



Siletz Saves! IDA Program Pre-Application
CONFEDERATED TRIBES OF SILETZ INDIANS
 PO Box 21773, Keizer Oregon 97307-1773
 503-390-9494 FAX: 503-390-8099
 Toll Free: 1-888-870-9051

DATE: _____

APPLICANT INFORMATION	
Name:	
Tribal Affiliation/ Enrollment Number:	
Mailing Address, City, State, Zip:	Work Address, City, State, Zip:
How long at this address?	County of residence:
Home Phone Number :	Cell Phone Number:
Work Phone Number :	
Email Address	

List all persons who are currently in the household:

Person #	Name	Social Security Number	Relationship	Birth Date	Tribal Affiliation	M/F
1		/ /	SELF	/ /		
2		/ /		/ /		
3		/ /		/ /		
4		/ /		/ /		
5		/ /		/ /		

Do you, or any member of your household, currently own a home or have owned a home in the past 3 years?
 _____ If yes; Person's Name: _____

Is any member of the household currently past due with any debt to CTSI? _____ If yes; please explain:

Do you currently have a checking or savings account? If not, why not?

What is the highest level of education you have completed? High School or GED____, Trade School____, 4 year college____, Graduate School____

How much rent do you pay each month? \$ _____

Why do you want to participate in the Siletz Saves! IDA Program?

What do you think will make you successful in the Siletz Saves! Program?

Have you, or any member of your household, participated in any federally assisted housing program (such as; HIP, Sec.8, Public or Indian Housing)? _____ If yes; Please provide:

Name: _____ Program: _____ Date/Location: _____

Name: _____ Program: _____ Date/Location: _____

List any other income received by members of the household aged 18 and over, such as tribal per capita, self-employment, retirement pensions, child support, alimony, interest earned, etc.

HOUSEHOLD MEMBER NAME	TYPE OF INCOME	SOURCE OF INCOME (Person and/or company name)	AMOUNT (per hour/ month/ year)

List benefit amounts for all persons living in the household:

NAME	TANF/ AFDC	UNEM- PLOYMENT	SOCIAL SECURITY	SSI	VETERANS

List assets, including all bank accounts, vehicles (other than your primary vehicle) real estate, trust funds, stocks, bonds, IRA, etc.

HOUSEHOLD MEMBER NAME	TYPE OF ASSEST (CHECKING, SAVINGS..)	BALANCE/ WORTH	DIVIDEND/ EARNINGS

Submit the following information for all household members, age 18 and over, who are wage earners:

<p>Applicant name _____</p> <p>Employer _____</p> <p>Employer Mailing Address _____</p> <p>Employer Phone Number _____</p> <p>Start Date _____ Date of last increase _____ Amount of increase\$ _____</p> <p>Pay rate\$ _____ per hour <input type="checkbox"/> month <input type="checkbox"/> Position _____</p> <p>If paid by the hour, # of hours worked per week _____</p> <p>Employment Status Full___ Part___ Temp___ WEX___</p>
<p>Applicant name _____</p> <p>Employer _____</p> <p>Employer Mailing Address _____</p> <p>Employer Phone Number _____</p> <p>Start Date _____ Date of last increase _____ Amount of increase\$ _____</p> <p>Pay rate\$ _____ per hour <input type="checkbox"/> month <input type="checkbox"/> Position _____</p> <p>If paid by the hour, # of hours worked per week _____</p> <p>Employment Status Full___ Part___ Temp___ WEX___</p>

List outstanding debts for you and/or any member of your household:

HOUSEHOLD MEMBER	DEBTOR (Money owing to)	PAYMENT AMOUNT	BALANCE DUE

I DECLARE THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I PROVIDE FALSE, INCOMPLETE, OR INACURATE INFORMATION THAT I MAY BE SUBJECT TO PENALTY UNDER FEDERAL, STATE OR TRIBAL LAW; MAY BE DENIED ASSISTANCE; AND MAY BE REQUIRED TO REPAY ANY ASSISTANCE RECEIVED. BY MY SIGNATURE, I HEREBY AUTHORIZE CTSI TO OBTAIN ANY AND ALL INFORMATION NECESSARY FOR PROCESSING MY APPLICATION FOR PROGRAM FUNDING.

Signature of Applicant

Date Signed