

# **Lummi Nation HEAR Grant Program APPLICATION**

## **Check List of Items to bring with you to your appointment**

- ☐ **Proof of Homeownership** (must provide a Copy of Title for Trailer or a Copy of Deed for Land if it is a Home).
- ☐ **Income Verification** (All household members **18 & over** must provide a copy of income, such as: pay stubs for one month, bank statements, TANF proof, FISHING proof, etc.)
- ☐ **Veteran** (A copy of Veterans Card or Discharge Papers dd214).
- ☐ **Tribal Enrollment Verification** (All household members must provide proof of tribal enrollment.) **Plus, Social Security Cards for all.**
- ☐ **Proof of Homeowner's insurance (certificate required)**  
(Repair/Rehab requires insurance, applications without insurance will still be accepted, but assistance is not guaranteed.)

Lummi Nation HEAR Grant team will not accept incomplete applications. All incomplete applications will be mailed back to the address on the application.

## APPLICATION FOR PARTICIPATION IN LUMMI NATION HEAR GRANT

### FOR OFFICE USE ONLY

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Time Received

*Advocate should sign below accepting this application as complete:*

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Staff Signature

**Proof of Income is REQUIRED with this application**  
**\*\*Incomplete applications will NOT be accepted\*\***

### **PERSONAL DECLARATION:**

ALL FORMS MUST BE CAREFULLY COMPLETED. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD, AS IT APPEARS ON HIS OR HER SOCIAL SECURITY CARD. ALL ADULT MEMBERS (18 YEARS OF AGE AND OLDER) OF THE HOUSEHOLD MUST SIGN THE APPLICATION. **PLEASE PRINT CLEARLY.**

Name	Address	
City	State	Zip Code
Phone Number	Message Number	
Email		

### 1. **HOUSEHOLD COMPOSITION**

List all persons who will be living in your home, listing head of household first, and if there will be two heads of household, please indicate who the second head will be. Please supply all requested information and supporting documentation for every member of the household. **PLEASE FILL OUT CHART COMPLETELY.**

Legal Name of Persons	Date of Birth	Age	Relationship to Head of Household	Social Security Number	Tribal Enrollment #
			Head		
			Spouse		

### 2. **Employment in the Fishing Industry**

Are you now, or have you within the previous 5 years been employed in any aspect of the fishing or farming industry? (This includes all forms of harvesting seafood, i.e. Fishing, Clamming, Crabbing, or Shrimping, as well as working in a processing plant or other fishing related industry?)

Yes ☐ No ☐

(If yes, Please provide Lummi Nation HEAR Grant Staff with a copy of your fishing card or other proof of occupation in the fishing or farming industry.)

### 3. **Veteran Status**

Are you or your spouse a Veteran of the Armed Services? Yes ☐ No ☐  
If you answered, "Yes" to the above question, please provide your dd214

#### 4. Ownership

Is your residence a Trailer/Modular or House? \_\_\_\_\_

If a Trailer or Modular what year was it built? \_\_\_\_\_

(Any manufactured homes built prior to 1976 will not be eligible for this program)

Please attach Title for trailer or modular.

Please attach land deed if residence is a home.

#### 5. Homeowner's Insurance

Do you have homeowner's insurance on your home?

Yes ☐

No ☐

*If yes, please attach a copy of your proof of insurance (Certificate), bills will not be accepted*

**I understand that any change to the above information must be reported to Lummi Nation HEAR Grant Program within 14 days of the occupancy. I also understand that this is not a contract and creates no obligations for either party. I declare under penalty of law that the above information is full, true, and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature of **Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of **Occupant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of **Occupant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of **Occupant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of **Occupant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of **Occupant**

\_\_\_\_\_  
**Date**

**Lummi Nation HEAR Grant Program**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State, Local Agency, Organization, Business, or Individual to release to Lummi Nation HEAR Grant Program, any information or material needed to complete or verify my application for residence in a Lummi Nation HEAR Grant Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Lummi Nation HEAR Grant Program in administering and enforcing program rules and policies.

**INFORMATION COVERED**

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

Medical or Child Care Allowances, Public Benefits, Credit, Employment, Income or Assets, Residence and Rental Activity, Criminal History, Identity and Marital Status

**I UNDERSTAND** that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for continued participation in a Lummi Nation HEAR Grant Program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release information include, but are not limited to:

**Previous Landlords**

Courts  
Educational Institutions  
Law Enforcement Agencies  
Child Support Agencies

**Past & Present Employers**

Public Assistance Programs  
Unemployment Agencies  
Social Security Administration  
Medical Providers

**Veteran's Administration**

Financial Institutions  
Credit Bureaus  
Utility Companies  
LIBC Entities

**CONDITIONS**

I agree that ***a photocopy of this authorization may be used for the purpose stated above.*** I understand that this release of information may be used for all documentation necessary for participation in programs administered through Lummi Nation HEAR Grant Program. I understand that I have a right to review my file and correct any information that I can show is incorrect.

_____ Signature of <b>Head of Household</b>	_____ Print Name	_____ Date
_____ Signature of <b>Occupant</b>	_____ Print Name	_____ Date
_____ Signature of <b>Occupant</b>	_____ Print Name	_____ Date
_____ Signature of <b>Occupant</b>	_____ Print Name	_____ Date
_____ Signature of <b>Occupant</b>	_____ Print Name	_____ Date

**REPAIR & REHAB. PRE – ASSESSMENT APPLICATION**

**What types of repairs does your home need? Please list and explain below:**

What kind of appliances do you have?

- ☐ Cooking stove:    ☐ working    ☐ non-working  
☐ Refrigerator:    ☐ working    ☐ non-working  
☐ Dishwasher:    ☐ working    ☐ non-working  
☐ Washer:    ☐ working    ☐ non-working  
☐ Dryer:    ☐ working    ☐ non-working

What type of water heater do you have?

- ☐ Propane  
☐ Electric  
☐ Non-working

What type(s) of heating sources do you have?

- ☐ Furnace    ☐ oil    ☐ propane    ☐ gas    ☐ electric  
☐ Wood stove  
☐ Base board heaters  
☐ Mini-split  
☐ No heating source

**Additional Comments or Questions:**

**Homeowner/Elder Signature**

**Date**

# LUMMI NATION HEAR GRANT PROGRAM

2665 Kwina Rd Bellingham, WA 98226

Phone: (360) 312-2000

I, \_\_\_\_\_ authorize you to release the following information to Lummi Nation Hear Grant Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT ONLY\*\*\*\*\***

All blanks must be filled in and if the information is not available or does not apply. Please indicate either with "n/a" or unknown" etc. This will ensure nothing has been overlooked. **This form will be void if filled out by applicant.**

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER'S PHONE: \_\_\_\_\_

NAME OF APPLICANT: (PRINT) \_\_\_\_\_ DOH: \_\_\_\_\_

EMPLOYEE JOB TITLE: \_\_\_\_\_

STATUS: \_\_\_\_ F/T \_\_\_\_ P/T \_\_\_\_ PERMANENT \_\_\_\_ TEMP \_\_\_\_ SPECIAL PROJECTS/SEASONAL \_\_\_\_ ON CALL

RATE OF PAY: \$ \_\_\_\_\_ HOUR TIPS \_\_\_\_\_ YTD GROSS INCOME: \$ \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_ TOTAL HOURS IN A MONTH: \_\_\_\_\_

IF Varies lists (3) pay periods:

Month \_\_\_\_\_ HRS \_\_\_\_\_ Gross Income \$ \_\_\_\_\_

Month \_\_\_\_\_ HRS \_\_\_\_\_ Gross Income \$ \_\_\_\_\_

Month \_\_\_\_\_ HRS \_\_\_\_\_ Gross Income \$ \_\_\_\_\_

Separation: Job Title \_\_\_\_\_ DOH \_\_\_\_\_ Terminated  
Date \_\_\_\_\_

Comments \_\_\_\_\_

I certify all fact being true, factual, and based on company records of employee named above.

HR Signature/Print: \_\_\_\_\_ Date: \_\_\_\_\_

# LUMMI NATION HEAR GRANT

2665 Kwina Rd Bellingham, WA 98226

(360) 312-2000

LUMMI

## NATION HEAR GRANT POLICY AGREEMENT REPAIR AND REHABILITATION PROGRAM

\_\_\_\_\_(NAME), an enrolled member of the Lummi Nation  
(hereinafter “Recipient”) has applied for a grant under the Lummi Nation HEAR Grant Program.

The Recipient shall use the funds awarded under this grant towards the repair and rehabilitation of the residence located at \_\_\_\_\_ (ADDRESS, herein after  
“Residence”).

The Recipient agrees to use the Residence as her/his “principal place of residence” for five (5) years from the date of the grant’s final disbursal. This time period assumes a grant of under \$15,000; if additional funds are disbursed an additional five (5) year residence will be required. A residence shall be considered a “principal place of residence” if an individual occupies the residence for nine months out of a twelve-month period.

Lummi Nation HEAR Grant Program and Recipient agree that if the Recipient sells or transfers ownership of the Residence or fails to retain the property as her/his principal residence anytime within five (5) years of the date of the grant’s final disbursal, the Recipient will refund to Lummi Nation HEAR Grant Program on behalf of Lummi Nation HEAR Grant Program team all funds disbursed to her/him under this grant within 30 days of the sale or transfer or of failure to maintain principal residence status.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date