



SPOKANE INDIAN HOUSING AUTHORITY

6403 Sherwood Addition Road, P.O. Box 195 Wellpinit, WA 99040
(509) 818-1460 Fax (509) 258-7188

UPDATE RENTAL APPLICATION

Applicant: _____
(First) (MI) (Last)

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ Message: (____) _____ - _____

Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

Spokane Tribal Member: ____ Yes ____ No Enrollment Number: _____

Member of other Tribe: ____ Yes ____ No Tribe: _____

FAMILY COMPOSITION

Name	Relation to Head	Date of Birth	Sex	SSN#	Enrollment #
1.	Head	/ /		- -	
2.		/ /		- -	
3.		/ /		- -	
4.		/ /		- -	
5.		/ /		- -	
6.		/ /		- -	
7.		/ /		- -	
8.		/ /		- -	
9.		/ /		- -	
10.		/ /		- -	

INCOME

Family Member #	Employer Name / Source of Income / TANF or GA	Rate of Pay (weekly/bi-weekly/monthly/yearly)
1.		
2.		
3.		

Job Type: Full Time: ____ Part Time: ____ Seasonal: ____

If Part Time or Seasonal, how long will job last?: _____

Signature and Consent to Release Information: In signing this application for Housing, I declare that the above information is full, true, and complete to the best of my knowledge. I hereby authorize the Housing Authority to obtain any and all information necessary for the purpose of verifying the statements made above. Furthermore, I understand that this application is not a contract and is not binding in any manner.

Signature

Date