



NISQUALLY TRIBAL HOUSING
 2205 Lashi Street SE ,
 Olympia, WA 98513
 360-493-0081

APPLICATION INFORMATION UPDATE

Date: _____

Name: _____ Phone: _____

Address: _____ mess. phone: _____

Employer: _____ Phone: _____

Address: _____

HOUSHOLD COMPOSITION:

Name	Relationship	M/F	date of birth	student	Soc.Sec.#

INCOME:

Name	Source (job, SSI, Child Support, fishing...)	Income for Next 12 mos.

NET FAMILY ASSETS: (savings accounts, rental property, investments)

Type of Asset	Value amount

DEDUCTIONS: (based on anticipated amount for 12 months)

Anticipated amount to be spent for the care of disabled /handicapped child (13 or under)
\$ _____

Anticipated amount for medical expenses for elderly or handicapped \$ _____

Anticipated child care expenses for children 13 or under to enable parents to work or
further their education. \$ _____

I certify that the information given above on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge. I understand that false statements or information are grounds for denial of my application for housing.

I have no objections to inquiries being made for the purpose of verifying the statements made herein, and hereby authorize Nisqually Tribal Housing to do so. I further authorize employers and any other person or agency (i.e. Social Security, Tribal Fisheries, DSHS) to provide such information.

Signature of Applicant

Date

Signature of Spouse

Date

It is important that you keep the Housing authority informed of your current address. If we are unable to contact you, it is possible that your application will be moved to the bottom of the waiting list or possibly removed from the list.