



CONFEDERATED TRIBES OF SILETZ INDIANS

2468 W. 11th Ave. Eugene, OR 97402
 1-800-922-1399 ext. 1755 or 1756 * 541-484-4234 * FAX: 541-484-4583

COVID-19 Water/Sewer APPLICATION

Date: _____

Head of the Household: _____ Tribal Roll#: _____
Tribal Member

Mailing Address: _____
City State Zip

Residence Address: _____
City State Zip

Home #: _____ Cell #: _____ Email Address: _____

HOUSEHOLD COMPOSITION

List all members currently in your household.

Names of Adults 1 st then Children (Legal names)	Sex	Date Of Birth	Relationship To Head of the Household
			SELF

Water/Sewer Company/Agency

List all contact information below for company providing water/sewer services

Name of Water/Sewer Company	Address of Water/Sewer Company	Account Number	Company Phone Number

The Confederated Tribes of Siletz Indians requires that you must sign the Authorization of Release Form attached to be eligible for any program service.

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 Confederated Tribes of Siletz Indians to verify information relevant to determining household eligibility.

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

Head of Household _____ Date _____

Spouse/Other Adult _____ Date _____

Other Adult _____ Date _____

Mail completed application to:
Confederated Tribes of Siletz Indians - EAO
Attn: 477-SSP
2468 W. 11th Ave.
Eugene, OR 97402

Email to: 477SSP@ctsi.nsn.us
Subject: Water/Sewer Assistance Program

Fax: (541) 484-4583