

# 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

### INSTRUCTIONS FOR COMPLETING THE STUDENT RENTAL ASSISTANCE APPLICATION PROCESS

#### ***INITIAL ELIGIBILITY:***

1. Complete the Student Rental Assistance application form (can be found at [www.ctsi.nsn.us](http://www.ctsi.nsn.us)).
2. Attach your FAFSA Student Aid Report – your income eligibility will be determined based on the HUD Income Guidelines for where you will be attending school.
3. Attach income verification documentation (i.e. pay stubs from employment, per capita letter, Social Security award letters, etc.) for any family you will be living with at the time you are attending school (i.e. spouse, brother, sister, etc.)
4. Attach your Tribal Enrollment verification (copy of ID card or CIB from Member Benefits)
5. Attach copies of social security cards for all household members (does not include non-family roommates)
6. Send to STHD, either via mail, email, or fax
  - a. Mail: PO Box 549, Siletz, OR 97380
  - b. Email: [ceceliad@ctsi.nsn.us](mailto:ceceliad@ctsi.nsn.us)
  - c. Fax: 541-444-8313

***6. If all of the above information is not included in the initial application, the application will be returned to you at the address you listed on the application. This could impact your ability to receive funding for the impending term, so please make sure you include all the information requested.***

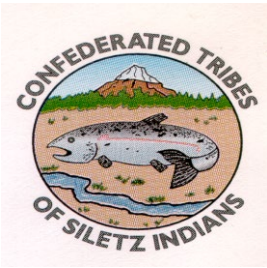
#### ***UNIT ELIGIBILITY*** (for unit you will live in while attending school–):

1. Send the following to STHD once you have a place to live:
  - a. Copy of Rental Agreement: remember, you cannot rent from a family member, please see note on Application regarding rules for rentals.
  - b. Sign and send *Livability Standards* form (attached)
2. If you are living on campus, please send:
  - a. Copy of contract you sign with campus housing

Note: All items can be sent the same as directed in item #5 above.

#### ***SCHOOL ENROLLMENT ELIGIBILITY:***

1. Documentation of your enrollment verification, which MUST include:
  - a. Your name
  - b. Name of the school
  - c. Number of credits receiving
  - d. Start & stop dates of term ***NOTE: THIS INFORMATION MUST BE PRINTED FROM SCHOOL WEBSITE*** or on school letterhead:



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**Siletz Tribal Housing Department**

**2024-2025**

**Temporary Tribal Student Assistance Program "TTSAP"**

This program supports low-income Tribal members attending post-secondary educational institutions by providing a rental stipend to assist them with their rental housing costs.

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Roll #: \_\_\_\_\_

Physical & Mailing Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Message: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EDUCATION INFORMATION:**

Name of College/University: \_\_\_\_\_

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

Education/Degree Goal: \_\_\_\_\_

**RESIDENTS OF RENTAL UNIT:** List ALL persons who are or will be living in the rental unit while attending school (do not include nonrelative roommates)

Name	Relation to HOH	Date of Birth	Social Security Number
	Self		

**Note: Student may not rent from immediate family members**

**INCOME:** Provide income from all sources for household members [student and, if applicable, significant other (i.e. spouse, boyfriend, girlfriend) and child(ren)]. Sources of income include (but are not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments, annuities, retirement benefits and pensions, disability or death benefits, unemployment or disability compensation, welfare assistance (not including food stamps), veteran’s assistance, grants, alimony, and child support.

Applicant	Income source	Amount	Frequency	Verification

**Note: If a household member has no source of income, provide his/her name and enter “None” for Source and “\$0” for Amount. If no verification can be provided proving there is no income, he/she will be required to complete a separate Certification.**

Does anyone outside of your household provide regular financial support or pay any of the household bills?  
 NO  YES If yes, please explain. \_\_\_\_\_

**GENERAL INFORMATION:**

Has any household member ever received any type of local, state or federal housing assistance or grant?  
 NO  YES If yes, who? \_\_\_\_\_ Please explain \_\_\_\_\_

Has any household member ever received any type of housing assistance or grant from STHD?  
 NO  YES If yes, who? \_\_\_\_\_ Please explain \_\_\_\_\_

Does any household member currently owe money to either the Confederated Tribes of Siletz or STHD?  
 NO  YES If yes, who? \_\_\_\_\_ Please explain \_\_\_\_\_

Does any household member currently owe money to any federally assisted housing program?  
 NO  YES If yes, who? \_\_\_\_\_ Please explain. \_\_\_\_\_

Has any household member ever been denied assistance or required to repay money for knowingly misrepresenting information to a federally assisted housing program?  
 NO  YES If yes, who? \_\_\_\_\_ Please explain. \_\_\_\_\_

Has any household member ever used any name(s) or Social Security number(s) other than the one listed on your Social Security card?  
 NO  YES If yes, who? \_\_\_\_\_ Please explain \_\_\_\_\_.

Have you ever received Student Rental Assistance from STHD?  
 NO  YES If yes, when (year(s))? \_\_\_\_\_

Are you currently on academic probation with STHD or Siletz Tribal Education Department? (this may determine eligibility)  NO  YES If yes, who? \_\_\_\_\_ Please attach copy of contract.





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**Authorization for Release of Information**

I, (print name) \_\_\_\_\_ 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, (print name) \_\_\_\_\_ authorize the STHD to make inquiries about the following:

- ⇒ (print name of school you are attending) \_\_\_\_\_ Student Status, including request of transcripts and schedule;
- ⇒ Income of each household member age 18 and older;
- ⇒ (print the business/landlords name) \_\_\_\_\_ account information, tenant compliance, notices and household compositions.

I/We authorize the STHD to make preliminary and follow-up inquiries to the landlord and to the school in the above named.

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.

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

<p>X _____ <b>Print Name</b></p> <p>X _____ <i>Signature</i> <span style="float: right;">Date</span></p> <p>SSN:</p>	<p>X _____ <b>Print Name</b></p> <p>X _____ <i>Signature</i> <span style="float: right;">Date</span></p> <p>SSN:</p>
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# 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)

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

SILETZ TRIBAL HOUSING DEPARTMENT  
PO BOX 549  
SILETZ, OR 97380

541-444-8322

**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(l)(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. 2000d), 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.