



## **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**

Greetings Applicant,

Welcome to the Siletz Tribal Housing Department's Emergency Housing Assistance Program! The partnership we form, to assist you in meeting your housing goals in a timely manner, will be a positive experience if the following is taken into consideration:

- We are servicing multiple customers who are in dire need of housing.
- The landlord's slow response or cautionary approach to participating in our program may cause delays that are beyond the STHD's control.
- We do not provide funds for lodging at a hotel or motel.
- The eligible applicants' landlord or mortgage company will receive one payment in an amount that does not exceed \$1,500.00. The amount will vary depending on your individual circumstances.

Also, it is important to note that if an award is made, every member of the household who is an enrolled Siletz tribal member aged 18 and older, must wait 3 years from the date the application is complete before they are eligible to participate in the Emergency Housing Program another time.

Your patience with the STHD employees who are striving to provide you the best possible service is greatly appreciated. Thank you.

Best Regards,

The Siletz Tribal Housing Department Staff

**SILETZ TRIBAL HOUSING DEPARTMENT (STHD)**  
**EHA**  
**Applicant Check List**

Please use this checklist to ensure your application contains all the information and attachments. This will expedite the process of determining your eligibility for the Emergency Housing Assistance Program.

**Application:**

- Completed and signed by the applicant (enrolled Siletz tribal member or parent/guardian of an enrolled Siletz tribal member child.)

**Survival Statement\*:**

- Completed and signed by the applicant.  
 Completed and signed by all household members aged 18 and older. \*Additional forms available by request.

**Authorization for Release of Information:**

- Signed and dated by the applicant.  
 Signed and dated by all household members aged 18 and older.

**Notice of 3 Year Rule:**

- Signed and dated by any and all household members aged 18 and older who are enrolled Siletz tribal members.

**Social Security Cards:**

- Copy of the applicant's social security card.  
 Copy of household members' (aged 18 and older) social security cards.

**Verification of Income:**

- Documents verifying the applicant's income.  
 Documents verifying the household members' (aged 18 and older) income.

**Proof of Enrollment with the Siletz Tribe:**

- Copy of the applicant's Certificate of Indian Blood (CIB) or tribal identification card.  
 Copy of the enrolled tribal child's Certificate of Indian Blood (CIB) or tribal identification card if the parent/guardian is not an enrolled Siletz tribal member.  
 Copy of household members' (aged 18 and older) Certificate of Indian Blood (CIB) or tribal identification card.

**If You Are Homeless:**

- Name, address, telephone and facsimile numbers of the prospective landlord. (Not required until approved.)

**If You are Being Evicted:**

- Copy of the eviction showing the overdue rent amount.  
 Copy of the rental agreement with your name appearing in the agreement as the tenant or household member and the name, address, telephone and facsimile numbers of the landlord.

**If You are in Foreclosure:**

- Copy of the mortgage statement and payment coupon.

## SILETZ TRIBAL HOUSING DEPARTMENT (STHD)

### EHA

# Information Sheet

Keep this sheet for your records.

Please read the attached Emergency Housing Policy for more details on program guidelines.

#### **All Program participants have the following basic responsibilities:**

*Participants in this program are hereby advised that, as long as the Confederated Tribes of Siletz Indians is paying for their housing needs, their behavior reflects upon the Tribe. Therefore, any actions and/or behavior by participants that could be viewed as inappropriate, unlawful, and disrespectful and/or that could cause the Tribe embarrassment will cause the applicant and applicant's household to lose their eligibility for this and possibly other programs administered by the Siletz Tribal Housing Department.*

#### **You must:**

- ⇒ Complete all areas of the application. You must explain one of the three (3) reasons Emergency Housing Assistance is needed.
- ⇒ Sign the Emergency Housing Assistance application.
- ⇒ Ensure the "Survival Statement" is completely filled out, by each member of the household age 18 and older, as to the household income and expenses for the past thirty days.
- ⇒ Ensure the "Authorization for Release of Information" is signed, dated and contains the social security numbers for each household member age 18 and older.
- ⇒ Sign and date the "Notice of 3 Year Rule" form.
- ⇒ ***Turn in copies of all adult household members' (aged 18 and older) Social Security cards, proof of enrollment with the Siletz Tribe, and verification of income.***

#### **If you are:**

- ❖ **Homeless**, you must locate a home and provide the STHD with the prospective landlord's name, address, telephone and facsimile numbers once application has been completed and approved.
- ❖ **Being Evicted**, you must submit a copy of your eviction notice showing the overdue rent amount; and a copy of the rental agreement with your name appearing in the agreement as the tenant or household member and the name, address, telephone and facsimile number of the landlord.
- ❖ **In Foreclosure**, you must submit a copy of your mortgage statement and payment coupon. Not all mortgage holders accept payments from third parties, it is important to stay in contact with the STHD staff to coordinate communication with your mortgage company.

You must stay in contact with this office to receive further instruction. If you do not stay in contact with the STHD, it may be determined you are no longer interested in the Emergency Housing Assistance Program.

**SILETZ TRIBAL HOUSING DEPARTMENT (STHD)  
EHA**

<b>Authorization No.</b>
20- <input style="width: 100px; height: 20px;" type="text"/>

## Application for Emergency Housing Assistance

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State & Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if not the same as street): \_\_\_\_\_

City, State & Zip code \_\_\_\_\_ County \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Message/Cell Phone: ( ) \_\_\_\_\_

**Household Member Information:**

Names of ALL household members	Relation to HOH	Social Security#	Date of Birth	Enrolled Tribal Member?	Tribal Affiliation	Roll Number
	Self					

**Please check and explain one of the below:**

If you are homeless, please explain why:

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How long have you been homeless: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Where have you been staying: Name of owner/property manager/institution: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

**Previous Address:**

Name of last landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ How long at previous address? \_\_\_\_\_

If you are facing eviction, please explain why:

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**Documentation Needed:** A copy of the eviction notice showing the overdue rent amount; and a copy of the rental agreement with your name appearing in the agreement as the tenant or household member and the name, address, telephone and facsimile number of the landlord.

If you are facing foreclosure, please explain why:

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**Documentation Needed:** A copy of the mortgage payment, statement or payment book and a certified letter from the mortgage company, taxing institution or private owner must accompany this application.

If you have other emergency circumstances that do not fit within guidelines of the above mentioned criteria, please explain your emergency and how EHA can assist you.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide any and ALL income for household members. You MUST show a source of income in order to be eligible for Emergency Housing Assistance.**

**Income Information:**

<b>HH Member</b>	<b>Annual Income Received</b>	<b>Source of Income</b>

\*By signing this application, I certify the above statements are true and complete, I certify I am not currently receiving any assistance through NAHASDA programs, and I certify I have read and acknowledge the Information Sheet.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**PLEASE NOTE: THIS APPLICATION WILL BE CONSIDERED "INCOMPLETE" IF YOU FAIL TO SUBMIT ALL DOCUMENTATION REQUIRED.**

**Definitions:**

**Emergency:** An unforeseen combination of circumstances or the resulting state that calls for immediate action.

**Homeless:** Forced to live in a place not meant for human habitation. Having no primary nighttime residence, people who are fleeing or attempting to flee a domestic violence situation.

**Hidden Homeless:** Household with or without children who are living temporarily with friends, relatives; or households who are facing eviction within 14 days.

**Eviction:** The lawful expulsion of an occupant from a property due to nonpayment of rent, disruption and livability of the property or adversely affecting the health and/or safety of any person.

**FOR OFFICE USE ONLY: DATE RECEIVED: \_\_\_\_\_ LAST DATE SERVED: \_\_\_\_\_**

**DATE OF ELIGIBILITY: \_\_\_\_\_ DATE OF RECEIPT LETTER SENT: \_\_\_\_\_**

**SILETZ TRIBAL HOUSING DEPARTMENT (STHD)  
EHA  
Survival Statement**

<input type="checkbox"/> <b>Applicant</b>	<input type="checkbox"/> <b>Household Member (18 years and older)</b>
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*This report covers the 30-day period prior to application date.*

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 \_\_\_\_\_ : \$ \_\_\_\_\_ per \_\_\_\_\_ (day, week, month, etc.)  
(Unemployment, VA, Disability, TANF, Education grants, etc.)
- 7) Other \_\_\_\_\_ : \$ \_\_\_\_\_ Source: \_\_\_\_\_

**TOTAL INCOME FOR PAST 30 DAYS: \$ \_\_\_\_\_**

**EXPENSES FOR THE PAST 30 DAYS:**

- 1) Food : \$ \_\_\_\_\_
- 2) Rent/House Payment : \$ \_\_\_\_\_
- 3) Utilities - Heat/Lights : \$ \_\_\_\_\_  
Water/Sewer/Garbage : \$ \_\_\_\_\_  
TV Cable : \$ \_\_\_\_\_  
Telephone : \$ \_\_\_\_\_
- 4) Vehicle : \$ \_\_\_\_\_
- 5) Medical : \$ \_\_\_\_\_
- 6) Personal Items : \$ \_\_\_\_\_

**🔑 If your total expenses are greater than your listed income, please explain: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Includes gas, insurance, repairs, monthly payments)

(Cigarettes, clothes, paper products, laundry expenses, Entertainment - videos, bingo, etc.)

**TOTAL EXPENSES FOR PAST 30 DAYS: \$ \_\_\_\_\_**

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 willful false statements or misrepresentations to any department or agency of the United States as to matters within its Jurisdiction.**

**SILETZ TRIBAL HOUSING DEPARTMENT (STHD)  
EHA  
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 this authorization form or face denial of our application or termination from our housing assistance.

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

<p><b>X</b> _____ Signature of Applicant/Household Member                      Date</p> <p>SSN: _____</p>	<p><b>X</b> _____ Signature of Applicant/Household Member                      Date</p> <p>SSN: _____</p>
<p><b>X</b> _____ Signature of Applicant/Household Member                      Date</p> <p>SSN: _____</p>	<p><b>X</b> _____ Signature of Applicant/Household Member                      Date</p> <p>SSN: _____</p>
<p><b>X</b> _____ Signature of Applicant/Household Member                      Date</p> <p>SSN: _____</p>	<p><b>X</b> _____ Signature of Applicant/Household Member                      Date</p> <p>SSN: _____</p>





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**Siletz Tribal Housing Department**

Emergency Housing Assistance  
**Notice of 3 Year Rule**

**To: Household Member**

Please be notified that \_\_\_\_\_ identified you as a member of the household in the application for emergency assistance from the Siletz Tribal Housing Department's Emergency Housing Assistance program. Our records indicate that you are an enrolled member of the Confederated Tribes of Siletz Indians of Oregon, who is at least 18 years old. As such, you will be precluded from applying for emergency housing, for at least 3 years, if the above-mentioned individual receives assistance. The policy statement governing this mandate is reproduced below:

**POLICY STATEMENT**

"3. **Tribal member households** who have been assisted must wait 3 years from the date a check is issued to the landlord or mortgage company before they are eligible for the Emergency Housing Program."

Please sign and date this document, and return to the STHD if you thoroughly understand the policy statement. If you have any questions do not hesitate to contact Marleen Wynn, Emergency Assistance Program Coordinator at 1-800-922-1399 x1322 or by direct dial at 541-444-8259.

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I am a member of the above-mentioned individual's household and I have read the policy statement and thoroughly understand that I will be unable to apply for or receive assistance from the Siletz Tribal Housing Department's Emergency Housing Assistance program, for at least 3 years, should the above-mentioned individual receive assistance.

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Signature

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Date