

Down Payment Assistance Program

Application Instructions



Thank you for your interest in the Down Payment Assistance Program. It is important to return all documentation so that your application can be processed quickly. You may email your applications to kerrys@ctsi.nsn.us or fax it to 541-444-8313 ATTN: K.C. Short, Housing Finance Manager. The **original application** will need to be mailed to;

Confederated Tribes of the Siletz Indians
Attn: Housing
PO Box 549
Siletz, OR 97380

Purchasing a home is a multi step process. Buyers should remember that one of the first steps should be working with a primary lender to get pre-approved. It is also important to apply for all other funding, take a homebuyer class and understand the limits of your finances. I am here to assist you with navigating through the home buying process.

Please submit copies of the following with your completed application for ALL ADULTS in the household:

- Tribal Identification for each person in the household
- Social Security Card for each person in the household
- If divorced and receiving child support or alimony, copy of divorce papers
- Last two consecutive pay stubs showing employer name, address and contact phone number
- Verification of per capita
- Verification of any other income received in the household

If you are self employed: Siletz Tribal Housing Department will need most recent tax return

If you have already applied for a primary loan and/ or made an offer on a home, submit copies of the following:

- Commitment letter from your primary lender
- Good faith estimate from your lender for the primary loan
- Information on any other funding you may be receiving for the purchase of the home
- Earnest money agreement with any amendments
- Certification of participation in a homebuyer program

More information will be needed to process your application. I will work with you and your lender to obtain all necessary documentation to process your request. Please call 541-444-8310 or 1-800-922-1399 ext. 1310 with any questions you may have about the program.

Sincerely,
K.C. Short
Housing Finance Manager



**DOWNPAYMENT ASSISTANCE APPLICATION
CONFEDERATED TRIBES OF SILETZ INDIANS
DOWN PAYMENT ASSISTANCE PROGRAM**

PO Box 549, Siletz Oregon 97380
541-444-8322 FAX: 541-444-8313
Toll Free: 1-800-922-1399

DATE: _____

*****Regardless of Primary Loan Application, all applicants must list their income *****

PRIMARY APPLICANT INFORMATION	CO-APPLICANT INFORMATION
Name:	Name:
Tribal Affiliation/ Enrollment Number:	Tribal Affiliation/ Enrollment Number:
Mailing Address, City, State, Zip:	Mailing Address, City, State, Zip:
Street Address:	Street Address:
How long at this address?	How long at this address?
County of residence:	County of residence:
Phone Numbers #:	Phone Numbers #:
Email Address	Email Address

LIST ALL PERSONS WHO WILL BE OCCUPYING THE HOME:

#	Name	Social Security Number	Relationship	Date of Birth	Tribal Affiliation	M/F
1		/ /	SELF	/ /		
2		/ /		/ /		
3		/ /		/ /		
4		/ /		/ /		
5		/ /		/ /		
6		/ /		/ /		

Have you made an offer on a home? Yes No

Street address, city, state and zip of subject home _____

Your Realtor's Name _____ Phone Number _____

Are you working with a lender? Yes No

Lender's Name _____ Phone Number _____

Institution's Name _____

Lender's e-mail address _____

Do you, or any member of your household, currently own a home or have owned a home in the past 3 years? _____ If yes; Person's Name: _____

Is any member of the household currently past due with any debt to CTSI? _____ If yes; please explain:

How much rent do you pay each month? \$ _____

List any other income received by members of the household aged 18 and over, such as tribal per capita, self-employment, retirement pensions, child support, alimony, interest earned, etc.

HOUSEHOLD MEMBER NAME	TYPE OF INCOME	SOURCE OF INCOME (Person and/or company name)	AMOUNT (per hour/month/year)

Have you, or any member of your household, participated in any federally assisted housing program (such as; HIP, Sec.8, Public or Indian Housing)? _____ If yes; Please provide:

Name: _____ Program: _____ Date/Location: _____

Name: _____ Program: _____ Date/Location: _____

List benefit amounts for all members of the household receiving assistance from any of the following:

NAME	TANF/AFDC	UNEMPLOYMENT	SOCIAL SECURITY	SSI	VETERANS

List assets, including all bank accounts, real estate, trust funds, stocks, bonds, IRA, etc.

HOUSEHOLD MEMBER NAME	TYPE OF ASSEST (CHECKING, SAVINGS..)	BALANCE	DIVIDEND/EARNINGS

Submit the following information for all household members, age 18 and over, who are wage earners:

Applicant name _____
 Employer _____
 Employer Mailing Address _____
 Employer Phone Number _____
 Start Date _____ Date of last increase _____ Amount of increase\$ _____
 Pay rate\$ _____ per hour month Position _____
 If paid by the hour, number of hours worked per week _____

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 Employer _____
 Employer Mailing Address _____
 Employer Phone Number _____
 Start Date _____ Date of last increase _____ Amount of increase\$ _____
 Pay rate\$ _____ per hour month Position _____
 If paid by the hour, number of hours worked per week _____

List outstanding debts for you and/or any member of your household:

HOUSEHOLD MEMBER	DEBTOR (Money owing to)	PAYMENT AMOUNT	BALANCE DUE

I AM WILLING TO PARTICIPATE IN A HOMEBUYER EDUCATION PROGRAM. I DECLARE THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I PROVIDE FALSE, INCOMPLETE, OR INACURATE INFORMATION THAT I MAY BE SUBJECT TO PENALTY UNDER FEDERAL, STATE OR TRIBAL LAW; MAY BE DENIED ASSISTANCE; AND MAY BE REQUIRED TO REPAY ANY ASSISTANCE RECEIVED. BY MY SIGNATURE, I HEREBY AUTHORIZE CTSI TO OBTAIN ANY AND ALL INFORMATION NECESSARY FOR PROCESSING MY APPLICATION FOR PROGRAM FUNDING.

Signature of Primary Applicant

Date Signed

Signature of Co-Applicant

Date Signed

**AUTHORIZATION FOR
THE RELEASE OF
INFORMATION**

Agency requesting release of information:

**Confederated Tribes of Siletz Indians
Down Payment Assistance Program
P.O. Box 549 Siletz, OR 97380**

The applicant(s) / borrower(s) identified below has applied for a loan through the Confederated Tribes of Siletz Indians (CTSI) to acquire a home.

The applicant(s) has indicated information concerning his or her transaction(s) with you or your firm and has authorized CTSI in writing to verify this information from any source named in the application.

Please consider this your authority to release such information as is required in the attached inquiry relative to a specific transaction with you or your firm.

All information so furnished is for the confidential use of CTSI or the United States Department of Housing and Urban Development.

I/WE hereby authorize the Release of Information to the CTSI which is relevant and necessary to determine eligibility for the Down Payment Assistance Program.

I/We agree that photocopies of this authorization may be used for the verification of information as needed by CTSI.

I/We understand that all household members aged eighteen (18) and older must sign this authorization form or face denial or termination of possible down payment assistance.

This authorization is effective for up to one (1) year from the date of my/our signature.

Signature of Applicant and Date	Signature of Co-Applicant and Date:
X	X
Signature of Other Adult member of the household & Date	Signature of Other Adult member of the household & Date
X	X

