



## ***Siletz Tribal Housing Department (STHD)***

*P.O. Box 549 Siletz, Oregon 97380*

***1-800-922-1399 ext. 1322 \* 541-444-8322 \* FAX: 541-444-8313***

### **Health and/or Disability Related Housing Accessibility Program Application**

#### **Application Information**

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
(Tribal Member)

Mailing Address: \_\_\_\_\_  
City State Zip

Residence Address: \_\_\_\_\_  
City State Zip

County: \_\_\_\_\_ Email Address \_\_\_\_\_

HM# \_\_\_\_\_ WK# \_\_\_\_\_ CELL# \_\_\_\_\_

#### **Household Composition**

(Legal Names)	Sex	Date of Birth	Relationship to Head of Household	Roll#	Tribal Affiliation
1.			<b>Self</b>		
2.					
3.					
4.					
5.					

Head of Household \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Spouse/Other Adult \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Other Adult \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Other Adult \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**Just a Reminder to Applicants.....**

**Turn in all Proof of Homeownership, Rental Lease, Landlord Approval and Tribal ID**

**In detail please explain exactly what you need or want done.**

Series of horizontal lines for writing a response.