



Children (Legal Name)	Sex	Date of Birth	Relationship to Head of Household	Social Security Number	Tribal Affiliation Roll #	Place of Birth	Disability

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 pay childcare to someone that does not reside in your home?  YES  NO If yes please provide written documentation.
- Do you travel 25 miles or more one way to work or school?  YES  NO If yes please provide written documentation.
- Do you have a household member attending college 12 credit hours?  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?  YES  NO  
If yes what features are needed to better serve you? \_\_\_\_\_
- 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?  YES  NO  
If yes please explain: \_\_\_\_\_
- 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 then listed on this application?  YES  NO
- 6) Have you or any member of your household been convicted of a crime other then a traffic violation?  YES  NO  
If yes please explain: \_\_\_\_\_
- 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?  YES  NO  
If so please explain: \_\_\_\_\_

- 9) Do you or any member of your household possess a personal vehicle (own or lease)  YES  NO  
 If yes \_\_\_\_\_ / \_\_\_\_\_  
Year Make Model / Year Make Model
- 10) Do you have pets?  YES  NO  
 If yes, did you know only Tribal Elders are allowed to have a pet in Tribal Rental Units, all others must be willing to find new homes for their pets to live in Tribal Housing.
- 11) Have you or any member of your household ever lived in federally assisted housing?  YES  NO  
 If yes please list Housing Authority Name and dates: \_\_\_\_\_
- 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?  YES  NO  
 If yes please explain, list name of Housing Authority: \_\_\_\_\_
- 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?  YES  NO  
 If yes please explain: \_\_\_\_\_
- 15) Have you or any member of your household ever vacated a unit owing rent or damages?  YES  NO  
 If yes please explain: \_\_\_\_\_

PREVIOUS LANDLORD:

Previous landlord name: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Previous landlord mailing address: \_\_\_\_\_  
City State Zip Code

Previous Address: \_\_\_\_\_  
City State Zip Code

CURRENT LANDLORD:

Current landlord name: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Current landlord mailing address: \_\_\_\_\_  
City State Zip Code

How long have you lived at this address? \_\_\_\_\_ Circle one: Days Months Years

Do you have a rental or lease agreement in your name?  YES  NO

Is eviction action now pending against you?  YES  NO

If yes please explain: \_\_\_\_\_

**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:

Child Care Expenses

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:  X	Signature of Spouse or Other Adult Member of the Household and Date.  X	Signature of Spouse or Other Adult Member of the Household and Date.	Signature of Spouse or Other Adult Member of the Household and Date.
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# Siletz Tribal Housing Department

## Survival Statement

Head of household: \_\_\_\_\_

Month: \_\_\_\_\_

**INCOME THIS MONTH:**

- 1) Wages/Earned \$ \_\_\_\_\_
- 2) Benefits \$ \_\_\_\_\_
- 3) Other income \$ \_\_\_\_\_
- 4) Loans \$ \_\_\_\_\_
- 5) Gifts \$ \_\_\_\_\_
- 6) Food Stamps \$ \_\_\_\_\_
- 7) Utility Allowance \$ \_\_\_\_\_

- Wage Source: \_\_\_\_\_
- Benefit Source: \_\_\_\_\_
- Other Source: \_\_\_\_\_
- Loan Source: \_\_\_\_\_
- Gift Source: \_\_\_\_\_
- State Office: \_\_\_\_\_
- Source: \_\_\_\_\_

**EXPENSES THIS MONTH:**

- 1) Rent \$ \_\_\_\_\_
- 2) Food \$ \_\_\_\_\_
- 3) Utilities-Electric \$ \_\_\_\_\_
- Gas \$ \_\_\_\_\_
- Water/sewer \$ \_\_\_\_\_
- Trash \$ \_\_\_\_\_
- Cable \$ \_\_\_\_\_
- Telephone \$ \_\_\_\_\_
- 4) Auto \$ \_\_\_\_\_
- 5) Medical \$ \_\_\_\_\_
- 6) Personal items \$ \_\_\_\_\_
- TOTAL EXPENSES** \$ \_\_\_\_\_

- (your share only)
- If your total expenses are more than your total income please explain how this occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (Includes gas, insurance, repairs, monthly payments)
- (Excludes amounts paid by insurance, etc)
- (Laundry expenses, clothing, cigarettes, internet, etc)

By signing below, I certify that the information given on this survival statement is complete and accurate to the best of my knowledge. I further agree to report to the Housing Department any changes in family composition or income immediately upon learning of the change. I understand that failure to report these changes could result in denial of assistance through the Siletz Tribal Housing Department. Owing the STHD for past rent paid for by STHD could result in termination of participation. **Warning** – Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States.

I hereby grant the Siletz Tribal Housing Department permission to make inquires regarding information I have provided on this document and authorize the release of any pertinent information by the individuals or agencies I have reported on this form. I understand that this information will be kept confidential and used only for program purposes.

Head of Household Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Siletz Tribal Housing Department

555 Tolowa Ct ~ PO Box 549 ~ Siletz, Oregon 97380-0549

Front Reception 541-444-8322 ~ Toll Free 1-800-922-1399 ~ FAX 541-444-8313

### CHILD CARE STATEMENT

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I hereby state that I have a reliable adult who provides care for my child(ren) while I am at work. The name(s) of the child(ren) cared for are:

I understand that if I change my childcare provider or the amount paid for the care of the child(ren), that this is information that must be reported to the Siletz Tribal Housing Department.

I am currently paying \$\_\_\_\_\_ per  hour  week  month for the care of my child(ren) to the following:

Provider name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone : \_\_\_\_\_

I am not being reimbursed from any outside source for this payment. Should I be reimbursed in the future, I understand I must promptly report this information to Siletz Tribal Housing Department.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**I hereby certify that the above amount stated is paid to me for the childcare is correct!**

Childcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

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