



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

Construction Programs Application

For Office Use Only

- NAHASDA Elders Home Replacement Program
- NAHASDA Rehabilitation Program for Elder Tribal Members
- NAHASDA Rehabilitation Program for Disabled Tribal Members
- NAHASDA Rehabilitation Program

Application Information

Head of Household: _____ Date: _____
(Tribal Member)

Mailing Address: _____
City State Zip

Residence Address: _____
City State Zip

County: _____ Email Address _____

HM# _____ CELL# _____ WK# _____

Household Composition

List all household members who will be living with you for this application, provide proof of guardianship or custody of children as necessary, only children that reside with you 51% of the time will be considered members of your household.

Adults <small>(Legal Names)</small>	Sex	Date of Birth	Relationship to Head of Household	Social Security Number	Place of Birth (City and State)	Roll#	Tribal Affiliation
1.			Self				
2.							
3.							
4.							
5.							

Children (As it appears on Social Security Card)	Sex	Date of Birth	Relationship to Head of Household	Social Security Number	Absent Parent's Name and Address
1.					
2.					
3.					
4.					
5.					

Household Income

List amounts of income and all income sources for each adult household member.

Name of Household Member(s)	Name of Employer/ Source of Income	Address of employer/ Source of Income	Estimated Gross Annual Earnings
1.			
2.			
3.			
4.			
5.			

1. What year was your house built? _____
2. Size of house (Square ft.) _____ Length (ft.) _____ Width (ft.) _____
 Manufactured Trailer Stick Built Other please explain _____
3. Number of bedrooms _____.
4. Bathroom facilities in home: Flush Toilet Bathtub Sink/Lavatory
5. Do you require disability grab bars? Yes No # required _____
6. Do you require a disability tub/shower? Yes No # required _____
7. Do you need a disability ramp? Yes No # required _____
8. Type of existing Sewage Disposal & Water System?
 City Sewer Septic tank Drain field Chemical toilet
 Outhouse Water Pressure System Community sewer connection
 Community water connection Other (please explain) _____
9. Do you own the land on which you wish to renovate or build this house? Yes No
10. If you do not own this land, do you have: Lease hold interest Use permanent Hardship (county) Indefinite assignment or joint ownership (please explain) _____

11. Have you or anyone in your household ever-received Housing Improvement Program Assistance, HUD or NAHASDA funds? Yes No

If yes, what year? _____ Amount received \$ _____.

12. Does anyone in your household/family, who is a permanent resident listed on the application have a severe health problem, disability or permanent disability? Yes No

If yes, please provide name and brief explanation of condition with certified documentation from doctor, Veterans or Social Security etc. _____

Please indicate a % amount of disability on the doctor's slip (i.e. client is paraplegic and is 100% disabled)

I/We certify that all information provided on this form is accurate and complete. I/We understand that I/we must report to the Siletz Tribal Housing Department (STHD) in writing of any changes in my household composition or household income. I/we know that cooperation requires in supplying all information needed to determine my eligibility. Cooperation includes attending pre-scheduled meetings and completing and signing all needed forms. I/we understand that supplying false, incomplete or inaccurate information is punishable under Federal and State criminal laws.

Head of Household	_____	_____
	(Signature)	(Date)
Spouse/Other Adult	_____	_____
	(Signature)	(Date)
Other Adult	_____	_____
	(Signature)	(Date)
Other Adult	_____	_____
	(Signature)	(Date)

The Siletz Tribal Housing Department requires that you must sign the Authorization of Release Form attached to be eligible for any STHD program.

Reminder to Applicants...

1. Please make sure that you enclose proof of income verification for **ALL** family members with your application. (Last two consecutive pay stubs or current year Social Security statement).
2. Please include copies of **ALL** household members Social Security Cards.
3. Proof of Tribal Enrollment.
4. Proof of Homeownership (For example: Mortgage Statement, Deed, or Tax Statement). Tribal members name and physical address need to be on the document.
5. If you are disabled or handicapped we need proof doctors slip or note explaining what the disability is and what percent you are disabled.

Authorization for the Release of Information Housing Agency	IHA requesting release information: Siletz Tribal Housing Department P.O. Box 549 Siletz, OR 97380
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I/We herby 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 inquires 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 Verifications/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 of face denial or termination of our Housing Assistance.

This authorization is effective for up to one (1) year from the date of signature.

<u>Signature of Head of Household and Date:</u>	<u>Signature of Spouse or Other Adult Member of the Household and Date:</u>
<u>Signature of Spouse or Other Adult Member of the Household and Date:</u>	<u>Signature of Spouse or Other Adult Member of the Household and Date:</u>

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 97380



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(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.

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 _____

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.