

**LOW INCOME / OVER INCOME
REHABILITATION & MODERNIZATION
PROGRAM**

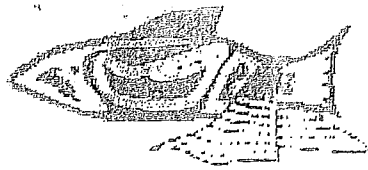
REQUIREMENTS:

- 1) New Housing Application
- 2) ID's – Tribal ID's (Must be enrolled in Federally Recognized Tribe)
- 3) Request Form (why are you seeking assistance)
- 4) Verification Of Income
(Employment / Percap Statements) – (Income Limitations)
- 5) Release of Information for Accounting to retrieve paystubs or W2
(NIT Members)
- 6) W-9 from Vendors
- 7) Social Security Cards
- 8) Pictures

Rehabilitation will be identified through annual inspection and activities will include, but not limited to: roofing, siding, insulation, sheet rock, flooring, cabinets, windows, doors, trim package, HVAC units, wood/pellet stoves and limited appliances.

This program has a maximum of \$10,000 for over income & a 20,000 for low income - per unit/family per year.

All invoices that are over the 3,500 mark must be procured with 3 different quotes.



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.#
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INCOME:

Name	Source (job, SSI, Child Support, fishing...)	Income for Next 12 mos.
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NET FAMILY ASSETS: (savings accounts, rental property, investments)

Type of Asset	Value amount
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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.

NISQUALLY TRIBAL HOUSING
REQUEST FORM



Name: _____ Date: _____

Age: _____ Enrollment #: _____

Contact#: _____ Address: _____

Name of Request: _____

Request Information:

Signature: _____ Date: _____

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.) Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



FY 2020 INCOME LIMITS DOCUMENTATION SYSTEM

[HUD.gov](#) [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2020 Income Limits Summary

Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.

FY 2020 Income Limit Area	Median Family Income Explanation	FY 2020 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
		Very Low (50%) Income Limits (\$) Explanation	30,350	34,700	39,050	43,350	46,850	50,300	53,800	57,250
Olympia- Tumwater, WA MSA	\$86,700	Extremely Low Income Limits (\$)* Explanation	18,200	20,800	23,400	26,200	30,680	35,160	39,640	44,120
		Low (80%) Income Limits (\$) Explanation	48,550	55,500	62,450	69,350	74,900	80,450	86,000	91,550

NOTE: Thurston County is part of the **Olympia-Tumwater, WA MSA**, so all information presented here applies to all of the **Olympia-Tumwater, WA MSA**.

The **Olympia-Tumwater, WA MSA** contains the following areas: Thurston County, WA;

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Income Limit areas are based on FY 2020 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2020 [Fair Market Rent documentation system](#).

For last year's Median Family Income and Income Limits, please see here:

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Nisqually Indian Tribal Housing any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, 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 Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

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

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

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 Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority 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 that information. HUD 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 Security Agencies; Department of Defense; Office of Personnel Management; the U.S. 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. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	
Head of Household:	_____		Date: _____
Spouse:	_____		Date: _____
Adult Member:	_____		Date: _____
Adult Member:	_____		Date: _____
Adult Member:	_____		Date: _____

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only: Initial Annual Interim Occupancy Specialist _____