



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.

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 Payment (MHAP) Program

The MHAP Program is a tenant-based, monthly rental assistance opportunity. MHAP is 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 substantially 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.

Home Grant and Occupancy (HomeGO) Program

The HomeGO Program allows qualified low-income Coquille Tribal families who are participants in the Low-Income Rental Program on Tribal Lands to transition in place to a lease-purchase homebuyer agreement 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 is paid back to CIHA over a 25-year term. The loan is re-amortized annually based on the current national average interest rate, capped at 6%.

HUD Section 184 Loan Guarantee Program

The HUD Section 184 Loan Program provides loan guarantees for refinancing, construction, and acquisition of single-family homes for Native Americans. 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 loan guarantee fee. Approximately 41% of monthly income may be dedicated toward a mortgage payment. There are no maximum income limits. Application may be made directly to any federally-approved lending institution under this program. For more information, please contact the CIHA office.

Process and Outline from Application to Receiving Housing Assistance

A complete application includes:

- ✓ Copy of document verifying enrollment in a federally recognized tribe, NAHASDA-eligible state recognized tribe, or native entity within the state of Alaska
- ✓ Copy of photo ID for all adult household members
- ✓ Copy of Social Security card for all household members
- ✓ Verification of income for all household members
- ✓ Verification of all assets
- ✓ Authorization for Release of Information form signed by all adult household members
- ✓ Completed and signed IRS Form 4506-T - Request for Transcript of Tax Return
- ✓ Verification of diagnosed disability, if applicable
- ✓ Copy of marriage certificate or documentation of a stable family relationship, if applicable
- ✓ Verification of out-of-pocket medical and/or child care expenses, if applicable

CIHA conducts the following to determine eligibility:

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 marijuana), 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 the MHAP Program.

Staff will notify the applicant in writing of any items of concern. The applicant will be afforded an opportunity to respond in regard 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.

The 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 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:

OF POINTS:

For any of these three situations:

10 (even if all three situations apply)

Involuntarily Displaced

Substandard Housing

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 for 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 new 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 through the MHAP Program, participants receive a document of participation valid for 60 days.

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

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

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

**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 AKA's. **Please print using ink!**

Head of Household (HH):

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 HH	SSN	DOB M F
Name	AKA	Tribe
Relation to HH	SSN	DOB M F
Name	AKA	Tribe
Relation to HH	SSN	DOB M F
Name	AKA	Tribe
Relation to HH	SSN	DOB M F
Name	AKA	Tribe
Relation to HH	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 any bank accounts, certificates, stocks, bonds, real estate, boats, mobile homes, pension or retirement accounts, life insurance with cash value, or any other assets:

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 <input type="checkbox"/> 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 explain: _____ _____

HOUSEHOLD EXPENSES

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have out-of-pocket child care expenses that are necessary to enable a family member to be gainfully employed or further his/her education? If yes, please attach documentation.
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This section to be completed ONLY by applicants 62 years or older, or applicants with a disability:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have out-of-pocket medical expenses?
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your present home substandard? (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.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you paying more than 50% of your annual household income for rent?
<input type="checkbox"/> Yes <input type="checkbox"/> 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:

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

CRIMINAL HISTORY

<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
<input type="checkbox"/> Yes <input type="checkbox"/> 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

<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been a household member of a housing unit assisted by CIHA?
<input type="checkbox"/> Yes <input type="checkbox"/> 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 utility company: _____ Name of person owing debt: _____ Amount owed: _____ Please attach additional sheet if necessary.

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

Current Landlord Name	Landlord Mailing Address (inc. 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 (inc. city/ST/Zip)	Landlord Phone Number	Landlord Email Address
Your Address at that Time (inc. 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 (inc. 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 attach explanation:

<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

- Renting a home on Tribal Lands Rental assistance off Tribal Lands First available

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.

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

Adult HH Member signature: _____ **Date:** _____

Adult HH Member signature: _____ **Date:** _____

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

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. Coquille Indian Housing Authority, 2678 Mexeye Loop, Coos Bay, OR 97420 (541) 888-6501	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. | 12 / 31 / 2015 | / / | / / | / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions. Phone number of taxpayer on line 1a or 2a

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date