



# 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 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 \_\_\_\_\_