

Application for Individual Site Sanitation Facilities
Portland Area Indian Health Service

PART 1 - HOMEOWNER

1. Name: _____
(Tribal Member)
2. Telephone: Home _____
Work/Message _____
3. Site/House Address: _____

4. Current Mailing Address: _____

5. Directions to, or location of, home/site to be served: _____

6. Home Information: NEW No. yrs. at present location? _____. Age of house _____ yrs.
House existing _____ or proposed _____? (check one)
Type: Wood _____ Frame _____ Masonry _____ Mobile Home _____ Manufactured Home _____ Other _____
7. Number of Bedrooms: _____ Number of Bathrooms: _____ Number of: bathtubs _____ showers _____
8. Plumbing Fixtures (No. in use): Sinks _____ Toilets _____ Washer _____ Garbage Disposal _____ Dish Washer _____
9. Names & Ages of Occupants: Now _____
Future _____
10. Home will be: Primary _____ Secondary _____
11. Mobile/Manufactured Homes ONLY: Home on Site? Yes ___ No ___ (If not, attach Bill of Sale)
12. If mobile/manufactured home is to be purchased, when will it be moved on-site? _____
(Date)
13. Electric Power available at site? Yes ___ No ___
14. Existing Water and Sewage Facilities at site:
Well _____ Water Pressure System _____ Community water service _____
Septic Tank _____ Drainfield/Pit _____ Community sewer service _____
15. Facilities requested: Well _____ Water Pressure System _____ Septic Tank and Drainfield _____
Community Water Service Connection _____ Community Sewer Service Connection _____
16. Reason for requesting service: Service to new home _____ Service to rehabilitated home _____
Replacement of failed facilities _____
17. Land Status:
Legal Description: Township _____ Range _____ Section _____ ¼ of _____ ¼ of _____ ¼ of _____
Tax Lot No. _____ Tax Acct. No: _____ Deed is: Trust _____ Non-Trust _____ Other _____
Allotment or parcel number(s): _____
If leased, length of lease: _____ yrs. (10-year minimum required)

(PLEASE ATTACH COPY OF DEED, LEASE, OR OTHER DOCUMENTATION SHOWING YOUR OWNERSHIP OR CONTROL OF THE PROPERTY.
ALSO PLEASE INCLUDE A TAX LOT PLAT OF THE PROPERTY, AVAILABLE FROM THE COUNTY ASSESSOR'S OFFICE)

INDIVIDUAL SITE GUIDELINES

I hereby certify that the information in this Application is true and accurate to the best of my knowledge. I hereby agree:

1. To allow IHS or its authorized representatives to enter upon my property to evaluate the site and to construct or inspect facilities requested in this Application;
2. To obtain all easements and permits necessary for the requested sanitation facilities;
3. To accept ownership upon completion of the requested sanitation facilities, and to operate and maintain them in a satisfactory manner;

I understand that these facilities will be provided only if funding is available and if this application and my home site meet IHS qualification requirements.

Signature of Tribal Member

Date

Tribal Affiliation

Roll Number

Verified by

PART 2 - TRIBE

18. Tribal Eligibility and Endorsement:

This application has been reviewed by the _____

The applicant is considered eligible and is hereby recommended for services.

19. The Tribe appoints _____ as liaison to coordinate Tribal participation in serving this applicant.

Recommended by: _____

(Tribal Chairperson or Designee)

Date

20. The *Coquille Indian Tribe* agrees to "sponsor" this member of

the _____, and appoints _____

as liaison to coordinate any necessary Tribal participation in serving this applicant.

Approved by: _____

(Tribal Chairperson or Designee)

Date

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION.

PART 3 - INDIAN HEALTH SERVICE

Application Received:

By: _____

Div. of Sanitation Facilities Construction

Date