



**CONFEDERATED TRIBES OF
COOS, LOWER UMPQUA & SIUSLAW INDIANS
HOUSING DEPARTMENT
1245 Fulton Ave. Coos Bay, OR 97420
Phone 541-888-9577 or Toll Free 1-888-280-0726
Fax 541-435-0492**

TRIBAL HOUSING APPLICATION

This Application is for: ___ North Bend Housing ___ Florence Housing

Head of Household: _____ Date: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____ Roll Number: _____

HOUSEHOLD COMPOSITION

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

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

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

HOUSEHOLD INCOME

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

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

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

(Current Accounts, Bank Cards, Car Loans, Store Loans)

Name (Include at least one past landlord)	Mailing Address (Include city, state and zip)	Phone Number (Include area code)

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 sold or transferred any real estate in the last two (2) 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 you or other household members are currently using? Yes _____ No _____
If yes, what was that name and Social Security number (maiden name) _____

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

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

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

9. 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: _____

10. Do you own any other house not occupied by your family? _____
If so, where is it located? _____

LANDLORD HISTORY

List all Landlords for last Five (5) Years

Landlord Name _____
Address _____ Phone _____
Dates Rented _____

Landlord Name _____
Address _____ Phone _____
Dates Rented _____

Landlord Name _____
Address _____ Phone _____
Dates Rented _____

My present Landlord is _____
Address (include city, state and zip): _____
Phone number: _____ Monthly Rent: \$ _____

How long have you been a resident at this address? _____

Reason for wanting to move: _____

CERTIFICATION

I/we certify that all information provided on this form is accurate and complete. I understand that I must report to the Housing Department, in writing, any changes in my household composition or household income. I/we certify that the Rental Unit will be my primary residence and that I/we will not obtain duplicate federal housing assistance while I am participating in the Housing 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 the Housing Department informed of my current mailing address, phone number 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

If you have questions or need assistance completing this application, please call the Housing Department at 541-888-9577.

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.