



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

HOUSING APPLICATION

All programs are operated to first serve the affordable housing needs of low-income 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, references from landlords and credit providers, criminal background checks, and household composition.

A complete application includes the following attachments:

- Copy of **document verifying enrollment** in a federally recognized tribe, NAHASDA-eligible state recognized tribe, or native entity within the State of Alaska; or BIA Certificate of Degree of Indian Blood (CDIB)
- Copy of current **photo ID for all** adult household members
- Copy of **Social Security card for all** household members
- Documentation of all **income for all** household members
- Documentation of all **assets for all** household members
- Authorization for **Release of Information form for all** adult household members
- Verification of diagnosed disability, if applicable
- Documentation of a six-month stable family relationship (copy of a marriage certificate, bank account listing both names, rental agreement with both names, the birth certificate of a child listing both names as parents, or statement from someone testifying of a six-month stable family relationship), if applicable
- Verification of out-of-pocket medical and/or childcare expenses, if applicable

Programs

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. Unit size is determined by family composition.

Monthly Housing Assistance Program (MHAP)

MHAP is a tenant-based, monthly rental assistance opportunity designed to help low-income Coquille Tribal members and other Native Americans pay rent for privately owned, decent, safe, and sanitary housing. The program is modeled after the HUD Section 8 Voucher Program and is similar in its operation. Units of assistance funded by HUD are available to low-income Coquille Tribal members and other Native Americans in Coos, Curry, Douglas, Jackson, and Lane counties in Oregon. Units of assistance funded by the Coquille Indian Tribe are available to low-income Coquille Tribal members throughout the United States.

Emergency Housing Program

The Emergency Housing Program provides special, short-term support to qualifying Native American individuals and families who are in crisis due to lack of housing and circumstances beyond their control. To be eligible for Emergency Housing, the applicant must be referred by a recognized social services agency that assists families in crisis.

Applications

1. CIHA reviews the tribal enrollment card, other enrollment verification, or BIA Certificate of Degree of Indian Blood (CDIB) to determine if an applicant is eligible to receive services.
2. Income verification is examined to determine whether the applicant is within the HUD-specified income eligibility guidelines.
3. A criminal background check is conducted. Offenses that may affect eligibility for certain programs include drug/alcohol-related offenses (including cannabis), offenses involving violence, or crimes against children.
4. An internet-based credit check is performed. Items that may affect eligibility for certain programs include debts to a prior landlord or to a utility company.
5. An internet-based database is checked to determine if the applicant owes money to another Public or Indian Housing Authority.
6. Former landlords are sent reference forms to complete. Questions 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. An applicant will be determined ineligible for the Low-Income Rental Program on Tribal Lands 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 adversely affect the health, safety, or welfare of other residents or Tribal property but may still be eligible for MHAP.

Staff will notify the applicant in writing of any items of concern. The applicant will be afforded an opportunity to respond to any information derived from any source. The response will be taken into consideration in determining the applicant's eligibility.

Families who have applied for housing will be notified in writing of their eligibility status. Eligible families will be placed on the waiting list.

Waiting List

1. The waiting list is managed on a computer database. 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 and 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, the program slot will 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

POINTS

For any of these three situations:

10

(even if all 3 apply)

Involuntarily Displaced, *or*

Substandard Housing, *or*

Paying more than 50% of income for rent

For Coquille Tribal members only:

Not being served by another federally sponsored housing assistance program

1

For all applicants:

Elderly (62 or older)

1

Person with disability

1

Each dependent

1

3. If there is a tied score, the applicant that has been on the waiting list the longest period of time based on the date and time the completed 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. Applicants with the greatest need are served first.

Selection is made from the top of the waiting lists of eligible applicants. The family is sent a letter inviting them to attend a program orientation. After the orientation, an applicant begins participation in the program.

For units on Tribal Lands, the resident receives the keys to their new home upon payment of the first month's rent and security deposit. The security deposit can be made in installments, if necessary. For tenant-based rental assistance (MHAP), participants receive a document of participation valid for 60 days.

Please keep pages 1- 4 for your information.
Return the remaining pages and required
documentation to:

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

If you have any questions while completing the
application, please call CIHA at
(541) 888-6501 or toll free (800) 988-6501.

**Please complete the application in full.
Incomplete applications cannot be processed.**

FAMILY INFORMATION SHEET

Please use the legal name of each household member as it appears on the Social Security card for all persons who will be living in your home (including head of household). Please include all AKAs. **Please print using ink.**

Head of Household:

Name	AKA	Tribe
Physical Address	City, State, Zip	Phone
Mailing Address	City, State, Zip	Message Phone
Email Address	SSN	DOB M F

Other Household Members:

Name	AKA	Tribe
Relation to Head of Household	SSN	DOB M F
Name	AKA	Tribe
Relation to Head of Household	SSN	DOB M F
Name	AKA	Tribe
Relation to Head of Household	SSN	DOB M F
Name	AKA	Tribe
Relation to Head of Household	SSN	DOB M F
Name	AKA	Tribe
Relation to Head of Household	SSN	DOB M F

Please attach additional sheet if necessary.

HOUSEHOLD INCOME

List and provide documentation of ALL household income including employment, Social Security, disability, pension, public assistance, unemployment, child support, worker’s comp, food stamps, profit or loss from small business, per capita payments, etc.

Name of person receiving income	Type of Income	Monthly Amount of Income
Name of Employer/Income Source	Address of Employer/Income Source	Phone Number of Employer/Income Source
Name of person receiving income	Type of Income	Monthly Amount of Income
Name of Employer/Income Source	Address of Employer/Income Source	Phone Number of Employer/Income Source
Name of person receiving income	Type of Income	Monthly Amount of Income
Name of Employer/Income Source	Address of Employer/Income Source	Phone Number of Employer/Income Source
Name of person receiving income	Type of Income	Monthly Amount of Income
Name of Employer/Income Source	Address of Employer/Income Source	Phone Number of Employer/Income Source

HOUSEHOLD ASSETS

List all bank accounts, certificates, stocks, bonds, real estate, boats, mobile homes, pension or retirement accounts, life insurance with cash value, or any other assets held by household members:

Description of asset	Value of asset
Description of asset	Value of asset
Description of asset	Value of asset
Description of asset	Value of asset
Description of asset	Value of asset

<input type="checkbox"/> Yes 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? If yes, please attach explanation.
<input type="checkbox"/> No

HOUSEHOLD EXPENSES

<input type="checkbox"/> Yes	Do you have out-of-pocket childcare expenses that are necessary to enable a family member to be gainfully employed or further his/her education?
<input type="checkbox"/> No	
If yes, please attach documentation.	

This section to be completed ONLY by applicants 62 years or older, or applicants with a disability:

<input type="checkbox"/> Yes	Do you have out-of-pocket medical expenses?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Do you pay for a care attendant or other equipment for a disabled member of household, which is necessary to permit that person or someone else in the household to work?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Do you have a disability that requires reasonable accommodation?
<input type="checkbox"/> No	

If you answered yes to any of the above, please attach documentation.

PREFERENCES

The following answers determine Federal Preferences under present HUD guidelines:

<input type="checkbox"/> Yes	Is your present home substandard? If yes, please explain:
<input type="checkbox"/> No	
<i>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.</i>	
<input type="checkbox"/> Yes	Are you paying more than 50% of your annual household income for rent?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Have you been involuntarily displaced? If yes, please explain:
<input type="checkbox"/> No	
<i>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 application, you will be displaced.</i>	

The following answers determine preferences under current CIHA guidelines:

<input type="checkbox"/> Yes	Is any household member disabled? If yes, please attach documentation.
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Is any household member 62 years of age or older?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Is any household member a Coquille Tribal member?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Are you currently being served by another federally sponsored housing assistance program?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Is any household member a Coos, Lower Umpqua, or Siuslaw Tribal member?
<input type="checkbox"/> No	

CRIMINAL HISTORY

<input type="checkbox"/> Yes	Have you or any member of your household ever been arrested or convicted of illegal usage, distribution, or manufacture of a controlled substance, including marijuana? If yes, list person and charge:
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Have you or any member of your household ever been arrested or convicted of any felony or misdemeanor other than traffic violations? If yes, list person and charge:
<input type="checkbox"/> No	

PRIOR USE AND MAINTENANCE / REFERENCES

<input type="checkbox"/> Yes	Are you currently or have you within the last five years received housing assistance from CIHA or another Public or Indian Housing Authority? If yes:
<input type="checkbox"/> No	
	Name of Housing Authority:
	Location:
	From: To:
<input type="checkbox"/> Yes	Have you ever been a household member of a housing unit assisted by CIHA?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Do you or anyone listed in your household currently have an outstanding debt with a utility company (including telephone, cell phone, electric, water, gas, cable TV, or internet)? If yes:
<input type="checkbox"/> No	
	Name of person owing debt:
	Name of utility company:
	Amount owed:
	Name of person owing debt:
	Name of utility company:
	Amount owed:
	Please attach additional sheet if necessary.

LANDLORD REFERENCES (List all landlords, starting with most recent)

Current Landlord Name	Landlord Mailing Address (incl. city/ST/Zip)	Landlord Phone Number	Landlord Email Address
Your Address (incl. City/ST/Zip)	Rented Since	Amount of Rent	Reason for Wanting to Leave
Previous Landlord Name	Landlord Mailing Address (incl. city/ST/Zip)	Landlord Phone Number	Landlord Email Address
Your Address at that Time (incl. City/ST/Zip)	Rented From (Month/Year)	Rented To (Month/Year)	Amount of Rent
Previous Landlord Name	Landlord Mailing Address (incl. city/ST/Zip)	Landlord Phone Number	Landlord Email Address
Your Address at that Time (incl. City/ST/Zip)	Rented From (Month/Year)	Rented To (Month/Year)	Amount of Rent

Please attach additional sheet if necessary.

If you answer yes to any of the following questions, please explain below:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been evicted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been sued by a landlord or by a neighbor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever sued a landlord or a neighbor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed for bankruptcy?

HOUSING PROGRAM PREFERENCE

<input type="checkbox"/> Rental unit on Tribal Lands	<input type="checkbox"/> Rental assistance off Tribal Lands	<input type="checkbox"/> First available
<input type="checkbox"/> Emergency rental unit or rental assistance (Attach referral from social services provider.)		

APPLICANT CERTIFICATION

The information you have 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 information regarding 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 or knowingly misrepresent any information.

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

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal criminal law and 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.

I certify that all information provided on the attached forms is accurate and complete to the best of my knowledge and belief.

SIGNATURES

Head of Household: _____ **Date:** _____

Adult Household Member: _____ **Date:** _____

Adult Household Member: _____ **Date:** _____

If you feel that you have been discriminated against, please call the HUD Fair Housing Complaint Line at 1-800-669-9777.



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APPLICANT AUTHORIZATION FOR THE RELEASE OF INFORMATION

I am applying for certain housing assistance services from the Coquille Indian Housing Authority. As part of my application for services, I am required to provide background information for determination of my eligibility.

Consent: I authorize and direct any federal, state, tribal, local, or private 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 program participation and to maintain my continued assistance under any and all CIHA programs no matter the funding source. I understand and agree that my signature below authorizes CIHA, the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of the Treasury, the Coquille Indian Tribe, and any other federal, state, tribal, local, or private funding agency, organization, or individual granting or loaning funds to CIHA to use any information received under this release to administer and enforce their respective program rules and policies. I hereby authorize the release of any and all records or other information regarding me and my household, in whatever format, that a person or entity has in their or its possession to the Coquille Indian Housing Authority.

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; utility costs; disability assistance expense; Social Security programs, etc. 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 Individuals that may be contacted: Groups or individuals that I authorize to release the above information include but are not limited to: current and 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 U.S. Department of Veterans Affairs and Social Security Administration; any federal, state, tribal, or local human services, health, 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 CIHA may conduct computer matching programs to verify the information supplied for my application or recertification, 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. CIHA may, in the course of its duties, exchange such automated information with other federal, state, tribal, and local agencies.

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to the Coquille Indian Housing Authority. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Print Applicant Name

Applicant Signature

Social Security Number

Date Signed



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CONFLICT OF INTEREST Provision of Housing Assistance to Related Party

Applicant Name: _____ **Date:** _____

Program: _____

Relationships Requiring Disclosure: Are you or a member of your household related to any of the persons listed below in any of the following capacities: self, father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, partner, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister; business associate; or other close affiliation? If so, please check all that apply and provide the name of the related party and nature of the relationship.

- ___ Member of the CIHA Board of Commissioners: _____
- ___ Immediate family member of a CIHA Board member: _____
- ___ Business associate of a CIHA Board member: _____
- ___ Member of the Coquille Tribal Council: _____
- ___ Immediate family member of a Tribal Council member: _____
- ___ Business associate of a Tribal Council member: _____
- ___ Member of CIHA staff: _____
- ___ Immediate family member of a CIHA staff member: _____
- ___ Business associate of a CIHA staff member: _____
- ___ Other: _____

Applicant Signature

For CIHA Staff Use Only:

Posted: _____ Date/Initials Removed: _____ Date/Initials Calendar Days: _____

Notice to HUD: _____ Date/Initials Began Participation: _____ Date/Initials