



Siletz Tribal Housing Department (STHD)

555 Tolowa Court; Post Office Box 549

Siletz, Oregon 97380-0549

Front Reception 541-444-8322

Toll-Free 1-800-922-1399 Fax 541-444-8313

Application for Property Management Unit(s)

176 Bagley

246 Bagley

341 Buford

137 Metcalf

Head of Household: _____ County: _____

Tribal Affiliation: _____ Roll Number: _____

Mailing Address: _____
City State Zip Code

Residence Address: _____
City State Zip Code

Telephone Numbers: () _____ () _____ () _____
Home Work Message
Disabled? Yes ___ No ___ Elderly? (55+) Yes ___ No ___

How do I complete this application? Complete all areas in this application, sign in all required areas, attach copy of each member's social security card, and attach documentation of all income. **Otherwise your application will be considered incomplete and will not be placed on the active waiting list until ALL documentation is received.**

Household Composition – List all members who live or will be living with you for this application: If single parent- foster- or guardian household, attach proof of custody- ie; Court Judgment, Notarized letter(s).

Adults (Legal Name)	Sex	Date of Birth	Relationship to Head of Household	Social Security Number	Place of Birth
			Self		

Children (Legal Name)	Sex	Date of Birth	Relationship to Head of Household	Social Security Number	Absent Parent's Name/Address

Read and complete these ten (10) questions carefully:

(1) Do you have a disability that requires a unit with special features? Yes No
 If yes, what unit features are required for your disability?

(2) Do you have a disability that requires an auxiliary aid? Yes No
 If yes, what auxiliary aid(s) do you require for your disability?

(3) Have you sold or transferred any real estate in the last two (2) years? Yes No
 If yes, please explain:

(4) Does anyone outside of your household pay any of your bills or give you money? Yes No
 If yes, Please explain:

(5) Have your or any other adult member (s) of your household ever used any other names (s) or Social Security numbers other than the one you are currently using? Yes No
 If yes, please explain:

(6) Have you or any other member of your household ever lived in federally assisted housing? Yes No
 If yes, give date(s) and place (s):

(7) Have you or any other member ever committed any fraud in a federally assisted housing program or was requested to repay money for knowingly misrepresenting information pertinent to such programs? Yes No

(8) Have you or any member of your household ever committed in a federally assisted housing program or was requested to repay money for knowingly misrepresenting information pertinent to such programs? Yes No

(9) Do you or any member of your household owe any money to STHD or a Housing Authority in connection with yours or a household members participation in a federally assisted housing program? Yes No

(10) Do you pay Child Care? (Doesn't apply if your childcare provided is a member of your household) Yes No

Personal/Financial Reference

Name (Include at least one (1) Past Landlord)	Mailing Address (Include city, state and zip)	Phone Number (Include Area Code)

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.

Authorization for the Release of Information Housing Agency	STHD requesting release of information: Siletz Tribal Housing Department P.O. Box 549 Siletz, OR 97380
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I/We hereby authorize the release of Information to the Siletz Tribal Housing Department (STHD) that is relevant and necessary to determine eligibility for admission to our 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
- Resident and Rental History
- NW Natural Gas
- Consumer Power Inc.
- Central Lincoln PUD

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 of Head of Household and Date:	Signature of Spouse or Other Adult Member of the Household and Date:
Signature of Other Adult Member of the Household and Date:	Signature of Other Adult Member of the Household and Date:

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

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)

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 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(l)(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.

Household Assets

Description of Asset	Value of Asset

1. Do you own a vehicle? Yes No
If yes, please list year, make and model _____

2. Have you ever vacated a unit owing rent or other amounts? Yes No
If yes, explain _____

3. Have you or any member of your household been arrested or convicted for drug related or violent criminal activity? If yes, explain _____

4. Do you own a pet? Yes No If yes, what type _____

Would you be willing to give up the pet if required in order to receive housing? Yes No

5. Do you or anyone in your household have any unpaid debts owing to the Confederated Tribes of Siletz or The Siletz Tribal Housing Department? If yes, what is the debt? _____

Present and Previous Landlord Housing Information

CURRENT LANDLORD:

Current Landlords Name: _____

Current Landlord mailing address: _____
City State Zip

Landlord daytime phone number: (____) _____

How long have you lived there? _____ (Circle One) Days Months Year
Do you have a rental or lease agreement in your name? Yes No
Is eviction action now pending against you? Yes No
If yes, for what reason? _____

PREVIOUS LANDLORD

Previous Landlord name: _____

Previous Landlord mailing address: _____
City State Zip

Landlord daytime phone number: (____) _____

Certification

I certify that all information provided on this form is accurate and complete. I understand that I must report to the Siletz Tribal Housing Department (STHD) in writing of any changes in my household composition or household income. I certify that the Rental Unit would be my principal residence. I know that I am required to cooperate in supplying all information needed to determine my eligibility. Cooperation includes attending pre-schedule meetings, keeping STHD informed of my current mailing address and 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)

**Before returning this application make sure that you attach documentation of;
Tribal affiliation, Copies of Social Security cards and Proof of income for all household
members.**

Warning! Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of agency of the United States.

**You can mail your application to: SILETZ TRIBAL HOUSING DEPARTMENT
P.O. Box 549
Siletz, OR 97380**

SILETZ TRIBAL HOUSING DEPARTMENT (STHD)

Survival Statement

Head of Household: _____ Date: _____

INCOME THIS MONTH:

- 1) Wages/Earned : \$ _____ Wage Source: _____
- 2) Benefits : \$ _____ Benefit Source: _____
- 3) Other Income : \$ _____ Other source: _____
- 4) Loans : \$ _____ Loan Source: _____
- 5) Gifts : \$ _____ Gift source: _____
- 6) Food Stamps : \$ _____
- 7) Utility Allowance : \$ _____ (From Housing or other Source)
- TOTAL INCOME : \$ _____**

EXPENSES THIS MONTH:

- 8) Rent : \$ _____ (Your share of rent only)
- 9) Food : \$ _____ If your total expenses are more than your total income, explain how this occurred below:
- 10) Utilities – Electric : \$ _____
- Gas : \$ _____
- Water/Sewer : \$ _____
- Trash Collection : \$ _____
- Cable/Satellite : \$ _____
- Telephone : \$ _____
- 11) Auto : \$ _____ (Includes gas, insurance, repairs, monthly payments)
- 12) Medical : \$ _____ (Exclude amounts paid by insurance etc)
- 13) Personal Items : \$ _____ (Laundry expense, clothing, cigarettes, Internet etc)
- TOTAL EXPENSES : \$ _____**

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 Rental Assistance, owing the STHD for past rent paid by STHD, or recommendation to terminate my participation. WARNING - section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States.

I hereby grant the Siletz Tribal Housing Department permission to make inquiries 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.

HH Signature: _____ **Date:** _____

Siletz Tribal Housing Department

P.O. Box 549

555 Tolowa Court

Siletz, OR 97380

Phone (800) 922-1399 Fax: (541) 444-8313

CHILD CARE STATEMENT

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 information must be reported to Siletz Tribal Housing Department.

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

Provider's 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 The Siletz Tribal Housing Department.

Application:

Signature: _____ Date: _____

I hereby certify that the above amount stated as paid to me for childcare is correct.

Childcare Provide Signature: _____ Date: _____

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