bed ☐4Bed ☐5Bed
Do you own pets? Yes☐ No☐ if so, how many: _____Type of pet: _____(dog, cat, etc.)
Previous address: _____ how long at this address? ___ Years ___ Months
Present landlords name: _____ landlords phone #: (____) _____
Reason for moving: _____ Monthly rent amt: $_____

HOUSEHOLD COMPOSITION: *List all of the people who will be living in your home.*

Name	Date of Birth	Age	Relation to Head	Social Security #
_____	____/____/____	_____	_____	_____- _____ - _____
_____	____/____/____	_____	_____	_____- _____ - _____
_____	____/____/____	_____	_____	_____- _____ - _____
_____	____/____/____	_____	_____	_____- _____ - _____
_____	____/____/____	_____	_____	_____- _____ - _____
_____	____/____/____	_____	_____	_____- _____ - _____

If child(ren) listed, is at least one child enrolled? Yes☐ No☐ Tribe: _____Enr#: _____

Employed by: _____ How long employed _____ Position: _____
Employers Address: _____Employers phone#: (____) _____
Spouse/other adult employed by: _____ how long employed _____ Position: _____
Employers Address: _____Employers phone#: (____) _____
Total Annual Income: $ _____

By signing this form below, I do hereby swear and attest that all information above is true and correct. I understand that any changes in my household income and/or changes to my household composition must be reported in writing, immediately, to the Quinault Housing Authority.

_____ _____ _____ _____

Signature of Applicant Date Signature of Spouse / other Adult Date

_____ _____ _____ _____

Signature of other Adult Date Signature of other Adult Date

QHA Staff Signature: _____ Date Received: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct all Federal, State and local agency, organization, or individual, to release and verify information provided on my application for participation, and/or to maintain my continued assistance under Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs funded with Federal or state funds. I understand and agree that this authorization, or the information obtained with its use; be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent to allow HUD or QHA to release information from my file about my rental history to HUD credit bureaus, collections agencies or future landlords. This includes records such as my payment history, and any violation of my lease or QHA policies. Such authorization does not include medical records obtained in the course of applying for, or being a part of, such programs without the appropriate due process required under law.

INFORMATION COVERED

I understand that, depending on program guidelines and requirements, previous or current information regarding myself or members of my household, 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
Residences and Rental Activity
Employment, Income, and Assets
Credit
Criminal Activity

GROUP OF INDIVIDUAL THAT MAY BE ASKED

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

Previous Landlords
(Including Public Housing Agencies)
Courts
Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical and Child Care Providers
Retirement Systems
Social Services Programs
Credit providers and Credit Bureaus
Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Agencies
Support and Alimony Providers
Banks and other financial Institutions
Utility Companies
Domestic Violence Programs

Continued on next page

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or QHA may conduct computer matching programs to verify the information supplied for my application or recertification. 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 incorrect information. HUD or the QHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies including but not limited to State Employment Agencies, Department of Defense, Office of Personnel Management; the US Postal Service, the Social Security Agency, and State Welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the QHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

FISHERMAN'S INCOME

The QIN Business Committee has received copies of several memos relating to the release of income information to the Quinault Housing Authority by the Enterprise. No formal Business Committee policy presently exists on this subject. However, in order to protect both the Tribe and the privacy of individual fisherman, until such time as the Business Committee adopts a formal policy, income information should only be released to the fisherman whose income is sought.

By signing below I, Authorize the Quinault Land & Timber Enterprise to release to the Quinault Housing Authority any and all information which is necessary to verify my income for the period of one (1) year or a three (3) year average.

Head of Household Signature	Printed Name	Date
Spouse Signature	Printed Name	Date
Other Adult Signature	Printed Name	Date
Other Adult Signature	Printed Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506-T, *REQUEST OF TRANSCRIPT OF TAX RETURN* MUST BE PREPARED AND SIGNED SEPERATELY.

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FEDERAL PRIVACY ACT STATEMENT

AUTHORITY: The Department of Housing and Urban Development (HUD) is authorized to collect information by the U.S. Housing Act of 1937, as amended, 42 U.S.C., 1437 et. Seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 State, 348, 408. HUD is authorized to collect the SSN by Section 165(a) of the Housing and Community Development Act of 1987, P.L. 100-242, and by section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, P.L. 100-628.

PURPOSE: This is to advise you the Federal Government will be collecting information regarding your program eligibility. You will be made aware of how the information will be used, including the penalties and disclosure during the application process.

USE: HUD uses the information for budget development, program evaluation, and planning activities, and in reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on program eligibility and rent determination and to verify the accuracy and completeness of the income information. HUD AND THE PUBLIC HOUSING AUTHORITY OR INDIAN HOUSING AUTHORITY (OHA/IHA) MAY USE THE INFORMATION TO CONDUCT COMPUTER MATCHING PROGRAMS TO CHECK FOR UNDERREPORTED OR UNREPORTED INCOME. The SSN(s) is (are) used as a unique identifier in computer matching to check tenant eligibility and rent determination made by the PHA/IHA.

PENALTY: You must provide all of the information requested, including all SSN(s) for yourself, and all other household members age six years and older, which have been assigned. Failure to provide SSN(s) and required documentation or certification will affect your eligibility in the assistance program. Applicants will be denied assistance and participants will have assistance or tenancy terminated (or both) if they fail to comply. Failure to provide other requested information may also result in denial of eligibility, eviction or the withdrawal of housing assistance (depending on the housing program).

DISCLOSURE: Summaries of tenant information, without individual identifiers, may be made available to the public. The Privacy Act of 1974, as amended, restricts HUD's disclosure of information about individuals. Such information may be released without the individual's consent as permitted or required by law. This includes disclosure to appropriate Federal, State, or local agencies to verify information relevant to eligibility and rent determination, and when applicable, for other civil, criminal, or regulatory matters. HUD will not otherwise release or disclose the information without the individual's written consent. There may be additional State or Local laws or regulations which govern disclosure by the PHA/IHA.

SIGNATURE: I have read this Federal Privacy Act Statement on: _____/_____/_____
DATE

_____ Head of Household

_____ Spouse

_____ Other Adult Member of Household

_____ Other Adult Member of Household

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Hotline toll free at 1-800-424-8590 (Within Washington, D.C. metropolitan area, call 426-3500).