



**CONFEDERATED TRIBES OF
COOS, LOWER UMPQUA & SIUSLAW INDIANS**

HOUSING DEPARTMENT
1245 Fulton Ave. Coos Bay, OR 97420
Phone (541) 888-9577 or 1-888-280-0726
Fax (541) 888-2853

EMERGENCY ASSISTANCE

Head of Household: _____ Date: _____

Last Street Address: _____

Mailing Address: _____

City: _____ State: _____ ZipCode: _____

Phone: _____ Email _____ Roll Number: _____

HOUSEHOLD COMPOSITION

List all persons who are now members of your household:

ADULTS (Age eighteen (18) and older)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER
1)		SELF	
2)			
3)			
4)			

CHILDREN (Name as it appears on Social Security card)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER
1)			
2)			
3)			
4)			
5)			

HOUSEHOLD INCOME

List all sources of income with the address and anticipated annual amount of that source.

List household member who has source of income	Name of employer/ source of income	Address of employer/ Source of income	Anticipated annual amount of income

HOUSEHOLD ASSETS

List any real estate, boats, mobile homes, bank accounts, certificates/deposit, stocks, bonds, or any other assets:

Description of assets	Value of assets

Please read and carefully answer the question below:

1. Do you have a disability that requires a unit with any special features? Yes _____ No _____
 If Yes, what unit features do you require 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 owned, sold or transferred any real estate within the last three (3) years? Yes _____ No _____
 If Yes, explain: _____

4. Does anyone apart from your household pay for any of your bills or give you money? Yes _____ No _____
 If Yes, explain: _____

5. Have you or any other member of your household ever used any name(s) or Social Security number other than the one
 6. you or other household members are currently using? Yes _____ No _____

7. Have you or any other member of your household ever lived in federally assisted housing? Yes _____ No _____
 If Yes, give dates and places: _____

8. Have you or any other member of your household ever committed any fraud in a federally assisted housing program or
 9. been requested to repay money for knowingly misrepresenting information pertinent to such programs? Yes _____ No _____
 If Yes, explain: _____

10. Do you or any other member of your household currently owe any money to a Housing authority in connection with
 11. participation in a federally assisted housing program? Yes _____ No _____
 If Yes, explain: _____

12. Have you or any other member of your household ever been convicted of any crime other than a traffic violation? Yes _____ No _____
 If Yes, explain: _____

