

Income ~ NAHASDA regulations require disclosure of all house hold income and assets. Please provide documentation for all sources.

Earned income: Wages from employment, self employment, farm self employment, compensation for personal services, self sufficiency program income, elders work experience, state payee, etc.

Household Member	Employer/Business Name	Employer/Business Address & Number	Gross Monthly Income

Unearned income: Social Security, SSI, Veterans Benefits, Retirement, Pensions, Annuities, Death Benefits, Alimony, Child Support, Grant Assistance (GA/GAF/State Welfare) Gaming Per Capita, Elders Stipend, Gifts, etc.

Household Member	Source/Type	Address	Gross Monthly Income

Assets: Notes, Bonds, Bank Deposits, Savings Certificates, Dividends, Rental Income, Royalties, Estates, Trust Funds, Cash on Hand, Savings Accounts, Checking Accounts, etc:

Household Member	Source/Type	Address	Amount

Education: Student Grants, Scholarships, Higher Education, Loans, etc:

Household Member	Source/Type	Start to End	Amount
		to	
		to	
		to	
		to	

Deductions: You must submit documentation to qualify for deductions.

Do you travel 25 miles or more one way to work? YES NO If yes please provide written documentation.

General Questions: Please read answer the following questions carefully:

- 1) Do you have a disability that requires a unit with special features or auxiliary aids?
If yes what features are needed to better serve you? _____
 YES NO
- 2) Do you currently rent or own the home you are living in?
 RENT OWN
- 3) Have you sold or transferred any real estate in the past two years?
If yes please explain: _____
 YES NO
- 4) Does anyone outside of your home pay your bills or supplement your income?
 YES NO
- 5) Have you or any adult member of your household ever used a different name or social security numbers other than listed on this application?
 YES NO
- 6) Have you or any member of your household been convicted of a crime other than a traffic violation?
If yes please explain: _____
 YES NO
- 7) Have you or any member of your household been arrested or convicted of a crime involving drugs or criminal activity?
 YES NO
- 8) Do you or any member of your household owe the Confederated Tribes of Siletz Indians any money?
If so please explain: _____
 YES NO
- 9) Do you or any member of your household possess a personal vehicle (own or lease)
If yes _____ / _____
Year Make Year Make Model
 YES NO
- 10) Do you have pets?
If yes, please list _____
 YES NO
- 11) Have you or any member of your household ever lived in federally assisted housing?
If yes please list Housing Authority Name and dates: _____
 YES NO
- 12) Do you or any member of your household owe money to STHD or any Housing Authority in connection with participation in a federally assisted housing program?
If yes please explain, list name of Housing Authority: _____
 YES NO
- 13) Are you in a current payback agreement with STHD or any Housing Authority? (Provide proof of payments for 6 months)
 YES NO
- 14) Have you or any member of your household ever committed fraud in a federally assisted housing program or was requested to repay money for knowingly misrepresenting information pertinent to such programs?
If yes please explain: _____
 YES NO
- 15) Have you or any member of your household ever vacated a unit owing rent or damages?
If yes please explain: _____
 YES NO

PREVIOUS LANDLORD:
Previous landlord name: _____ Daytime phone number: _____
Previous landlord mailing address: _____

Previous Address: _____
City State Zip Code
City State Zip Code

CURRENT LANDLORD:
Current landlord name: _____ Daytime phone number: _____
Current landlord mailing address: _____

How long have you lived at this address? _____
Do you have a rental or lease agreement in your name? _____
Is eviction action now pending against you? _____
If yes please explain: _____

Circle one: Days Months Years
 YES NO
 YES NO

CERTIFICATION:

I certify that all information provided on this application is accurate and complete. I understand that I must report to the STHD in writing of any changes in my household composition or household income. I certify that the Low Rent home would be my principal residence and that I will not obtain duplicated Federal housing assistance while I am participating in the Low Rent Program. I know that I am required to cooperate in supplying all information needed to determine my eligibility. Cooperation includes attending pre-scheduled meetings, keeping STHD informed of my current mailing address, completing and signing all required forms. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal Oregon State criminal law.

Head of Household: _____
Signature Date

Spouse or other adult: _____
Signature Date

Other adult member: _____
Signature Date

Other adult member: _____
Signature Date

If you have any questions regarding this application call us at 1-800-922-1399 ext 1322 or directly at 541-444-8322. You may fax your application and all other documentation for this application to 541-444-8313, however originals are required to be sent for the file.

**Authorization For The
Release of Information**
Housing Agency

IHA requesting release of information:
Siletz Tribal Housing Department
PO Box 549
Siletz, Or 97380

I/We hereby authorize the Release of Information to the Siletz Tribal Housing Department (STHD) which is relevant and necessary to determine eligibility for admission to or continued occupancy in housing that is owed and operated by STHD.

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

- Credit History
- Criminal History
- Family Composition
- Assets (including real estate, boats, mobile homes, bank accounts, certificates of deposit, stocks and bonds.)
- Federal, State, Tribal or local benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Residential and Rental History
- Income verification
- Central Lincoln PUD
- NW Natural Gas
- Consumer Power
- Income Verification/Benefits

I/We agree that photocopies of this authorization may be used for the purpose stated above.

I/We understand that all household members age eighteen (18) and older must sign this authorization form or face denial or termination of our Housing Assistance.

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

Signature Head of Household and Date:	Signature of Spouse or Other Adult Member of the Household and Date.	Signature of Spouse or Other Adult Member of the Household and Date.	Signature of Spouse or Other Adult Member of the Household and Date.
x			

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Siletz Tribal Housing Department
PO Box 549 Siletz, OR 97380



Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Federal Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers of you and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.