



Siletz Tribal Housing Department (STHD)

P.O. Box 549, Siletz, Oregon 97380

1-800-922-1399 ext. 1322 or 541-444-8322

FAX: 541-444-8313

HAF Homeowner Assistance Checklist

*All application supporting documents are required to be considered for assistance

- HAF Homeowner Assistance Application
- Documented material financial impact due directly to COVID
- Release of Information
- Mortgage statement
- 1098 Tax Mortgage Interest Statement
- Income verification – last 30 days
- Tribal ID or CIB

Tribal Member Name

Staff Member

Date

Household Income

List income for all adult household members: Applicant must submit sufficient confirmation of the household's monthly income at the time of application for at least 30 days prior to the submission of this application.

Name of household member	Name of employer/ Source of income	Estimated Gross Annual Earnings

Household Costs

List all costs for which you are applying for assistance

Mortgage Company	Account Name	Account Number	Mortgage Payment

Utility Company	Account Name	Account Number	Amount Due

Financial Hardship

1) Do you or any individual in your household qualify for unemployment benefits? ___ Yes ___ No

If yes, attach supporting documentation demonstrating each individual's qualification for unemployment benefits.

2) Have one or more individuals in your household experienced any of the following financial hardship due directly to the COVID-19 pandemic? (check all that apply)

A reduction in household Income

I/we know that cooperation requires supplying all information needed to determine my eligibility. I/we understand that supplying false, incomplete or inaccurate information is punishable under Federal, State, and Tribal laws.

By signing below, I authorize the Siletz Tribal Housing Department (STHD) to verify information relevant to determining household eligibility.

This authorization is effective for one year from the date of signature.

_____ Date: _____
Head of Household

_____ Date: _____
Spouse/Other Adult

_____ Date: _____
Other Adult

The Siletz Tribal Housing Department requires that you sign the Authorization of Release Form to be eligible for program funding.

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 program that I am applying for.

I/we authorize the STHD to make inquiries to verify the following:

- Income of each household member age 18 and older**
- Any other information that will determine eligibility**

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.

Head of Household: _____
Signature **Date**

Spouse or other Adult: _____
Signature **Date**

Other Adult Member: _____
Signature **Date**

Other Adult Member: _____
Signature **Date**