

## **Siletz Tribal Housing Department (STHD)**

P.O. Box 549 Siletz, Oregon 97380

1-800-922-1399 ext. 1322 \* 541-444-8322 \* FAX: 541-444-8313

### **COVID-19 MORTGAGE/ RENT RELIEF ASSISTANCE**

Dear Tribal Member,

Thank you for your interest in the COVID-19 Assistance Program. Please include the following with your application so that we can better and more quickly get your assistance processed for payment:

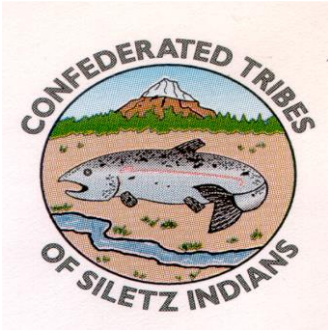
- **Copy of Mortgage Statement with payment coupon or Rental Agreement**
- **Proof of Current Income, Unemployment or Layoff (For all adult household members 18 and above).**
- **Proof of Enrollment**
- **W-9 From Landlord (Rent Program Only)**
- **1098 Tax Mortgage Interest Statement (Mortgage Relief Program Only)**
- **Electric bill**

If you have any questions or concerns please call:

Siletz Tribal Housing Department @ 541-444-8322 and ask for the COVID Rental or Mortgage Assistance Program.

Thank You,

Siletz Tribal Housing Department



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## COVID-19 ASSISTANCE APPLICATION

Date: \_\_\_\_\_

Head of the Household: \_\_\_\_\_ Tribal Roll#: \_\_\_\_\_  
Tribal Member

Mailing Address: \_\_\_\_\_  
City State Zip

Residence Address: \_\_\_\_\_  
City State Zip

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**TYPE OF ASSISTANCE (Check one)**     RENT RELIEF     MORTGAGE RELIEF     ENERGY ASSISTANCE

### HOUSEHOLD COMPOSITION

List all members currently in your household.

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

### HOUSEHOLD INCOME

List income for all adult household members including per capita

Name of household member	Name of employer/ Source of income	Address of employer/ Source of income	Estimated gross annual earnings

Mortgage / Utility Company/Landlord	Account Name	Account Number	Mortgage Amount/Rent



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

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.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Other Adult \_\_\_\_\_ Date \_\_\_\_\_