



DOWNPAYMENT ASSISTANCE APPLICATION CONFEDERATED TRIBES OF SILETZ INDIANS DOWN PAYMENT ASSISTANCE PROGRAM

PO Box 21773, Keizer Oregon 97307-1773

503-390-9494 FAX: 503-390-8099

Toll Free: 1-888-870-9051

DATE: _____

*****Regardless of Primary Loan Application, all applicants must list their income *****

PRIMARY APPLICANT INFORMATION	CO-APPLICANT INFORMATION
Name:	Name:
Tribal Affiliation/ Enrollment Number:	Tribal Affiliation/ Enrollment Number:
Mailing Address, City, State, Zip:	Mailing Address, City, State, Zip:
Street Address:	Street Address:
How long at this address?	How long at this address?
County of residence:	County of residence:
Phone Numbers #:	Phone Numbers #:
Email Address	Email Address

LIST ALL PERSONS WHO WILL BE OCCUPYING THE HOME:

#	Name	Social Security Number	Relationship	Date of Birth	Tribal Affiliation	M/F
1		/ /	SELF	/ /		
2		/ /		/ /		
3		/ /		/ /		
4		/ /		/ /		
5		/ /		/ /		
6		/ /		/ /		

Have you made an offer on a home? Yes No

Street address, city, state and zip of subject home _____

Your Realtor's Name _____ Phone Number _____

Are you working with a lender? Yes No

Lender's Name _____ Phone Number _____

Institution's Name _____

Do you, or any member of your household, currently own a home or have owned a home in the past 3 years? _____ If yes; Person's Name: _____

Is any member of the household currently past due with any debt to CTSI? _____ If yes; please explain:

How much rent do you pay each month? \$ _____

List any other income received by members of the household aged 18 and over, such as tribal per capita, self-employment, retirement pensions, child support, alimony, interest earned, etc.

HOUSEHOLD MEMBER NAME	TYPE OF INCOME	SOURCE OF INCOME (Person and/or company name)	AMOUNT (per hour/ month/ year)

Have you, or any member of your household, participated in any federally assisted housing program (such as; HIP, Sec.8, Public or Indian Housing)? _____ If yes; Please provide:

Name: _____ Program: _____ Date/Location: _____

Name: _____ Program: _____ Date/Location: _____

List benefit amounts for all members of the household receiving assistance from any of the following:

NAME	TANF/ AFDC	UNEM-PLOYMENT	SOCIAL SECURITY	SSI	VETERANS

List assets, including all bank accounts, real estate, trust funds, stocks, bonds, IRA, etc.

HOUSEHOLD MEMBER NAME	TYPE OF ASSEST (CHECKING, SAVINGS..)	BALANCE	DIVIDEND/ EARNINGS

Submit the following information for all household members, age 18 and over, who are wage earners:

Applicant name _____ Employer _____ Employer Mailing Address _____ Employer Phone Number _____ Start Date _____ Date of last increase _____ Amount of increase\$ _____ Pay rate\$ _____ per hour <input type="checkbox"/> month <input type="checkbox"/> Position _____ If paid by the hour, number of hours worked per week _____
Applicant name _____ Employer _____ Employer Mailing Address _____ Employer Phone Number _____ Start Date _____ Date of last increase _____ Amount of increase\$ _____ Pay rate\$ _____ per hour <input type="checkbox"/> month <input type="checkbox"/> Position _____ If paid by the hour, number of hours worked per week _____

List outstanding debts for you and/or any member of your household:

HOUSEHOLD MEMBER	DEBTOR (Money owing to)	PAYMENT AMOUNT	BALANCE DUE

I AM WILLING TO PARTICIPATE IN A HOMEBUYER EDUCATION PROGRAM. I DECLARE THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I PROVIDE FALSE, INCOMPLETE, OR INACURATE INFORMATION THAT I MAY BE SUBJECT TO PENALTY UNDER FEDERAL, STATE OR TRIBAL LAW; MAY BE DENIED ASSISTANCE; AND MAY BE REQUIRED TO REPAY ANY ASSISTANCE RECEIVED. BY MY SIGNATURE, I HEREBY AUTHORIZE CTSI TO OBTAIN ANY AND ALL INFORMATION NECESSARY FOR PROCESSING MY APPLICATION FOR PROGRAM FUNDING.

Signature of Primary Applicant

Date Signed

Signature of Co-Applicant

Date Signed

**AUTHORIZATION FOR
THE RELEASE OF
INFORMATION**

Agency requesting release of information:

**Confederated Tribes of Siletz Indians
Down Payment Assistance Program
P.O. Box 21773 Keizer, OR 97307-1773**

The applicant(s) / borrower(s) identified below has applied for a loan through the Confederated Tribes of Siletz Indians (CTSI) to acquire a home.

The applicant(s) has indicated information concerning his or her transaction(s) with you or your firm and has authorized CTSI in writing to verify this information from any source named in the application.

Please consider this your authority to release such information as is required in the attached inquiry relative to a specific transaction with you or your firm.

All information so furnished is for the confidential use of CTSI or the United States Department of Housing and Urban Development.

I/WE hereby authorize the Release of Information to the CTSI which is relevant and necessary to determine eligibility for the Down Payment Assistance Program.

I/We agree that photocopies of this authorization may be used for the verification of information as needed by CTSI.

I/We understand that all household members aged eighteen (18) and older must sign this authorization form or face denial or termination of possible down payment assistance.

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

Signature of Applicant and Date	Signature of Co-Applicant and Date:
X	X
Signature of Other Adult member of the household & Date	Signature of Other Adult member of the household & Date
X	X

