

# **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



# **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

Date:

# **HAF Homeowner Assistance Application**

\*Please complete all sections and provide supporting documentation\*
Incomplete applications will not be considered

	Ge	neral Infori	nation	
Head of the Househ	nold:			County:
Mailing Address: _				
				State Zip
City	State Zip			
Phone #:	Message #:		Email Address: _	
Names of Adu	urrently in your househo	sehold Com	position	Relationship To
(Leg	gal names)	Roll No.	Date Of Birth	Head of the Household
	=			

House	hal	141	no	om	0
HOUSE		ш		(0)   1	ľ

**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	N	Name of employer/ Source of income	Estimated Gross Annual Earnings	
ý)				
ist all costs for which you		hold Costs		
Mortgage Company	Account Name	Account Number	Mortgage Payment	
Utility Company	Account Name	Account Number	Amount Due	
		A		
	Financia	al Hardship		

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)

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

1) Do you or any individual in your household qualify for unemployment benefits? \_\_\_Yes \_\_\_No

☐ A reduction in household Income

☐ Loss of Employment/Temporary Layoff/or Furlough
☐ Reduction in hours/pay.
☐ Unable to work or experiencing financial hardship due to no child care/school.
☐ Underlying medical condition requiring staying home to prevent exposure.
☐ Loss of self-employment/business income
If you checked any of the boxes above, attach supporting documentation for each hardship.
(e.g. copies of most recent paycheck stubs or other sources of income showing decrease in income; email/letter showing notification of unemployment/reduction in hours, etc.)
Housing Instability
Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):
☐ A past due utility or mortgage foreclosure notice
☐ Any other evidence of such risk
If you checked any of the boxes above, attached supporting documentation demonstrating each type of housing instability (e.g. past due utility or eviction notice, add any other evidence of risk)
Please describe the financial impact to your household due directly to COVID-19

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.

Head of Household	Date:
Spouse/Other Adult	Date:
	Date:

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

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