

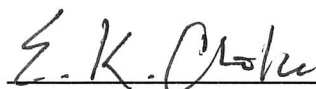


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2026 Community Rental Assistance Guidelines, Procedures, and Application

Adopted on: February 19, 2026

NISQUALLY TRIBAL COUNCIL



Ken Choke, Chairman



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Purpose:

The Nisqually Indian Tribe’s HUD Indian Housing Plan includes Community Rental Assistance services for low-income Native American Families. This program is intended to serve any qualifying Federally Recognized Tribal Members, with a preference for Nisqually Tribal Members, by providing rental assistance, deposits and other move-in costs for rental housing in Washington State. Specifically, NITH strives to provide funding for households facing eviction, homelessness, first-time renters, renters with poor or no credit, and renters with previous evictions.

Guidelines:

- This program may only be utilized by qualifying enrolled federally recognized tribal members who are ages 18 and older.
- Program funding shall begin annually in January. Applications will not be accepted prior to start of program year.
- This program is income based, per household size (all who reside in the home/address). To qualify, applicant households must be at or below 100% of the area median income for Thurston County as set by the Department of Housing and Urban Development annually (please see income limits below).

FY 2026 Income Limit Area	Median Family Income (HUD 2026)	FY 2026 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Olympia-Tumwater, WA	\$122,800	Very Low (50%) Income Limits	\$43,000	\$49,150	\$55,300	\$61,400	\$66,350	\$71,250	\$76,150	\$81,050
		Low (80%) Income Limits	\$68,800	\$78,600	\$88,450	\$98,250	\$106,150	\$114,000	\$121,850	\$129,700
		Over (100%) Income Limits	\$81,690	\$93,360	\$105,030	\$116,700	\$126,036	\$135,372	\$144,708	\$154,044

- Households below 80% AMI are granted up to ***\$5,000 per unit/household*** per fiscal year. Households between 80% and 100% AMI are limited to a ***\$3,000 per unit/household*** per fiscal year benefit. An approved application for a household is not guaranteed their full granted amount. Households must continue to submit a monthly statement for additional funding until their funding balance has been spent. Funds are only available until our program budget has been exhausted.
- Rent and past due payment invoices must be submitted by November 15th to be processed for the year. Any invoices submitted after November 15th will not be accepted.
- Funding is allocated first-come, first-serve to all Nisqually Tribal Members. If the qualified household does not contain any enrolled Nisqually Tribal Members, the household will be placed on a waitlist and serviced after the affordable housing needs of the Nisqually Tribe have been met. Households on



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the waitlist will be notified when/if funding becomes available and will be served in order of the date of receipt of completed application.

- Program rules are subject to change from year to year. Funding does not carry over from the previous year. Households must apply again at the start of the new fiscal year to be rewarded any funds. Applications from the previous year will not be accepted.
- NITH staff members will ensure accurate record keeping of all files and documentation. **Approval and/or Denial Letters** will be sent to each applicant upon reaching a decision on eligibility. Upon issuance of payment to the landlord, applicant will receive an **Activity Letter** showing the balance of funding remaining to their household.

Procedures:

- Applicants must read over the current guidelines and sign/date to confirm their understanding of the program. Applicants must complete the attached **Community Rental Assistance Application**.
- Applicants must provide the following documentation to show proof of eligibility:
 - Proof of Income for all household members
 - Employment wages: Paystubs, 1099 or W2 from previous year, bank statements
 - Other income: Per Capita statements, Social Security Benefits, Pensions, Retirement, Child Support payments
 - Proof of Enrollment in a Federally Recognized Tribe
 - Tribal Enrollment Card or Certificate of Indian Blood
 - Proof of Residency
 - Lease Agreement or Intent to Rent letter
 - Proof of Rent/Fees Due
 - Delinquency/Late Notice
 - Current Residential Ledger
 - Eviction Notice / Pay-or-Vacate Notice
 - Termination Notice
- Applications can be found at the NITH Office located at 2205 Lashi St SE, Olympia, WA 98513 or on the NITH website at <https://www.nisqually-nsn.gov/tribal-services/housing>

Once completed with all appropriate documentation, applications can be delivered in-person at the NITH Office or via email by sending to Housing@Nisqually-NSN.gov or delacruz.katrina@Nisqually-NSN.gov.

- Once application is processed, households will receive an **Approval, Denial, or Notice of Waitlist Status Letter**.
- Landlord will need to provide a W9 form with business name and address. Landlord will be established as a vendor in our payment system.



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- All payments will be issued directly to the landlord in the form of a check. ***No payments will ever be issued directly to the applicant household.***
- Landlords and/or applicants may request an in-person check pick-up. Financial Services will contact the landlord and/or applicant when check is ready. Landlord may also request the check is mailed to an address other than the business address on the W9, but must do so in writing or via email.
- Payments are issued by the Financial Services Department. Creation and distribution of checks for landlords/vendors will be based on policies and procedures set forth by the Financial Services Department.

Ineligibility:

- The following are ***NOT*** eligible for this program:
 - Current occupants of Nisqually Indian Tribal Housing rental homes.
 - Temporary housing, hotel stays, etc are not eligible. If you are facing these hardships, please contact Emergency Management for further assistance.
 - Applicants who owe money to the NITH Department for a previous rental.
 - Applicants who have been previously terminated or evicted from any program administered by NITH.
 - Utility bill payments are not eligible expenses under this program ***unless*** they are a part of the monthly rental ledger from your landlord.
- Incomplete applications without complete documentation will be considered ineligible.
- Multiple members of the same household cannot receive funding. Funding is allotted per household.
- If the amount due to the landlord is more than the funding awarded to the applicant household, household will be responsible for any overages. These overages must be paid prior to Nisqually issuing payment to the vendor to ensure funds are not being misappropriated.
- Any denied applicant may request a ***waiver of ineligibility*** by completing a Request Form provided by the NITH office. NITH's Housing Director and/or the Housing Board will approve or deny waivers at their discretion.

I have read and understand the above policies and procedures for the Community Rental Assistance Program.

Applicant Signature

Date



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COMMUNITY RENTAL APPLICATION

PERSONAL INFORMATION

Applicant Full Name _____ Today's Date ____/____/____

Property Address: _____

Mailing Address: _____

Phone Number (_____) _____

Email address _____

Preferred contact method: Phone Email Mailing address No preference

Are you enrolled in a Federally Recognized Tribe? Yes No

Tribe Affiliation _____ Tribal Number _____

HOUSEHOLD COMPOSITION

FULL NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1)	HEAD OF HOUSEHOLD		
2)	CO-APPLICANT		
3)			
4)			
5)			
6)			
7)			



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EMPLOYMENT/INCOME INFORMATION

NAME	EMPLOYER/SOURCE OF INCOME ADDRESS & PHONE NUMBER	ANNUAL GROSS INCOME

RESIDENCY INFORMATION

Property Type: Apartment | Condominium | Home | Other _____

Monthly Rent: _____ Security Deposit: _____ Other Fees: _____

REQUEST

Please leave a brief description of why you are requesting assistance for:

Signature of applicant: _____

Date of signature _____/_____/_____

For Official Use Only:

NITH Staff Received _____

Time and Date Stamp _____



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CERTIFICATION OF ZERO INCOME

Date: _____

Name: _____ Phone: _____

Address: _____

Email: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant

Printed Name of Applicant/Tenant

Date



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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 Department any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Community Rental Assistance, Rehab and Modernization, 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	Residence History and Rental Activity
Medical or Childcare Allowances	Credit and Criminal Activity	Custody Status of Children

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:

Past and Present Employers	Veterans Administration	Previous Landlords & Public Housing Agencies
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 stamps agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date signed.

SIGNATURES

PRINTED/TYPED NAMES

Head Of Household _____	_____	Date: _____
Spouse: _____	_____	Date: _____
Adult Member _____	_____	Date: _____
Adult Member _____	_____	Date: _____