



CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON

P.O. Box 549, Siletz, Oregon 97380

1-800-922-1399 ext. 1322 • (541) 444-8322 • FAX: (541) 444-8313

Siletz Tribal Housing Department

Please complete and sign all pages of the attached application, including the Authorization(s) for Release of Information. Incomplete applications will not be accepted, and will be returned for completion.

Please provide the following verification for **All** household members:

- 1. INCOME** – All sources of income earned or received (social security, disability payments, workman's compensation, wages, retirement benefits, self-employment, monthly child support, TANF (welfare) payments excluding food stamps, etc.). Include proof of CURRENT, and previous month's wages minimum. Bank statements that show the source of direct deposit is acceptable, check stubs, CURRENT Benefit letter(s), and W-2's are some of the documentation accepted. If you do not have an income, you will be required to fill out a Survival Statement.
- 2. ASSETS** – All checking accounts, savings accounts, real estate, investments, retirement accounts, mobile homes, recreation vehicles, money market accounts, savings bonds, CDs etc. must be listed in the 'Asset Detail' section of the Household Information Worksheet.

REQUIRED DOCUMENTATIONS FOR ALL ADULT HOUSEHOLD MEMBERS:

- 3. SOCIAL SECURITY DISCLOSURE** – Include Social Security numbers for household members age eighteen (18) and older.
- 4. PHOTO ID** – Photo identification is required for household members age eighteen (18) and older. Tribal ID is an acceptable, preferred identification for the primary applicant and tribal members, Driver's License, Veteran ID, School ID.
- 5. BACKGROUND/TENANT SCREENING** – A screening is required for each adult household member, age eighteen (18) and older, included on your lease. Make sure you fill out each section and sign and date each section that requires that you do so.

All of the information is required prior to placement on the active waiting list.

Signatures required in highlighted area of each page.

CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON

P.O. Box 549, Siletz, Oregon 97380
 1-800-922-1399 ext. 1322 • (541) 444-8322 • FAX: (541) 444-8313
Siletz Tribal Housing Department

WHAT HOUSING PROGRAM(S) ARE YOU APPLYING FOR?

- Homeownership
 Home of Your Own
 Low Rent Siletz
 Low Rent Lincoln City
 Property Management
 Elder/Disabled Rental Assistance
 Elder Cottage
 HASRAP – Homeless and Shelter Program

UNIT SIZE REQUESTED:
 One-Bedroom
 Two-Bedroom
 Three-Bedroom
 Four-Bedroom
 Five-Bedroom

Head of Household: _____ **Roll No.:** _____

Tribal Affiliation: _____ **County:** _____

Mailing Address: _____

Residence Address: _____
City State Zip

Email Address: _____
City State Zip

Primary Phone: (____) _____ - _____ **Message Phone:** (____) _____ - _____

Emergency Contact: _____ **Primary Phone:** (____) _____ - _____

HOUSEHOLD COMPOSITION:

List all **ADULT** household members, age eighteen (18) and older.

Adults – Legal Name	Gender	Birthdate	Social Security #	Relationship to Applicant	Tribal Roll #	Tribal Affiliation	Veteran	Disability
				<i>SELF</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all dependent(s)/child(ren) household members. Provide proof of guardianship or custody of children, as required by program policy.

Dependent(s) – Legal Name	Gender	Birthdate	Social Security #	Relationship to Applicant	Tribal Roll #	Tribal Affiliation	Disability	Other
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSEHOLD INCOME:

NAHASDA regulations require disclosure of all household income and assets. Please provide documentation for all sources.

Earned Income – Wages from employment, self-employment, farm income, compensation for personal services, Self-Sufficiency Program (SSP) income, WEX income, State Payee, etc.

Household Member	Source/Type	Address	Gross Monthly Income

Unearned Income – Social Security, SSI, Veterans Benefits, Retirement, Pensions, Annuities, Death Benefits, Alimony, Child Support, Grant Assistance (GA/GAF/TANF/State Welfare), Gaming Per Capita, Stipends, Gifts, etc.

Household Member	Source/Type	Address	Gross Monthly Income

Assets – Notes, Bonds, Bank Deposits, Savings Certificates, Dividends, Rental Income, Royalties, Estates, Trust Funds, Cash on Hand, Savings Accounts, Checking Accounts, etc.

Household Member	Source/Type	Start to End Dates	Gross Income
		to	
		to	
		to	
		to	

Education Income Source(s) – Student Grants, Scholarships, Higher Education program funds, Loans, etc.

Household Member	Source/Type	Start to End Dates	Gross Income
		to	
		to	
		to	
		to	

HOUSEHOLD DEDUCTION(S):

Documentation must be submitted with application to qualify for Deductions.

- Do you pay childcare to someone that does not reside in your home? **Yes** **No** If yes, attach documentation
- Do you pay child support to someone that does not reside in your home? **Yes** **No** If yes, attach documentation
- Do you travel 25 miles or more one way to work, or school? **Yes** **No** If yes, attach documentation
- Does a household member attend college 12 credit hours, or more? **Yes** **No** If yes, attach documentation

General Questions – Please read and answer questions carefully

- 1) Do you, or any member of your household, have a disability that requires a unit with special features, or auxiliary aids? **Yes** **No**

If yes, please describe and attach documentation: _____

- 2) Do you currently rent or own the home you are living in? **Rent** **Own**
- 3) Have you sold or transferred any real estate in the past two years? **Yes** **No**

If yes, please explain: _____

4) Does anyone outside of your home pay your bills, or supplement your income? **Yes** **No**

5) Have you, or any adult member of your household, ever used a different name or social security numbers other than listed on this application? **Yes** **No**

If yes, please explain: _____

6) Have you, or any member of your household, ever been convicted of a crime other than a traffic violation? **Yes** **No**

If yes, please explain: _____

7) Have you, or any member of your household, ever been arrested or convicted of a crime involving drugs, controlled substances, or criminal activity? **Yes** **No**

If yes, please explain: _____

8) Do you, or any member of your household, owe the Confederated Tribes of Siletz Indians money? **Yes** **No**

If yes, please explain: _____

9) Have you, or any member of your household, ever lived in federally assisted housing? **Yes** **No**

If yes, please list Housing Authority name and dates: _____

10) Do you, or any member of your household, owe money to STHD, or any Housing Authority in connection with participation in a federally assisted housing program? **Yes** **No**

If yes, please list Housing Authority name, amount owed, and attach payment agreement with documentation of payments for six (6) consecutive months:

11) Have you, or any member of your household, ever committed fraud in a federally assisted housing program, or been requested to repay money for knowingly misrepresenting information pertinent to such programs? **Yes** **No**

If yes, please explain: _____

12) Have you, or any member of your household, ever vacated a unit owing rent or damages?

Yes No

Previous Landlord:

Name _____

Mailing Address _____

City

State

Zip

Contact Information _____

(i.e. cellphone, office phone, e-mail)

Current Landlord:

Name _____

Mailing Address _____

City

State

Zip

Contact Information _____

(i.e. cellphone, office phone, e-mail)

13) Do you own pets? If yes, are you willing to re-home them?

Yes No

- STHD policy for Workforce Housing located in Lincoln City, OR excludes pets from the premises –

- **No Pets & No Smoking allowed within the Workforce Housing Development Project –**

CERTIFICATION SIGNATURES:

I certify that all information provided on this application is accurate and complete. I understand that I must report to the STHD in writing of any changes in my household composition or household income. I certify that the unit I am applying for would be my principal residence and that I will not obtain duplicated Federal housing assistance while I am participating in STHD Programs. I know that I am required to cooperate in supplying all information needed to determine my eligibility. Cooperation includes attending pre-scheduled meetings, keeping STHD informed of my current mailing address, completing and signing all required forms. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal Oregon State criminal law.

Head of Household:

Signature

Date

Spouse or other adult:

Signature

Date

Other adult member:

Signature

Date

Other adult member:

Signature

Date

SILETZ TRIBAL HOUSING DEPARTMENT (STHD)
CHILD CARE STATEMENT

I hereby state that I have a reliable Child Care Provider for my child(ren) while I am at work.

The name(s) of the child(ren) cared for and cost are as follows:

Child	Provider (Name, Address, Phone)	Monthly Cost
		\$ _____
		\$ _____
		\$ _____
		\$ _____

I understand the any change in Child Care cost or provider must be reported to STHD.

I am not reimbursed from any outside source for this Child Care cost. Should I be reimbursed in the future, I understand I must promptly report this information to STHD.

Applicant Signature: _____ **Date:** _____

I hereby certify that the above amount stated is paid to me for the childcare is correct.

Provider Signature: _____ **Date:** _____

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements and/or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

SILETZ TRIBAL HOUSING DEPARTMENT (STHD)
SURVIVAL STATEMENT

NAME: _____

Date: _____

INCOME FOR THE PAST 30 DAYS:

- | | |
|--|--|
| 1) Wages or Pay for work : \$ _____ | Source of wages: _____ (List all occasional labor) |
| 2) Loans/Gifts : \$ _____ | Source: _____ |
| 3) Food Stamps : \$ _____ | Source: _____ |
| 4) Utility Assistance : \$ _____ | Source: _____ |
| 5) Child Support : \$ _____ | Source: _____ |
| 6) Benefits : \$ _____
(Unemployment, VA, Disability, TANF, Education grants, etc.) | per: _____ (day, week, month, etc) |
| 7) Other : \$ _____ | Source: _____ |
| \$ _____ | TOTAL INCOME PAST 30 DAYS |

EXPENSES FOR THE PAST 30 DAYS:

- | | |
|---|---|
| 1) Food : \$ _____ | <p>☞ If your total expenses are greater than your listed income, please explain:</p> <p>_____</p> <p>_____</p> |
| 2) Rent/House Payment : \$ _____ | |
| 3) Utilities - Heat/Lights : \$ _____ | |
| Water/Sewer/Garbage : \$ _____ | |
| TV Cable : \$ _____ | |
| Telephone : \$ _____ | |
| 4) Vehicle : \$ _____ (Includes gas, insurance, repairs, monthly payments) | |
| 5) Medical : \$ _____ | |
| 6) Personal Items : \$ _____ (Cigarettes, clothes, paper products, laundry expenses, Entertainment - videos, bingo, etc.) | |
| \$ _____ | |

By signing this statement, I certify the information given on this statement of survival is complete and accurate to the best of my knowledge. I hereby grant the STHD permission to make inquiries regarding information I have provided on this document. I understand this information will be kept confidential and used only for program purposes.

Signature: _____

Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make wilful false statements or misrepresentations to any department or agency of the United States as to matters within its Jurisdiction.

SILETZ TRIBAL HOUSING DEPARTMENT (STHD)

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We hereby authorize the Release of Information to the STHD, which is relevant and necessary to determine eligibility for the Housing Program(s) available to me/us.

I/We authorize the STHD to make inquiries about the following:

- Income of each household member age 18 and older;
- Child Care expenses;
- Credit History
- Criminal History (Federal, State, County, City, Private, Public and/or Tribal agencies, including reports involving Service to Children and Families "SCF");
- Family Composition (includes all agencies of Federal, State, County, City, Private, Public and/or Tribal);
- Assets (including real estate, boats, mobile homes, bank accounts, certificates of deposit, stocks, bonds, etc.);
- Federal, State, Tribal or local benefits;
- Identity and marital status; and
- Residential and Rental History

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

I/We understand all household members age eighteen (18) and older must sign and date this authorization form or face denial of your application, or termination from STHD housing assistance.

Head of Household:

Signature

Date

Spouse or other adult:

Signature

Date

Other adult member:

Signature

Date

Other adult member:

Signature

Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014
exp. 1/31/2014

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

HA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	Head of Household	_____	Date	_____	Other Family Member over age 18	_____	Date
_____	Social Security Number (if any) of Head of Household	_____		_____	Other Family Member over age 18	_____	Date
_____	Spouse	_____	Date	_____	Other Family Member over age 18	_____	Date
_____	Other Family Member over age 18	_____	Date	_____	Other Family Member over age 18	_____	Date
_____	Other Family Member over age 18	_____	Date	_____	Other Family Member over age 18	_____	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 20000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.