



**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) 435-0492

**HOME REPAIR APPLICATION**

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

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Roll Number: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

List all persons who are now or who will be members of your household during the coming twelve (12) months:

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

<b>CHILDREN</b> (Name as it appears on Social Security card)	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP TO HEAD OF HOUSEHOLD</b>	<b>SOCIAL SECURITY NUMBER</b>
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

## PERSONAL/FINANCIAL REFERENCE

Name	Mailing Address (Include city, state and zip)	Phone Number (Include area code)

## GENERAL INFORMATION

	YES	NO
Have you or anyone in your household ever received down payment assistance? If yes, who _____ and when _____		
Have you or anyone in your household ever received Home Repair Assistance? If yes, in whose name _____; year received _____ Address of repairs _____;		
Do you own any house not occupied by your family? If yes, address of home _____ Occupied by _____		
Does anyone on this application have a severe health problem, handicap, or permanent disability? If yes, name and condition: _____		

**HOUSING INFORMATION**

Location of the house to be repaired. (Give address and detailed directions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate square footage \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

**REQUESTED REPAIRS**

List the repairs that you are requesting, with emergencies or Health and Safety issues first. Provide a brief description of the problems you are experiencing.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**CERTIFICATION**

I/we certify that all information provided on this form is accurate and complete. I understand that I must report to CLUSHA, in writing, and changes in my household composition or household income. I/we certify that the Rental Unit will be my principal residence and that I/we will not obtain duplicate federal housing assistance while I am participating in the Housing Rental Assistance Program. I/we know that I am required to cooperate in supplying all information needed to determine my eligibility. Cooperation includes attending pre-scheduled meetings, keeping CLUSHA informed of my current mailing address and completing and signing all required forms. I/we understand that my failure to cooperate will result in delays and/or denial of assistance. **I/we understand that knowingly supplying false, incomplete or inaccurate information may cause immediate termination from this program and is punishable under federal or state criminal law.**

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Spouse or other Adult: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Other Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Other Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

**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 or agency of the United States.**