

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, and then other American Indian or Alaska Natives (AIAN). 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
- ☐ Completed and **signed Conflict of Interest form**
- ☐ Completed and **signed IRS Form 4506-T** (Request for Transcript of Tax Return) **for each adult** household member - access here: https://www.irs.gov/pub/irs-pdf/f4506t.pdf
- ☐ 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 American Indian or Alaska Natives (AIAN) 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 Rental Assistance Program (ERAP)

The Emergency Rental Assistance Program provides special, short-term support to qualifying Native American individuals and families who are homeless or unstably housed. To be eligible for Emergency Rental Assistance, an applicant must be referred by a recognized social or community 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, and then other American Indian or Alaska Natives (AIAN), there are two 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 return the application, forms, 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.

U.S. Department of Housing and Urban Development
Office of Inspector General

Please read and complete page 2.

November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house:
- Required to repay all overpaid rental assistance you received:
- Fined up to $10,000:
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing The Application

When you answer application questions, you must include the following information:

Income

- All sources of money you or any member of your household receive (wages. welfare payments, alimony, social security, pension, etc.):
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit: dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets	• All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you. • Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children. • The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
Signing the Application	• Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. • When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. • Information you give on your application will be verified by your housing agency. • In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.
Recertifications	You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms: • All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members. • Any move in or out of a household member; • All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.
Beware of Fraud	You should be aware of the following fraud schemes: • Do not pay any money to file an application; • Do not pay any money to move up on the waiting list; • Do not pay for anything not covered by your lease; • Get a receipt for any money you pay; • Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).
Reporting Abuse	If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

 THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION

Printed Name

Signature

Address

Date

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

☐ Yes
☐ No

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.

HOUSEHOLD EXPENSES

☐ Yes ☐ No	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? **If yes, please attach documentation.**

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

☐ Yes ☐ No	Do you have out-of-pocket medical expenses?
☐ Yes ☐ No	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?
☐ Yes ☐ No	Do you have a disability that requires reasonable accommodation?

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

PREFERENCES

The following answers determine Federal Preferences under present HUD guidelines:

☐ Yes ☐ No	Is your present home substandard? If yes, please 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.*
☐ Yes ☐ No	Are you paying more than 50% of your annual household income for rent?
☐ Yes ☐ No	Have you been involuntarily displaced? If yes, please 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 application, you will be displaced.*

The following answers determine preferences under current CIHA guidelines:

☐ Yes ☐ No	Is any household member disabled? **If yes, please attach documentation**.
☐ Yes ☐ No	Is any household member 62 years of age or older?
☐ Yes ☐ No	Is any household member a Coquille Tribal member?
☐ Yes ☐ No	Are you currently being served by another federally sponsored housing assistance program?
_____	Number of dependents in your household.

CRIMINAL HISTORY

☐ Yes ☐ No	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:
☐ Yes ☐ No	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:

PRIOR USE AND MAINTENANCE / REFERENCES

☐ Yes ☐ No	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: Name of Housing Authority: Location: From: To:
☐ Yes ☐ No	Have you ever been a household member of a housing unit assisted by CIHA?
☐ Yes ☐ No	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: 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 (inc. 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 (inc. 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:

☐ Yes ☐ No	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?

HOUSING PROGRAM(S) REQUESTED

☐ **Rental unit on Tribal Lands** ☐ **Rental assistance off Tribal Lands (MHAP)** ☐ **First available**

☐ **Emergency Rental Assistance Program (ERAP)** - Attach referral from social services provider

OTHER

☐ Yes ☐ No	Are you currently homeless?
☐ Yes ☐ No	Have you recently received an eviction or foreclosure notice?
☐ Yes ☐ No	Have you recently received a utility shut-off notice?
☐ Yes ☐ No	Are you requesting payment of application fees or deposit for a rental?

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 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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Please complete next page.

Record No. _____



Coquille Indian Housing Authority

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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

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(541) 888-6501 • (800) 988-6501 • FAX (541) 888-8266