



**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

**DOWN PAYMENT LOAN ASSISTANCE**

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

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

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

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

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_ 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)			
4)			

<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

**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: \_\_\_\_\_

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: \_\_\_\_\_

**PERSONAL/FINANCIAL REFERENCE**

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

**CERTIFICATION**

I/we certify that all information provided on this form is accurate and complete. I/we certify that the purchased home will be my principal residence and that I/we will keep insurance coverage on the home for the entire time that I am obligated to the Tribe for this loan assistance. 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 progress 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*

If you have any 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.**