



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

COMMUNITY HEAT PUMP DEPLOYMENT PROGRAM (CHPDP) APPLICATION

The purpose of the Community Heat Pump Deployment Program is to provide financial assistance towards the purchase and installation of heat pumps and related upgrades for Coquille Tribal members who own and occupy a residence in the State of Oregon where the heat pump will be installed.

*Program funded by the Oregon Department of Energy.
Assistance is limited to the availability of funds.*

APPLICATION CHECKLIST

- Completed and signed application
- Documentation showing homeownership (Property tax statement for homes located off of Tribal trust lands, executed lot lease for homes located on Tribal trust lands)
- Copy of Coquille Tribal ID or proof of enrollment
- Copy of Driver's License or Photo ID
- Signed Release of Information (ROI) Form

Please provide supporting documentation for any of the following preference categories:

- Reliance on bulk fuels or electric resistance heating. (Photos and description of current heating equipment.)
- Residence does not have a functioning heating or cooling system. (Photos and description of current heating or cooling equipment.)
- Coquille Elder aged 60 years or older. (If not shown on photo ID.)
- Disabled person having a physical or mental impairment that substantially limits one or more major life activities. (Physician or SSI statement.)
- Coquille Youth between 15 and 24 years old. (If not shown on photo ID.)
- Residence is located in a rural community with a population of less than 50,000 people. (Contact CIHA for assistance or print current U.S. Census ACS data at <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>.)

Preferences continued on next page

- Residence is located between the Oregon coast to the crest of the coast range. (Contact CIHA for assistance or print map showing your address at <https://www.coastalatlantlas.net/czfinder/>.)
- Residence is in a place with limited access to public works and services such as roads, transportation, power, water, or schools. (Contact CIHA for assistance.)
- Household income is equal to or below the highest of 200% of the federal poverty level or 60% of State Median Income. (Paystubs, W-2s or other wage statements, Social Security award letter, IRS Form 1099s, tax filings, bank statements demonstrating regular income, or an attestation from an employer.)

Return your application and documentation to:

Coquille Indian Housing Authority
Attn: CHPDP Program
2678 Mexeye Loop
Coos Bay, OR 97420

or

chpdp@coquilleiha.org

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

Incomplete applications cannot be processed or funded.

FAMILY INFORMATION

Please print in ink. Include **all** persons living in your home and attach income documentation for each person that receives income.

Head of Household:

Name		CIT Enrollment #
Physical Address	City, State, Zip	Phone
Mailing Address	City, State, Zip	Email Address

Other Household Members:

Name	CIT Enrollment #
Name	CIT Enrollment #
Name	CIT Enrollment #
Name	CIT Enrollment #
Name	CIT Enrollment #
Name	CIT Enrollment #

INFORMATION ABOUT YOUR HOME

Structure Type	<input type="checkbox"/> Framed, constructed in place: # bedrooms _____ <input type="checkbox"/> Manufactured Home: # bedrooms _____ <input type="checkbox"/> RV <input type="checkbox"/> Other _____
Do you currently have heat in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Heat Type (check all that apply)	Bulk Fuel: <input type="checkbox"/> Wood <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Pellet Stove Electric: <input type="checkbox"/> Wall Heaters <input type="checkbox"/> Baseboard <input type="checkbox"/> Central HVAC (forced air) Heat Pump: <input type="checkbox"/> Ducted <input type="checkbox"/> Ductless (mini split) Other: <input type="checkbox"/> Space Heaters <input type="checkbox"/> Radiant Flooring <input type="checkbox"/> Inoperable <input type="checkbox"/> None <input type="checkbox"/> _____
Current Cooling Type (check all that apply)	Electric: <input type="checkbox"/> Window Unit <input type="checkbox"/> Portable unit <input type="checkbox"/> Central HVAC (forced air) Heat Pump: <input type="checkbox"/> Ducted <input type="checkbox"/> Ductless (mini split) Other: <input type="checkbox"/> Evaporative (swamp cooler) <input type="checkbox"/> Fan(s) <input type="checkbox"/> None <input type="checkbox"/> Inoperable <input type="checkbox"/> _____
Utility provider name and phone number	

PREFERENCES (Check all that apply and attach documentation.)

- Reliance on bulk fuels or electric resistance heating. (Photos and description of current heating equipment.)
- Residence does not have a functioning heating or cooling system. (Photos and description of current heating or cooling equipment.)
- Coquille Elder aged 60 years or older. (If not shown on photo ID.)
- Disabled person having a physical or mental impairment that substantially limits one or more major life activities. (Physician or SSI statement.)
- Coquille Youth between 15 and 24 years old. (If not shown on photo ID.)
- Residence is located in a rural community with a population of less than 50,000 people. (Contact CIHA for assistance or print current U.S. Census ACS data at <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>.)
- Residence is located between the Oregon coast to the crest of the coast range. (Contact CIHA for assistance or print map showing your address at <https://www.coastalatlantlas.net/czfinder/>.)
- Residence is in a place with limited access to public works and services such as roads, transportation, power, water, or schools. (Contact CIHA for assistance.)
- Household income is equal to or below the highest of 200% of the federal poverty level or 60% of State Median Income. (Paystubs, W-2s or other wage statements, Social Security award letter, IRS Form 1099s, tax filings, bank statements demonstrating regular income, or an attestation from an employer.)

APPLICANT CERTIFICATIONS

Applicant Initials	I agree to allow CIHA or its agent to perform and document pre- and post-installation inspections of my heating and/or cooling system.
Applicant Initials	<p>I understand that the CHPDP may not cover all of the costs to install a new heat pump heating and cooling system and necessary related upgrades, and I agree to pay directly to the contractor any amounts over the grant cap.</p> <p>Please note: CIHA may be able to help you find additional resources to offset any out-of-pocket costs.</p>

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 or funding agency.)

I understand that I am required to cooperate in supplying all information needed to determine my eligibility. I certify that all information provided above is accurate and complete to the best of my knowledge and belief and understand that knowingly supplying false, incomplete, or inaccurate information is punishable by law and is grounds for denial or termination of assistance.

 APPLICANT SIGNATURE

 DATE SIGNED

OFFICIAL USE ONLY		
Data entry by _____	Date _____	Application # _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason _____		



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

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