

Coquille Indian Housing Authority
2678 Mexeye Loop • Coos Bay, OR 97420
Phone (541) 888-6501 • Fax (541) 888-8266

Private Homeownership Land Lease Application

The undersigned applicant hereby submits the following application to be eligible for the award of a Private Homeownership Land Lease pursuant to Coquille Tribal Code Chapter 420, Private Homeownership Land Leasing Ordinance.

Name of Applicant: _____

Address: _____

Enrollment Number: _____

Date of Birth: _____

List all members of Applicant's Household who will reside in any dwelling constructed on the parcel that is leased to Applicant if applicant is awarded a Private Homeownership Land Lease:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please initial each of the following statements to confirm that they are true and accurate:

_____ I am not currently a Lessee of the Coquille Indian Tribe or the Coquille Indian Housing Authority with an existing Private Homeownership Land Lease.

_____ No member of my household is currently a Lessee of the Coquille Indian Tribe or the Coquille Indian Housing Authority with an existing Private Homeownership Land Lease.

Name of Applicant: _____

_____ I was not a party to any prior Private Homeownership Land Lease that was cancelled, forfeited, or terminated.

_____ No member of my household was party to any prior Private Homeownership Land Lease that was cancelled, forfeited, or terminated.

_____ If I am awarded a Private Homeownership Land Lease, I intend to construct/occupy a dwelling on the parcel for use as my primary residence within the timelines set out in the Private Homeownership Land Leasing Ordinance.

_____ I have not have been found guilty of or entered a plea of guilty, no contest, or nolo contendere to any Tribal, federal, or state offense involving a crime of violence, sexual assault, sexual molestation, child exploitation, sexual contact, prostitution, crimes against persons, any offense involving a child victim, any sex crime, or any drug felony. There are no pending, unresolved charges against me for any of the above-listed crimes in any jurisdiction.

_____ No member of my household has been found guilty of or entered a plea of guilty, no contest, or nolo contendere to any Tribal, federal, or state offense involving a crime of violence, sexual assault, sexual molestation, child exploitation, sexual contact, prostitution, crimes against persons, any offense involving a child victim, any sex crime, or any drug felony. There are no pending, unresolved charges against any member of my household for any of the above-listed crimes in any jurisdiction.

_____ I am not a registered sex offender in any jurisdiction.

_____ No member of my household is a registered sex offender in any jurisdiction.

_____ By submitting this application, I understand that the Coquille Indian Tribe and/or the Coquille Indian Housing Authority will conduct a criminal background check on me and all adult members of my household.

_____ I hereby authorize the Coquille Indian Tribe and the Coquille Indian Housing Authority to conduct a credit check on me to determine whether I am financially capable of taking on the responsibilities of a Private Homeownership Land Lease.

_____ I understand that this is an application only, and does not grant me any rights or create any obligations with regard to the Coquille Indian Tribe or the Coquille Indian Housing Authority. If this application is accepted, it will be included with the other applications on the application registry and will be included in the selection process set out in Coquille Tribal Code § 420.500.

_____ I hereby certify that all the information and statements contained in this application and in the supporting documents attached is true and accurate.

Name of Applicant: _____

_____ I understand that provision of false information is grounds for rejection of this application and future ineligibility to submit an application.

_____ I have attached to this application the following documentation:

- Copy of my Tribal enrollment card
- Copy of Social Security cards for all household members
- Valid document for proof of age for all household members: birth certificate, driver's license, passport, etc.
- A list of all names that applicant and members of household have ever used

I hereby verify that all the above statements and the attached information are true and correct.

_____ Signature of Applicant	_____ Social Security Number	_____ Date
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_____ Signature of Adult Household Member	_____ Social Security Number	_____ Date
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_____ Signature of Adult Household Member	_____ Social Security Number	_____ Date
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_____ Signature of Adult Household Member	_____ Social Security Number	_____ Date
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