



## 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

## Emergency Housing Assistance Notice of 24-Month Rule

**To: Household Member**

Please be notified that \_\_\_\_\_ identified you as a member of the household in the application for emergency assistance from the Siletz Tribal Housing Department's Emergency Housing Assistance program. Our records indicate that you are an enrolled member of the Confederated Tribes of Siletz Indians of Oregon, who is at least 18 years old. As such, you will be precluded from applying for emergency housing, for at least 24 months, if the above-mentioned individual receives assistance. The policy statement governing this mandate is reproduced below:

### POLICY STATEMENT

"3. **Tribal member households** who have been assisted must wait 24-months from the date the application is complete before they are eligible for the Emergency Housing Program."

Please sign and date this document, and return to the STHD on or before \_\_\_\_\_ if you thoroughly understand the policy statement. If you have any questions do not hesitate to contact Leah Suitter, Programs Support Assistant (temp) at 1-800-922-1399 x1322 or by direct dial at 541-444-8322.

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I am a member of the above-mentioned individual's household and I have read the policy statement and thoroughly understand that I will be unable to apply for or receive assistance from the Siletz Tribal Housing Department's Emergency Housing Assistance program, for at least 24 months, should the above-mentioned individual receive assistance.

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Signature

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Date