



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

Greetings Applicant,

Welcome to the Siletz Tribal Housing Department's Emergency Housing Assistance Program! This is a remarkably fast-paced program that opens in January and July of each year. The partnership we form, to assist you in meeting your housing goals in a timely manner, will be a positive experience if the following is taken into consideration:

- We are servicing multiple customers who are in dire need of housing.
- The landlord's slow response or cautionary approach to participating in our program may cause delays that are beyond the STHD's control.
- We do not provide funds for lodging at a hotel or motel.
- The eligible applicants' landlord or mortgage company will receive one payment in an amount that does not exceed \$1,000.00. The amount will vary depending on your individual circumstances.

Also, it is important to note that if an award is made, every member of the household who is an enrolled Siletz tribal member aged 18 and older, must wait 24 months from the date the application is complete before they are eligible to participate in the Emergency Housing Program another time.

Your patience with the STHD employees who are striving to provide you the best possible service is greatly appreciated. Thank you.

Best Regards,

The Siletz Tribal Housing Department Staff

SILETZ TRIBAL HOUSING DEPARTMENT (STHD)
EHA
Applicant Check List

Please use this checklist to ensure your application contains all the information and attachments. This will expedite the process of determining your eligibility for the Emergency Housing Assistance Program.

Application:

- Completed and signed by the applicant (enrolled Siletz tribal member or parent/guardian of an enrolled Siletz tribal member child.)

Survival Statement*:

- Completed and signed by the applicant.
 Completed and signed by all household members aged 18 and older.

Authorization for Release of Information:

- Signed and dated by the applicant.
 Signed and dated by all household members aged 18 and older.

Notice of 24-Month Rule:

- Signed and dated by the household member aged 18 and older who is an enrolled Siletz tribal member.

Social Security Cards:

- Copy of the applicant's social security card.
 Copy of household members' (aged 18 and older) social security cards.

Verification of Income:

- Documents verifying the applicant's income.
 Documents verifying the household members' (aged 18 and older) income.

Proof of Enrollment with the Siletz Tribe:

- Copy of the applicant's Certificate of Indian Blood (CIB) or tribal identification card.
 Copy of the enrolled tribal child's Certificate of Indian Blood (CIB) or tribal identification card if the parent/guardian is not an enrolled Siletz tribal member.
 Copy of household members' (aged 18 and older) Certificate of Indian Blood (CIB) or tribal identification card.

If You Are Homeless:

- Name, address, telephone and facsimile numbers of the prospective landlord.

If You are Being Evicted:

- Copy of the eviction showing the overdue rent amount.
 Copy of the rental agreement with your name appearing in the agreement as the tenant or household member and the name, address, telephone and facsimile numbers of the landlord.

If You are in Foreclosure:

- Copy of the mortgage statement and payment coupon.

* Contact the Siletz Tribal Housing Department if you need additional copies of the Survival Statement – **each** household member, over the age of 18, must sign a separate statement.

SILETZ TRIBAL HOUSING DEPARTMENT (STHD)

EHA

Information Sheet

Keep this sheet for your records.

Please read the attached Emergency Housing Policy for more details on program guidelines.

All Program participants have the following basic responsibilities:

Participants in this program are hereby advised that, as long as the Confederated Tribes of Siletz Indians is paying for their housing needs, their behavior reflects upon the Tribe. Therefore, any actions and/or behavior by participants that could be viewed as inappropriate, unlawful, and disrespectful and/or that could cause the Tribe embarrassment will cause the applicant and applicant's household to lose their eligibility for this and possibly other programs administered by the Siletz Tribal Housing Department.

You must:

- ⇒ Complete all areas of the application. You must choose one of the three (3) reasons Emergency Housing Assistance is needed.
- ⇒ Ensure the Survival Statement is completely filled out, by each member of the household age 18 and older, as to the household income and expenses for the past thirty days.
- ⇒ Ensure the Authorization for Release of Information contains all signatures and social security numbers for each household member age 18 and older.
- ⇒ Sign the Emergency Housing Assistance application.
- ⇒ **Turn in copies of all adult household members' (aged 18 and older) Social Security cards, proof of enrollment with the Siletz Tribe, and verification of income.**

If you are:

- ❖ **Homeless**, you must locate a home and provide the STHD with the prospective landlord's name, address, telephone and facsimile numbers.
- ❖ **Being Evicted**, you must submit a copy of your eviction notice showing the overdue rent amount; and a copy of the rental agreement with your name appearing in the agreement as the tenant or household member and the name, address, telephone and facsimile number of the landlord.
- ❖ **In Foreclosure**, you must submit a copy of your mortgage statement and payment coupon. Not all mortgage holders accept payments from third parties, it is important to stay in contact with the STHD staff to coordinate communication with your mortgage company.

You must stay in contact with this office to receive further instruction. If you do not stay in contact with the STHD, it may be determined you are no longer interested in the Emergency Housing Assistance Program.

**SILETZ TRIBAL HOUSING DEPARTMENT (STHD)
EHA**

Authorization No.
12- <input style="width: 100px; height: 20px;" type="text"/>

Application for Emergency Housing Assistance

Applicant's Name: _____ Date: _____

Address: _____
Street City, State & Zip code County

Mailing Address: _____
(If not the same as street) City, State & Zip code County

Home Phone: () _____ Message Phone: () _____ Roll#: _____

Information about my Household Members:

Name	Social Security#	Date of Birth	Income Source	Income

Please check one of the below:

I am currently Homeless because: _____

I am being evicted from my home because: _____

Documentation Needed: A copy of the eviction notice showing the overdue rent amount; and a copy of the rental agreement with your name appearing in the agreement as the tenant or household member and the name, address, telephone and facsimile number of the landlord.

I am nearing foreclosure because: _____

Documentation Needed: A copy of the mortgage statement and payment coupon must accompany this application.

By signing this application, I certify the above statements are true and complete, I certify I am not currently receiving any assistance through NAHASDA programs, and I certify I have read and acknowledge the Information Sheet and Emergency Housing Program Policy.

Applicant's signature

Date

**SILETZ TRIBAL HOUSING DEPARTMENT (STHD)
EHA
Survival Statement**

<input type="checkbox"/> Applicant	<input type="checkbox"/> Household Member (18 years and older)
---	---

This report covers the 30-day period prior to application date.

Name: _____ Date: _____

INCOME FOR THE PAST 30 DAYS:

- 1) Wages or Pay for work : \$ _____ Source of wages: _____
(List all occasional labor)
- 2) Loans/Gifts : \$ _____ Source: _____
- 3) Food Stamps : \$ _____ Source: _____
- 4) Utility Assistance : \$ _____ Source: _____
- 5) Child Support : \$ _____ Source: _____
- 6) Benefits _____ : \$ _____ per _____ (day, week, month, etc.)
(Unemployment, VA, Disability, TANF, Education grants, etc.)
- 7) Other _____ : \$ _____ Source: _____

TOTAL INCOME FOR PAST 30 DAYS: \$ _____

EXPENSES FOR THE PAST 30 DAYS:

- 1) Food : \$ _____
- 2) Rent/House Payment : \$ _____
- 3) Utilities - Heat/Lights : \$ _____
Water/Sewer/Garbage : \$ _____
TV Cable : \$ _____
Telephone : \$ _____
- 4) Vehicle : \$ _____
- 5) Medical : \$ _____
- 6) Personal Items : \$ _____

🔑 If your total expenses are greater than your listed income, please explain: _____

(Includes gas, insurance, repairs, monthly payments)

(Cigarettes, clothes, paper products, laundry expenses, Entertainment - videos, bingo, etc.)

TOTAL EXPENSES FOR PAST 30 DAYS: \$ _____

By signing this statement, I certify the information given on this statement of survival is complete and accurate to the best of my knowledge.

I hereby grant the STHD permission to make inquiries regarding information I have provided on this document. I understand this information will be kept confidential and used only for program purposes.

Signature: _____ **Date:** _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its Jurisdiction.

**SILETZ TRIBAL HOUSING DEPARTMENT (STHD)
EHA
Authorization for Release of Information**

I/WE 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/We authorize the STHD to make inquiries about the following:

- ⇒ Income of each household member age 18 and older;
- ⇒ Child Care Expenses;
- ⇒ Credit History;
- ⇒ Criminal History (Federal, State, County, City, Private, Public and/or Tribal agencies, including reports involving Service to Children and Families "SCF");
- ⇒ Family Composition (Includes all agencies of Federal, State, County, City, Private, Public and/or Tribal);
- ⇒ Assets (Including real estate, boats, mobile homes, bank accounts, certificates of deposit, stocks, bonds, etc.);
- ⇒ Federal, State, Tribal or Local Benefits;
- ⇒ Identity and Marital Status; and
- ⇒ Residential and Rental History.

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 form or face denial of our application or termination from our housing assistance.

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

<p>X _____ Signature of Applicant/Household Member Date</p> <p>SSN: _____</p>	<p>X _____ Signature of Applicant/Household Member Date</p> <p>SSN: _____</p>
<p>X _____ Signature of Applicant/Household Member Date</p> <p>SSN: _____</p>	<p>X _____ Signature of Applicant/Household Member Date</p> <p>SSN: _____</p>
<p>X _____ Signature of Applicant/Household Member Date</p> <p>SSN: _____</p>	<p>X _____ Signature of Applicant/Household Member Date</p> <p>SSN: _____</p>