



**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**

Please complete and sign all pages of the attached application, including the Authorization(s) for Release of Information. Incomplete applications will not be accepted and will be returned for completion. Please provide the following verification for **all** household members:

**1. INCOME** – All sources of income earned or received (social security, disability payments, workman's compensation, wages, retirement benefits, self-employment, monthly child support, TANF (welfare) payments excluding food stamps, etc.). Include proof of **CURRENT**, and previous month's wages minimum. Bank statements that show the source of direct deposit is acceptable, check stubs, **CURRENT** Benefit letter(s), and W-2's are some of the documentation accepted. If you do not have a income you will be required to fill out a Survival Statement.

**2. ASSETS** – All checking accounts, savings accounts, real estate, investments, retirement accounts, mobile homes, recreation vehicles, money market accounts, savings bonds, CDs etc. must be listed in the "Asset Detail" section of the Household Information Worksheet.

**REQUIRED DOCUMENTATIONS FOR ALL HOUSEHOLD MEMBERS:**

**3. SOCIAL SECURITY CARDS** – A copy is required for every household member who is six (6) years of age and older.

**4. PHOTO I.D.** – Photo identification is required for every household member age eighteen (18) and older. Tribal ID is an acceptable, preferred identification for the primary applicant (Tribal member(s)), Driver's License, Veteran ID, School ID.

**5. BACKGROUND/TENANT SCREENING** – A Screening is required for each adult household member (18+) being added to your lease. Make sure you fill out each section and sign and date each section that requires that you do so.

All of the information is required in order to be placed on the active waiting list.

Signatures required in highlighted area of each page



Provide proof of guardianship or custody of children as required by program policy.

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

NAHASDA regulations require disclosure of all household 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 or a member of your household have a disability that requires a unit with special features or auxiliary aids?  YES  NO  
If yes please describe (attach documentation)? \_\_\_\_\_
- 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 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?  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 have pets?  YES  NO  
If yes please list: Type \_\_\_\_\_

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.

- 10) 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: \_\_\_\_\_
- 11) 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  
(must provide proof of a payback agreement and 6 consecutive months worth of payments)  
If yes please explain, list name of Housing Authority: \_\_\_\_\_

12) 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: \_\_\_\_\_

13) 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 SIGNATURES:**

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 unit I am applying for would be my principal residence and that I will not obtain duplicated Federal housing assistance while I am participating in STHD Programs. 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

**SILETZ TRIBAL HOUSING DEPARTMENT (STHD)  
Authorization for Release of Information**

I/WE hereby authorize the Release of Information to the STHD, which is relevant and necessary to determine eligibility for the Housing Program(s) available to me/us.

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

- Income of each household member age 18 and older;
- Child Care Expenses;
- Credit History;
- Criminal History (Federal, State, County, City, Private, Public and/or Tribal agencies, including reports involving Service to Children and Families "SCF");
- Family Composition (Includes all agencies of Federal, State, County, City, Private, Public and/or Tribal);
- Assets (Including real estate, boats, mobile homes, bank accounts, certificates of deposit, stocks, bonds, etc.);
- Federal, State, Tribal or Local Benefits;
- Identity and Marital Status;
- Residential and Rental History.

I/We agree that photocopies of this authorization may be used for the verification of information as needed by the STHD.

I/We understand all household members age eighteen (18) and older **must sign and date** this authorization form or face denial of our application or termination from our housing assistance.

<p><u>X</u> _____ Signature of Applicant/Household Member Date: _____ SSN: _____</p>	<p><u>X</u> _____ Signature of Applicant/Household Member Date: _____ SSN: _____</p>
<p><u>X</u> _____ Signature of Applicant/Household Member Date: _____ SSN: _____</p>	<p><u>X</u> _____ Signature of Applicant/Household Member Date: _____ SSN: _____</p>

**SILETZ TRIBAL HOUSING DEPARTMENT (STHD)  
SURVIVAL STATEMENT  
To be filled out ONLY if the household income is zero**

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

Roll #: \_\_\_\_\_

**INCOME FOR PAST 30-DAYS:**

- |                                |                                    |               |
|--------------------------------|------------------------------------|---------------|
| 1. Wages/Pay for Work          | \$ _____                           | Source: _____ |
| 2. Loans/Gifts                 | \$ _____                           | Source: _____ |
| 3. Food Stamps                 | \$ _____                           | Source: _____ |
| 4. Utility Assistance          | \$ _____                           | Source: _____ |
| 5. Child Support               | \$ _____                           | Source: _____ |
| 6. Benefits/Public Assistance* | \$ _____                           | Source: _____ |
|                                | <input type="checkbox"/> per day   |               |
|                                | <input type="checkbox"/> per week  |               |
|                                | <input type="checkbox"/> per month |               |
| 7. Other:                      | \$ _____                           | Source: _____ |

\*Unemployment, VA, Disability, TANF, GA, Education Grants, etc.

**TOTAL INCOME: \_\_\_\_\_ FOR THE PAST 30 DAYS**

**EXPENSES FOR THE PAST 30-DAYS:**

- |                            |          |
|----------------------------|----------|
| 1. Food                    | \$ _____ |
| 2. Rent/Mortgage Payment   | \$ _____ |
| 3. Electric                | \$ _____ |
| 4. Gas                     | \$ _____ |
| 5. Water/Sewer             | \$ _____ |
| 6. Garbage                 | \$ _____ |
| 7. Telephone               | \$ _____ |
| 8. Vehicle & Car Insurance | \$ _____ |
| 9. Medical Costs           | \$ _____ |
| 10. Personal Items         | \$ _____ |

**If your total expenses are greater than your listed income, explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL EXPENSES: \$ \_\_\_\_\_ FOR THE PAST 30 DAYS**

By signing this statement, I certify the information given on this statement of survival is complete and accurate to the best of my knowledge. I hereby grant the STHD permission to make inquiries regarding information I have provided on this document. I understand 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:

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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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# 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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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 97386



**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 Program
- Home of Your Own
- 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 Fair 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 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.

