



# COQUILLE INDIAN HOUSING AUTHORITY

2678 Mexeye Loop  
Coos Bay, OR 97420  
(541) 888-6501  
(800) 988-6501



All programs are operated to first serve the needs of members of the Coquille Indian Tribe, then to serve members of the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians, and then other Native Americans and Alaska Natives. Eligibility is further determined by need, income, positive references from landlords and credit providers, a clean criminal background check, and household composition.

Our goal is to provide affordable housing to qualified applicants within the five-county service area of the Coquille Indian Tribe, which encompasses Coos, Curry, Douglas, Lane, and Jackson counties. We offer an attractive community on Tribal Lands with onsite medical and community centers, onsite Tribal Police, wooded views, and scenic wildlife. We also have rental and homeownership assistance programs available off of Tribal Lands.

## **Low-Income Rental Program**

The Low-Income Rental Program assists families with rental housing on Tribal Lands. Required monthly rental payments are based on a maximum of 30% of the household's adjusted gross annual income.

## **Monthly Housing Assistance Payment (MHAP) Program**

The MHAP Program is a tenant-based, monthly rental assistance opportunity. MHAP is designed to help low-income families pay rent for privately owned housing anywhere within the five-county service area. The program is modeled after the HUD Section 8 Voucher Program, and is similar to that program in its operation. MHAP is designed to reimburse the participant a portion of their rent after the payment has been made.

## **Home Grant and Occupancy (HomeGO) Program**

The HomeGO Program makes it possible for qualified Coquille Tribal members to buy a home on Tribal Lands with a small down payment and low monthly payments. Under this program one-half of the cost of a home is granted over a 10-year period, and the other half of the cost is paid back to CIHA over a 25-year term at a reduced interest rate. The loan is re-amortized annually based on the current national average interest rate and the interest rate is capped at 6%. For instance, on a \$100,000 home approximately \$50,000 of the purchase price would be granted to the homebuyer.

## **HUD Section 184 Loan Guarantee Program**

The HUD Section 184 Loan Program provides loan guarantees for construction and acquisition of single-family homes on Tribal Lands and throughout the state. The loan guarantee may cover up to 100% of principal and interest for up to a 30-year fixed rate loan. Borrowers pay a small down payment and a 1% loan guarantee fee. Approximately 41% of monthly income may be dedicated toward a mortgage payment and there are no maximum income limits. Application may be made to any federally-approved lending institution under this program.

**For more information about our programs, please contact us at (541) 888-6501 or toll free at (800) 988-6501.**

Dear Applicant:

Thank you for applying for our housing programs! We look forward to assisting you with your family's housing needs. In addition to completing this application, we require copies of the following documents in order to determine your eligibility. **Without all of the following documentation, your application is incomplete.**

- 1) **Tribal Card**, enrollment document, or CDIB for all family tribal members
- 2) **Photo ID** for all adult members of the household
- 3) **Social security cards** for every family member
- 4) **Documentation of all income** received by the family (including but not limited to public assistance, Social Security, pensions, alimony or child support, or earned income from a job or self-employment)
- 5) **Marriage certificate**, if applicable – OR –
- 6) **Documentation of a stable family relationship** (couples not married need documentation that they have been together for at least 6 months) for example:
  - A) Bank account with both names on the statement
  - B) Rental agreement with both names on it
  - C) Birth certificate of child, including both names on it as mother and father
  - D) Statement from someone testifying of a stable family relationship of at least six months
- 7) **Documentation of all assets** including property owned, checking or savings accounts including CD's and IRA's (Current statement or tax records are sufficient.)
- 8) **Verification of out-of-pocket medical expenses and childcare expenses**, if applicable.

There are **no pets** allowed in rental units on Tribal Lands!

# Process from Application to Housing

All applications for housing must include the following documents:

- ✓ Copy of Social Security card for each household member
- ✓ Copy of picture ID for all adult household members
- ✓ Copy of document verifying enrollment in a federally recognized tribe or native entity within the state of Alaska
- ✓ Verification of income for all household members
- ✓ Verification of all assets
- ✓ Verification of out-of-pocket medical and/or child care expenses
- ✓ Verification of diagnosed disability, if applicable

CIHA conducts the following to determine eligibility:

1. CIHA reviews the BIA Certificate of Degree of Indian Blood (CDIB), Tribal Enrollment Card, or enrollment verification to determine if applicant is a member of a federally or state recognized tribe or a Native Alaskan and therefore eligible to receive services from the US BIA. This is a required point of eligibility.

2. A criminal background check is conducted. Eligibility requires the applicant have no felony conviction in the past 5 years for a drug/alcohol-related offense and/or an offense involving violence. The criminal background check is conducted by Coos Bay Police Department dispatch personnel on behalf of Tribal Police, and usually takes up to two weeks to be returned.

3. An Internet-based database is checked to determine if the applicant owes money to another housing authority. Eligibility requires no outstanding debts to other public or Indian housing authorities OR to a utility company.

4. An Internet-based credit check is performed. Eligibility requires a satisfactory credit history. CIHA staff may use some discretion in this area. Whenever possible, applicants are referred to CITCHC to have problems of this nature included in a work plan.

5. Income verification is examined to determine whether the applicant is within the HUD-specified income eligibility guidelines.

6. Former landlords are sent reference forms to complete. Questions that are asked include whether rent was fully paid each month in a timely manner, in what condition the unit was returned, how well the unit was maintained, how well the applicant maintained control over household members and guests, whether complaints were lodged, if the landlord would rent again to the applicant, and if the full deposit was returned to the applicant. The applicant will be determined ineligible if there is a history of habits and practices that may be expected to have a detrimental effect on other residents or on the housing project; such as a history of disturbing the neighbors, destroying property, or living or housekeeping habits which would affect adversely the health, safety or welfare of other residents. The landlord reference forms usually take up to two weeks to be returned.

If negative references on either the credit or use/maintenance history are obtained, staff will notify the applicant in writing of the negative items found. The applicant will be afforded an opportunity to respond in writing on any negative information derived from any source. The response will be taken into consideration in determining the applicant's eligibility.

Families who have applied for housing, and who, for any reason, have been determined to be ineligible will be notified in writing, stating the reasons for their ineligibility. The notification will inform the applicant that s/he may request an informal review of the decision to deny eligibility if the applicant believes the action taken by CIHA is taken in error, or if s/he believes the information that the denial is based on is incorrect.

Families who have applied for housing and have been determined to be eligible will be notified in writing, stating the programs and unit size (if applicable) for which they are eligible. This applicant is placed on the waiting list.

## The Waiting List

1. The waiting list is managed on a computer database. There are several waiting lists. Because all programs are operated to first serve the needs of members of the Coquille Indian Tribe, then to serve members of the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians, and then other American Indians Alaska Natives (AIAN), there are three different waiting lists. If a program slot becomes available and there are no Coquille Tribal members on the waiting list, only then will the program slot be offered to a member of another tribe.

2. In addition to determining preference by Tribal affiliation, an applicant's position on the waiting list is determined using a point system that demonstrates need. Points are accumulated as follows:

SELECTION PREFERENCE:	# OF POINTS:
For any of these three situations: Involuntarily Displaced Substandard Housing Paying more than 50% of income for rent	10 (even if all three situations apply)
For Coquille Tribal members only: Living in the 5-county service area Not being served by another CIHA housing program	1 1
For all applicants: Elderly (62 or older) Person with disability Each dependent	1 1 1

3. If there is a tied score, the applicant that has been on the waiting list for the longest period of time based on the date and time the preliminary application was received by CIHA will have priority for housing.

It is impossible to estimate how long an applicant can expect to remain on the waiting list before being offered a program slot. There are occurrences that can effect an applicant's position on the waiting list; a Coquille Tribal member becoming eligible bumps all non-Coquille Tribal members down a position. Similarly, an applicant with a large number of preference points bumps applicants with fewer points.

Family selection is made from the top of the waiting lists of eligible applicants. Final approval of selected applicants is made by the Executive Director prior to execution of a housing agreement. The family is sent a letter inviting them to attend a new resident orientation. After the new resident orientation, the resident receives the key to their new home upon payment of the first month's rent and security deposit on their new unit. The security deposit can be paid in installments, if needed.

Please keep pages 1 – 4 for your information.

Return pages 5 – 11 to:

Coquille Indian Housing Authority  
2678 Mexeye Loop  
Coos Bay, OR 97420

## FAMILY INFORMATION SHEET

Complete this application in your own handwriting. You must use the correct legal name for each household member as it appears on the Social Security card. Household composition: List legal names of all persons who will be living in your home (including Head of household). Please include all AKA's. **Please print using ink!**

1. **Name of Head of Household:** \_\_\_\_\_

AKA's: \_\_\_\_\_ Tribe: \_\_\_\_\_

Physical address: \_\_\_\_\_

Street

City

State

Zip

Mailing address: \_\_\_\_\_

(If different than above)

Phone: \_\_\_\_\_ Message: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ gender: \_\_\_\_\_

2. Household member name: \_\_\_\_\_

AKA's: \_\_\_\_\_ Tribe: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ gender: \_\_\_\_\_

3. Household member name: \_\_\_\_\_

AKA's: \_\_\_\_\_ Tribe: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ gender: \_\_\_\_\_

4. Household member name: \_\_\_\_\_

AKA's: \_\_\_\_\_ Tribe: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ gender: \_\_\_\_\_

5. Household member name: \_\_\_\_\_

AKA's: \_\_\_\_\_ Tribe: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ gender: \_\_\_\_\_

6. Household member name: \_\_\_\_\_

AKA's: \_\_\_\_\_ Tribe: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ gender: \_\_\_\_\_

7. Household member name: \_\_\_\_\_

AKA's: \_\_\_\_\_ Tribe: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ gender: \_\_\_\_\_

8. Household member name: \_\_\_\_\_

AKA's: \_\_\_\_\_ Tribe: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ gender: \_\_\_\_\_

9. Household member name: \_\_\_\_\_

AKA's: \_\_\_\_\_ Tribe: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ gender: \_\_\_\_\_

10. Household member name: \_\_\_\_\_

AKA's: \_\_\_\_\_ Tribe: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ gender: \_\_\_\_\_

## HOUSEHOLD INCOME

List and provide documentation of all household income, including employment, social security, disability, pension, public assistance, unemployment, child support, workman's comp, etc.

Name of person receiving income	Source of income	Address of income source	Monthly amount of income

## HOUSEHOLD ASSETS

List any bank accounts, certificates, stocks, bonds, real estate, boats, mobile homes, life insurance with cash value, or any other assets:

Description of asset	Value of asset

During the last two (2) years have you sold, traded, or disposed of, for less than fair market value, any real property (i.e. real estate, bonds, notes, mobile homes, or other assets) to another person, or been party to a trust settlement or divorce proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## HOUSEHOLD EXPENSES

If you have out-of-pocket childcare expenses that are necessary to enable a family member to be gainfully employed or further his/her education, complete the following:

Child care provider: \_\_\_\_\_ Monthly child care expenses: \$ \_\_\_\_\_  
 Provider's address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **To be completed only by applicants 62 years or older, or applicants with a disability:**

If you have out-of-pocket required medical expenses, provide documentation.  
 If you pay for a care attendant or for any equipment for the handicapped member(s) of the family, which is necessary to permit that person or someone else in the household to work, please describe expenses:

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

If you have a disability that requires reasonable accommodation, please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREFERENCES**

The following three answers determine Federal Preferences under present HUD guidelines:

1. Is your present home substandard? Yes\_\_\_\_ No\_\_\_\_\_

Explain \_\_\_\_\_

(SUBSTANDARD HOUSING means the existence of any one of the following conditions: indoor plumbing that does not work; lack of a usable flush toilet or bathing facilities for the exclusive use of your family; lack of adequate, safe electrical service; lack of adequate source of heat; or lack of adequate kitchen facilities.)

2. Are you paying more than 50% of your annual household income for rent? Yes \_\_\_\_ No \_\_\_\_\_

3. Have you been involuntarily displaced? Yes \_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

(INVOLUNTARY DISPLACEMENT means loss of housing due to circumstances beyond your control; or that you have been involuntarily displaced and are not living in standard, permanent replacement housing; or that within six months from the date of certification or verification, you will be displaced.)

The following answers determine preferences under current CIHA guidelines:

Is any household member disabled? Yes \_\_\_\_ No \_\_\_\_\_

Is any household member 62 years of age or older? Yes \_\_\_\_ No \_\_\_\_\_

Is any household member a Coquille Tribal member? Yes \_\_\_\_ No \_\_\_\_\_

If yes, are you being served by any other CIHA program? Yes \_\_\_\_ No \_\_\_\_\_

Is any household member a Coos, Lower Umpqua, or Siuslaw Tribal member? Yes \_\_\_\_ No \_\_\_\_\_

**CRIMINAL HISTORY**

Have you or any member of your family ever been arrested or convicted of illegal usage, distribution, or manufacture of a controlled substance? Yes \_\_\_\_ No \_\_\_\_\_ if yes, list person and charge: \_\_\_\_\_

Have you or anyone in your household ever been arrested or convicted of any felony or misdemeanor other than traffic violations? Yes \_\_\_\_ No \_\_\_\_\_ if yes, list person and charge: \_\_\_\_\_

**PRIOR USE AND MAINTENANCE / REFERENCES**

Are you currently or have you within the last five years received housing assistance from another Public or Indian Housing Authority? Yes \_\_\_\_ No \_\_\_\_\_ if yes, please complete the following:

Name of Housing Authority Name: \_\_\_\_\_

Location: \_\_\_\_\_ When: \_\_\_\_\_

Do you, or anyone listed in your household currently have an outstanding debt with a utility company?

Yes: \_\_\_\_ No: \_\_\_\_ Name of utility company: \_\_\_\_\_

Name of person owing: \_\_\_\_\_ Amount owed: \_\_\_\_\_

**Landlord references:** (List all landlords, starting with most recent)

Current landlord name: \_\_\_\_\_

Landlord address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Your address at that time: \_\_\_\_\_

Dates rented: from \_\_\_\_\_ to: \_\_\_\_\_ Rent amount: \_\_\_\_\_

Reason for wanting to leave: \_\_\_\_\_

Previous landlord name: \_\_\_\_\_

Landlord address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Your address at that time: \_\_\_\_\_

Dates rented: from \_\_\_\_\_ to: \_\_\_\_\_ Rent amount: \_\_\_\_\_

Previous landlord name: \_\_\_\_\_

Landlord address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Your address at that time: \_\_\_\_\_

Dates rented: from \_\_\_\_\_ to: \_\_\_\_\_ Rent amount: \_\_\_\_\_

If yes to any of these questions, please explain.

Have you ever been evicted? Yes \_\_\_ No \_\_\_

Have you ever been sued by a landlord or by a neighbor? Yes \_\_\_ No \_\_\_

Have you ever sued a landlord or a neighbor? Yes \_\_\_ No \_\_\_

Have you ever filed for bankruptcy? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What CIHA programs are you applying for?

HomeGO (buying a home on Tribal Lands) \_\_\_ Section 184 Loan Guarantee Program \_\_\_

Renting a home on Tribal Lands \_\_\_ Monthly Housing Assistance Payment Program \_\_\_

**APPLICANT CERTIFICATION**

The information you have previously provided will be kept as confidential as possible. However, you should be aware that the information reported to the Coquille Indian Housing Authority may be seen by someone other than a Coquille Indian Housing Authority employee. (For example: an auditor)

I certify that I have disclosed where I have received previous Federal Housing Assistance, and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information.

I know that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending scheduled meetings and completing and signing needed forms. I certify that all the information provided to the Coquille Indian Housing Authority on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are grounds for termination of housing assistance or tenancy.

I understand that knowingly supplying false, incomplete, or inaccurate information punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial or termination of housing assistance and/or termination of tenancy.

**Warning:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department or agency of the United States or the U.S. Department of Housing and Urban Development.

**Any attempt to obtain Indian Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud (and any assistance to such an attempt) is a crime under Federal and State laws. And it is also grounds for denial or termination of housing assistance or tenancy. I certify that all information provided on the attached forms is accurate and complete to the best of my knowledge and belief.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Hotline at 1-800-424-8590.

**Authorization for the Release of Information**

**Consent:** I authorize and direct any Federal, State, Tribal, or local agency, organization, or individual to release to the Coquille Indian Housing Authority (CIHA) any information or materials needed to complete and verify my application for participation and to maintain my continued assistance under CIHA programs. I understand and agree that my signature below authorizes CIHA and the U.S. Department of Housing and Urban Development (HUD) to use any information received under this release to administer and enforce program rule and policies.

**Information covered:** I understand that previous or current information regarding me or my household may be needed. Verifications and inquiries that may be addressed include but are not limited to: identity and marital status; household composition; medical and childcare expenses; employment, income, and assets; credit and criminal activity; residence and rental activity; handicapped assistance expense; Social Security programs. I understand that this authorization cannot be used to obtain information that is not pertinent to my eligibility for and continued participation in CIHA programs.

**Groups or Individuations that may be contacted:** Groups or individuals that I authorize to release the above information include but are not limited to: previous landlords; other housing agencies; courts and post offices; schools and colleges; law enforcement agencies; support and alimony providers; past and present employers; utility companies; private employment agencies; child care providers; the United States Veteran's Administration and Social Security Administration; any state human services or employment department;; retirement systems; credit providers and credit bureaus; banks and financial institutions, under Section 502(e)(2) of the Graham-Leach-Bliley Act (P.L. 106-102).

**Computer matching consent:** I understand and agree that HUD or CIHA may conduct computer matching programs to verify the information supplied for my application or re-certification, including information received under this Authorization or any other authorization I sign. If a computer match is done, I understand that I have the right to notification of any adverse information found and the opportunity to disprove that information. HUD and CIHA may, in the course of their duties, exchange such automated information with one another and with other federal, state, and local agencies including without limitation, the U.S. Department of Defense, U.S. Office of Personnel Management, U.S. Postal Service, Social Security Administration, and any state department of human services.

**Conditions:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for 15 months from the dates signed. I may revoke this authorization sooner by sending a written revocation signed by me to CIHA at the address listed above.

_____ Signature of Head of Household	_____ SSN	_____ Date
_____ Signature of Co-Head of Household	_____ SSN	_____ Date
_____ Signature of CIHA Representative	_____ Title	_____ Date