



COQUILLE INDIAN HOUSING AUTHORITY

MONTHLY HOUSING ASSISTANCE PROGRAM (TENANT-BASED RENTAL ASSISTANCE)

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SECTION 1: PURPOSE

This Monthly Housing Assistance Program (MHAP) policy provides direction to staff for administration of a tenant-based, monthly rental assistance program. 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 to that program in its operation. Units of assistance funded by HUD are available to low-income Coquille Tribal members and other Native Americans within the five-county area of operation of the Coquille Indian Housing Authority (CIHA). Units of assistance funded by the Coquille Indian Tribe are available to low-income Coquille Tribal members throughout the United States.

The Monthly Housing Assistance Program was developed to comply with provisions of the Native American Housing and Self-Determination Act of 1996 (NAHASDA) and the implementing regulations of the Act found in 24 Code of Federal Regulations (CFR), Part 1000. Other regulations which apply to the operation of this program will be noted in the text of this policy under the areas where they apply.

Under the provisions of the Indian Civil Rights Act, all persons involved in this program are assured due process and equal treatment.

In accordance with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), no otherwise qualified individual with ~~a disability~~~~handicaps~~ shall solely by reason of ~~their~~~~his~~~~her~~ ~~handicap~~~~disability~~, be excluded from participation in, be denied the benefits of, or be subject to discrimination under this program.

SECTION 2: APPLICATIONS & ELIGIBILITY

THE MONTHLY HOUSING ASSISTANCE PROGRAM IS OPERATED TO FIRST SERVE THE NEEDS OF MEMBERS OF THE COQUILLE INDIAN TRIBE, THEN TO SERVE THE NEEDS OF OTHER NATIVE AMERICANS. All interested persons are to be encouraged to submit applications. They are to be informed that available assistance will be provided to eligible applicants based on their position on the waiting list as determined by selection preferences. If all preferences are equal, the earliest application date will control. They must also be informed that if they need assistance in completing the application, staff is available to assist them. Families must submit a full and complete application, including authorizations, before they can be determined eligible or be placed on the waiting list. The staff member receiving the application will also place ~~their~~~~his~~~~her~~ initials next to the date stamped on the application.

The application form will be designed by staff to gather enough information to allow a full assessment of the family's eligibility, consistent with federal and Housing Authority requirements that apply at the time of submission.

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The following eligibility requirements must be met prior to persons being selected to participate in MHAP:

- A. They must be an Indian family. The Indian Self-Determination and Education Assistance Act defines “Indian” to mean a person who is a member of an Indian tribe and defines “Indian tribe” to mean any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined or established pursuant to the Alaska Native Claims Settlement Act, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. ~~Indian is defined as any person recognized as being an Indian or Alaska Native by a Tribe, the federal government, or any state.~~ At least one member of the family must be Indian. This must be verified by a family member submitting a copy of a BIA Certificate of Degree of Indian Blood (CDIB), enrollment verification letter issued by a Tribal enrollment officer, or a Tribal Enrollment Card.
- B. Family means two or more persons related by blood, marriage, or adoption, or who have evidenced a stable domestic relationship by living regularly together in the same dwelling unit for at least six months, or who have a child in common, and includes families consisting of a single ~~disabled~~handicapped person and the remaining member of a participant family that becomes non-Indian due to the incapacity or death of the qualifying family member.
- ~~C. A non-Indian family may receive assistance under MHAP if CIHA determines that the non-Indian family’s presence in the community is essential to the well being of Indian families and that the non-Indian family’s housing needs cannot otherwise reasonably be met.~~
- D. The applicant family must have an annual income at, or below, income limits established and approved by HUD. ~~(See Appendix A.) Exceptions may only be made by the Executive Director from waiting lists, and consistent with E., below.~~
- ~~E. No more than ten percent of the annual grant amount will be used to assist families whose income exceeds the income limits.~~
- F. For a family to be eligible for admission to MHAP, they must be willing and able to meet all contractual obligations.
- G. To be admitted, a single pregnant woman must have an income at or below the income limit for one person. In establishing the appropriate space standards, staff must consider the size of the household with the unborn child included. However, the single pregnant woman shall not be entitled to the benefit of the \$480 dependent allowance until after the birth of the child.
- H. Eligibility of single persons in the process of adopting an individual under age 18 is to be determined identically to that of a single pregnant woman; but persons in the process of securing legal custody through other means must provide evidence of a reasonable likelihood of success to be admitted.

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- I. To remain on the waiting list, applicants must inform staff in writing of any changes in income as they occur. Staff will reassess eligibility of the applicant based on any change of income and ensure that the applicant meets all eligibility requirements for admission. Should an applicant become ineligible based on a change in income, staff will notify the applicant in writing that ~~they~~~~he/she~~ no longer ~~qualify~~~~qualifies~~ for admission into the program. In addition to income changes, disqualification may also be caused by program and policy changes. In cases where annual income is seasonal or sporadic, a three-year average of income will be used for the family member whose income cannot otherwise be determined.
- J. Applicant information will be verified as soon as possible after submission of an application. However, if CIHA has a long waiting list, staff may do an initial assessment of a family's eligibility and suitability at the time of application and wait to do a more complete evaluation until shortly before admission. By doing this, staff will avoid the time and expense involved in evaluating applicants who may withdraw from the waiting lists before their names can be reached.
- K. To be eligible, families must disclose and verify Social Security Numbers for all family members over the age of six years, per 24 CFR 5 Subpart B. (See Appendix ~~CD~~.)

Ineligibility

Families who have applied for MHAP, and who, for any reason, have been determined to be ineligible will be notified by staff in writing, stating the reasons for their ineligibility. The family will be entitled to an informal hearing under the provisions of the Adverse Action Appeal policy. All information relative to the rejection of an applicant family must be documented and placed in the applicant family's file for future reference. Applicants may also be determined to be ineligible for one or more of the following:

- 1) Failing to repay previous debts owed to any Housing Authority or other HUD program, or to a utility company;
- 2) Committing fraud in connection with any HUD program, or failing to disclose previously committed fraud in connection with any HUD program;
- 3) Providing false information on the application;
- 4) Non-cooperation (for example, refusing or failing to complete required forms or to supply requested information);
- 5) Inclusion on HUD's List of Suspensions, Debarments, and Limited Denials of Participation; or,
- 6) Having a history of abuse of units, of abuse of neighbors, of selling illegal drugs or recent abuse of drugs, or of criminal activity.

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Confidentiality

In all assisted housing programs, families are required to reveal personal information about themselves and their finances that most citizens are allowed and usually choose to keep private. In many ways, assisted housing program participants become vulnerable to harm through others' gossip and ridicule if information about them is not kept confidential by staff. They do not give up their right to privacy simply because they are participating in a Housing Authority program. Staff will respect applicants and participants by keeping all information about them in strictest confidence, using it only when necessary in their work. Violation of confidentiality is grounds for immediate dismissal of staff.

SECTION 3: WAITING LISTS

- A. General - Staff will maintain separate waiting lists of eligible Coquille Indian Tribal members and of other eligible applicants for housing assistance. Staff will take into consideration the following factors before placing an applicant family on the waiting list (see Appendix AB):
- 1) Number of family members, and
 - 2) Determination of bedrooms needed, ~~and~~
 - 3) ~~Determination of need for a handicapped-accessible unit.~~
- B. Staff will place the applicant family on the waiting list appropriate to the ~~program applied for, needed~~ number of bedrooms needed, ~~and need for a handicapped-accessible unit. The need for a handicapped-accessible unit will be determined by information derived from the application. Staff will not determine the need for a handicapped-accessible unit based solely on visual contact with the applicant.~~ Eligible applicants will be placed on the waiting list by the date and time the application was received by the Housing Authority. Applicants may be determined ineligible for other CIHA programs while being determined for MHAP eligibility.
- C. Eligible Applicants - For each applicant found to be eligible for admission, staff will establish a file containing at least the following material:
- 1) Application;
 - 2) Verification documents;
 - 3) Copies of staff's Notification of Eligibility; and,
 - 4) All correspondence and memoranda regarding the applicant.

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D. Managing Waiting Lists - Staff will update waiting lists at least annually. Each applicant will be contacted to update their application and staff will reaffirm the applicant's eligibility, interest, and need for housing. This may be done by mail or by a documented telephone call. Any statements received will become a part of the applicant's file record.

SECTION 4: SELECTION OF FAMILIES

Family selection will be made by staff from the top of the waiting lists of eligible applicants. ~~Final approval of selected applicants will be made by the Executive Director.~~ The rating of each applicant will be done at the time of application and may be revised whenever family circumstances change. First preference shall be given to Coquille Indian Tribal members and then other eligible Indian applicants. An applicant qualifies for a selection preference if:

- 1) The applicant family has been involuntarily displaced and is not living in standard, permanent, replacement housing, or within no more than six months from the date of certification or verification, the applicant will be displaced (as defined in 24 CFR Part 5.420);
- 2) The applicant family is living in substandard housing (as defined in 24 CFR Part 5.425);
- 3) The applicant family is paying more than 50% of family income for rent (as defined in 24 CFR Part 5.430);
- 4) The applicant family is not a current participant in another subsidized federally sponsored housing assistance program operated by CIHA, ~~or~~ another Indian or Public Housing provider, or other affordable housing provider.
- 5) The applicant family is Elderly (as defined in 24 CFR Part 5.403);
- 6) The applicant family is Disabled/Handicapped (as defined in 24 CFR Part 5.403); or,
- 7) The applicant family has one or more dependents (as defined in 24 CFR Part 5.603).

Staff will inform all applicants of the availability of selection preferences and will give all applicants an opportunity to certify that they qualify for a selection preference. Staff will verify information provided by the applicant and will determine if the applicant qualifies for a selection preference. Once a determination is made, staff will notify the applicant of the determination.

~~Staff may provide for circumstances in which applicants who do not qualify for a selection preference are admitted before applicants who are so qualified. Not more than ten percent of the applicants who are initially admitted into the program in any given one year period may be applicants in this category.~~

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SECTION 5: UNIT ELIGIBILITY

The unit selected by a family participating in HUD-assisted MHAP must be located within the five-county service area of CIHA (the Oregon counties of Coos, Curry, Douglas, Jackson, and Lane). The unit selected by a family participating in Tribally-assisted MHAP must be located within the United States. In addition, the unit must meet the following criteria in order to be eligible for assistance payments.

- A. For rental units built before 1978, the landlord must provide the required disclosure of information on lead-based paint as described in 24 CFR Part 35.92. CIHA recommends that landlords use the form “Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards” that is shown as Appendix ~~FH~~ of this policy.

Rental units built before 1978 ~~located within the five-county service area~~ to be occupied by families with one or more children under the age of six must be tested for the presence of lead-based paint. Units found to contain lead-based paint are not eligible for assistance.

- B. The unit must meet the Housing Quality Standards which define decent, safe, and sanitary housing as described in 24 CFR Part 982.401, when initially brought into the program and continuously while occupied by the participating family. A determination that this requirement is met will be made by CIHA using the following methods.

- 1) Before the lease for the unit is approved by CIHA, the family and the landlord shall certify in writing that the unit has been checked with the Housing Quality Standards Checklist (Appendix ~~GH~~ of this policy) and is in full compliance with the conditions required by the Checklist.
- 2) The family and the landlord shall recertify, at least annually, and at other intervals if required by CIHA, that the unit continues to be in compliance with the required standards.

- C. The owner of the unit must agree to lease the unit to the family under a written lease form which is approved by CIHA and includes the lease addendum described in 24 CFR Part 982.308 (c). (See Appendix ~~EG~~.) In addition, the owner must agree to:

- 1) Maintain the unit in decent, safe, and sanitary condition during the term of the lease, and
- 2) Provide copies to CIHA of all notices given to the family simultaneously with delivery to the family.

- D. The following types of housing are not eligible for MHAP assistance:

- 1) A public housing or Indian housing unit;

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- 2) A unit receiving project-based assistance under Section 8 of the 1937 Housing Act;
- 3) Nursing homes, board and care homes, or facilities providing continual psychiatric, medical, or nursing services;
- 4) College or other school dormitories;
- 5) Units on the grounds of penal, reformatory, medical, mental, and similar public or private institutions; or,
- 6) A unit occupied by its owner or by a person with any interest in the dwelling unit. (However, assistance may be provided to the owner of a manufactured home leasing a manufactured home space.)

SECTION 6: INCOME

Annual income is the anticipated total income from all sources received by the family head and spouse (even if temporarily absent) and by each additional member of the family aged 18 and over. This includes all net income derived from assets for the twelve-month period following the effective date of the initial determination or re-certification of income. HUD may allow certain types of income to be excluded, such as some per capita payments, and staff is to make all allowable exclusions. Annual income is defined by 24 CFR Part 5 Subpart F (5.609).

A. Income includes but is not limited to the following.

- 1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commission fees, tips, and bonuses, and other compensation for personal services for all household members.
- 2) The net income from operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness cannot be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted based on straight-line depreciation as provided in Internal Revenue Service regulations. Any withdrawals of cash or assets from operation of a business or profession will be included as income, except to the extent that the withdrawal is reimbursement of cash or assets invested in the operation by the family.
- 3) Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness cannot be used as a deduction in determining net income. An allowance for depreciation is permitted only as authorized in the preceding paragraph. The costs that would be incurred in disposing of the assets will be excluded from the income. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is a reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income will include the greater of the actual

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income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rates determined by HUD.

- 4) The full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump sum payment or the prospective monthly amounts for the delayed start of a periodic payment.
- 5) Payments in lieu of earnings such as unemployment and disability compensation, worker's compensation, and severance pay. (Except as provided in B. 3) below.)
- 6) Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from persons not residing in the unit.
- 7) All regular pay, special pay, and allowances of a member of the Armed Forces.
- 8) Any earned income tax credit to the extent that it exceeds income tax liability.

B. The following are excluded from annual family income:

- 1) Income from employment of children (including foster children) under the age of 18.
- 2) Payments received for the care of foster children.
- 3) Lump sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and workers compensation), capital gains, and settlement for personal or property losses.
- 4) Amounts received by the family that are specifically for or in reimbursement of the cost of medical expenses for any family member.
- 5) The income of a live-in aide. A live-in aide is defined as a person who resides with an elderly or, disabled, ~~or handicapped~~ person and is determined by a healthcare professional or the Executive Director to be essential to the care and well-being of the person, is not obligated to support the person, and would not be living in the unit except to provide necessary supportive services. A relative may qualify as a live-in aide if all of these conditions are met. An elderly or, disabled, ~~or handicapped~~ person needing the live-in aide does not have to be the head, spouse, or sole member of the family. Therefore, it is not necessary to qualify as an elderly family in order to have a live-in aide. A live-in aide does not qualify for continued occupancy as a remaining family member.
- 6) Amounts of educational scholarships paid directly to the student or the educational institution and amounts paid by the government to a veteran for use in meeting the costs of tuition, fees, books, equipment, materials, supplies, transportation, and

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miscellaneous personal expenses of the student. Any amount of such scholarship or payment to a veteran not used for the above purposes that is available for subsistence is to be included as income.

- 7) Special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
- 8) Amounts received under training programs funded by HUD.
- 9) Amounts received by a disabled person that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency.
- 10) Amounts received by a participant in other publicly-assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program.
- 11) Temporary, non-recurring, or sporadic income (including gifts).
- 12) Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance under the United States Housing Act of 1937. The different types of income that are subject to such exclusion are defined in 24 CFR Part 5. 609 (c).

C. Deductions from total family income will be made as follows:

- 1) \$480 for each dependent.
- 2) \$400 for an elderly or; disabled, ~~or handicapped~~ family.
- 3) Medical expenses.
 - a) For any elderly family, a medical deduction will be given for medical expenses that exceed three percent of gross family income. Medical expenses are those medical expenses, including medical insurance premiums, which are anticipated during the period for which annual income is computed and that are not covered by insurance.
 - b) ~~Disability~~~~Handicapped~~ assistance expenses greater than or equal to three percent of annual income. An allowance for ~~disabilityhandicapped~~ assistance expenses computed as provided in this section plus an allowance for medical expenses for any elderly family that is equal to the family's medical expenses and that has ~~disabilityhandicapped~~ assistance expenses that are less than three percent of annual income. An allowance for combined ~~disabilityhandicapped~~ assistance expenses

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and medical expenses that is equal to the amount by which the sum of these expenses exceeds three percent of annual income.

- 4) Childcare expenses for children under 13 years of age where necessary to enable a family member to be gainfully employed or to further ~~their~~~~his~~~~her~~ education. The amount deducted cannot exceed the amount of income derived from such employment.
- 5) Reasonable ~~disability~~~~handicapped~~ assistance expenses that are anticipated during the period for which annual income is computed for attendant care and auxiliary apparatus for a ~~handicapped or~~ disabled family member. These must be determined to be necessary to enable a family member (including the ~~handicapped or~~ disabled member) to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed from outside sources.

NOTE: If it is not feasible to anticipate a level of income over a twelve-month period, the income anticipated for a shorter period may be annualized, subject to a re-determination at the end of the shorter period.

SECTION 7: CERTIFICATION AND RE-CERTIFICATION OF FAMILY ELIGIBILITY

The family will certify, and staff will verify, a selected family's composition, income, and earnings prior to initial participation and will annually recertify family income for the purpose of determining continuing eligibility for assistance. Families receiving additional assistance pursuant to Section 9.B shall recertify income every sixty days.

- A. In verifying and certifying income for eligibility, appropriate authorizations for release of information must be obtained from all adult family members. Written consent must be provided to staff so that information can be obtained from employers and from local, state, and federal agencies providing payments to families. Each family must furnish information about the amounts and sources of all income to the household and may be required to produce tax returns, paycheck stubs, and any other evidence of income.
- B. The purpose of annual recertification of income is to establish continuing eligibility for the family to receive assistance. A family will be income-eligible for assistance until it is determined that family income is equal to or greater than 100% of area or national median income, whichever is greater. (~~See Appendix A.~~)—When it is verified that the family is earning this level of income, they will be informed that they have achieved the ability to pay their full rent and that assistance payments will cease thirty days after notification.

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SECTION 8: LEASING AND CONTRACTING WITH LANDLORDS

- A. The landlord must agree to lease the unit to the family under a written lease form which is approved by CIHA and includes the lease addendum described in 24 CFR Part 982.308 (c). (See Appendix EG.)
- B. CIHA will not approve a lease for a rental unit built before 1978 unless it includes a form containing the required disclosure of information on lead-based paint as described in 24 CFR Part 35.92. CIHA recommends that landlords use the form “Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards” which is shown as Appendix FH of this policy.
- C. The lease for the unit will be made strictly between the family and the landlord. CIHA will not be a party to the lease, nor will it represent either party of the lease. No contract will be implied or expressed between CIHA and either the tenant or the landlord in the lease or otherwise.

SECTION 9: MONTHLY ASSISTANCE PAYMENT STANDARDS

~~The amount of assistance paid to a participating family will be based on the number of bedrooms for which the family is determined eligible under CIHA standards.~~

~~The payment standard for a family is the lower of 1) the payment standard for the family unit size, which is defined as the appropriate number of bedrooms for the family under Appendix B, or 2) the payment standard for the size of the dwelling unit rented by the family.~~

- A. ~~Calculation of~~The monthly assistance payment standards will be 50% of the HUD Fair Market Rent for the area where a unit is located, based upon the following formula:
 - 1) ~~The total grant allocation under the NAHASDA Allocation Formula designated for Section 8 as described in 24 CFR Part 1000.302;~~
 - 2) ~~Minus eligible administrative expenses as described in 24 CFR Part 1000.236-238;~~
 - 3) ~~Divided by the number of families to be served to determine the average payment standard for a two-bedroom unit;~~
 - 4) ~~Adjusted by the percentage of difference in area Fair Market Rent for larger and smaller bedroom-sized units.~~
- B. If monthly rent at area Fair Market Rent exceeds 30% of family’s adjusted monthly income, the amount of assistance will be calculated and additional assistance will be provided ~~from the administrative expenses allocation~~ to ensure ~~that~~ the family pays no more than 30% of their adjusted monthly income for rent.

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- C. ~~The formula~~A monthly assistance payment standard calculation will be prepared for each new program participant and when a participant relocates to a different area. The monthly assistance payment standard will be adjusted annually to reflect current HUD Fair Market Rent for continuing participants~~done on an annual basis by CIHA staff to determine the payment standards. Payment standards are subject to change from time to time based on the funding source, needs of the Tribe, and other factors.~~ Participating families will be informed in advance of changes ~~that in funding which~~ may affect the amount of assistance they receive. ~~Calculations and a payment standards listing by bedroom size are contained in Appendix F.~~

SECTION 10: MONTHLY ASSISTANCE PAYMENTS TO FAMILY

After the lease has been approved and the family has moved into the unit, payments will be made monthly directly to the head of the participating family under the following conditions.

- A. Payment will be in the amount for which the family has been determined eligible based on Appendix ~~B~~C of this policy and as listed on the Document of Participation which is issued to the family. The payment will not be based on the actual size of the unit under lease.
- B. The family must present documentation to CIHA showing that the full current month's rent to the landlord has been paid. The documentation may be in the form of a receipt or statement signed by the landlord or landlord's agent. The documentation must show the name of the participant, the address of the unit, the rental period covered by the receipt, the total amount of rent paid, and the date paid.
- C. Payment will be mailed to the family within ten working days of CIHA's receipt of complete documentation of rent payment by the family.

SECTION 11: TERMINATION OF ASSISTANCE

- A. Termination of assistance will occur immediately upon written notice from CIHA to the family under the following circumstances:
- 1) If the family commits a program violation (see Section 12 of this policy),
 - 2) If the lease is terminated by mutual agreement or otherwise under the terms of the lease, or
 - 3) If the family vacates the unit with or without notice.
- B. Termination of assistance will occur after thirty days written notice from CIHA to the family under the following circumstances:
- 1) If the family fails to submit rent receipts for two consecutive months; or,

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- 2) When annual family income equals or exceeds 100% of area or national median income, whichever is greater ~~(see Appendix A and Section 7 of this policy)~~, or
- 3) If it is determined that available funds will no longer support the Monthly Housing Assistance Program.

SECTION 12: PROGRAM VIOLATIONS

Program violations are not always intentional and may result from a lack of understanding of program requirements on the part of program participants or staff. Other violations are a result of disregard or are intentional for a variety of reasons. Since it is not easy to tell the difference, it is important that violations be dealt with promptly and in a firm but fair manner. Staff will always provide equal treatment and due process and will always inform program participants of their right to an informal resolution or formal hearing under the Adverse Action Appeal policy if they disagree with the staff-imposed correction of violations.

PARTICIPANTS COMMIT A PROGRAM VIOLATION BY:

- Failing to submit requested verifications within thirty days;
- Failing to provide verification of Social Security Numbers;
- Failing to complete recertifications within thirty days;
- Failing to report changes in income and/or assets of household members within thirty days;
- Vacating the unit in violation of the Lease;
- Failing to keep utilities in service to the unit;
- Failing to use or maintain the home and/or property as required; or,
- Conducting themselves personally in a manner that is disruptive of their neighbors' right to "quiet enjoyment" of their homes.

PARTICIPANTS COMMIT A FRAUDULENT CRIMINAL VIOLATION BY ACTIONS SUCH AS:

- Knowingly omitting income or assets of self or household members;
- Knowingly under-reporting income or assets of self or household members;
- Transferring income or assets to obtain or retain false eligibility;
- Overstating deductions, allowances, or expenses;
- Using a false identity or false Social Security Number;

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- Using false documents; or,
- Falsifying the number of household members, etc.

If a participant commits a program violation, staff will notify the participant of the violation in writing. The participant will also be offered an opportunity for an informal hearing as provided in the Adverse Action Appeal policy and a jointly agreed upon work plan may be developed to correct the violation. Staff may also provide counseling to prevent further violations. If corrections are not forthcoming, termination from the program will result.

Any cases in which evidence indicates a fraudulent criminal violation has occurred will be referred for criminal prosecution.

SECTION 13: DEFINITIONS

AAA Policy: Adverse Action Appeal policy in force by CIHA.

Adjusted Income: Gross annual income less allowable deductions. Annual income is described in 24 CFR Part 5, Subpart F.

Childcare Expenses: Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, which enables the member(s) to be gainfully employed or to further ~~their~~his/her education. The deduction cannot exceed the amount received from such employment.

CIHA: Coquille Indian Housing Authority.

Dependent: A member of the family household (excluding foster children) other than the family head or spouse who is under 18 years of age or is a disabled person, ~~handicapped person~~, or full-time student.

Disabled Person: A disabled person as defined in Section 223 of the Social Security Act or in Section 102 of the Development Disabilities Services and Facilities Construction Amendments of 1970 or a person having a physical or mental impairment that:

- 1) Is expected to be long, continued, and of indefinite duration,
- 2) Substantially impedes the person's ability to live independently, and,
- 3) Is of a nature that such ability could be improved by more suitable housing conditions.

Displaced Person: A person who is displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized under federal disaster relief laws.

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Elderly Family: A family whose head or spouse (or sole member) is an elderly or; disabled, ~~or~~ ~~handicapped~~ person. It may include two or more elderly or; disabled, ~~or~~ ~~handicapped~~ persons living together, or one or more of these persons living with one or more live-in aides.

Elderly Person: A person who is at least 62 years of age.

Essential Person: CIHA will determine who is essential on a case-by-case basis, for example health, education, public safety, etc.

Family: Includes, in addition to the definition in Section 2, an elderly family or a single person as defined in this part, the remaining member of a participant family, and a displaced person.

Full-time Student: A person who is carrying a subject load that is considered full-time for day students under the standards and practices of the educational institution attended. An educational institution includes a vocational school with a diploma or certificate program, as well as an institution offering a college degree.

~~Handicapped Person: A person having a physical or mental impairment that:~~

- ~~1) — Is expected to be long, continued, and of indefinite duration,~~
- ~~2) — Substantially impedes the person's ability to live independently, and,~~
- ~~3) — Is of a nature that such ability could be improved by more suitable housing conditions.~~

IHA: An Indian Housing Authority.

Indian: Any person who is a member of an Indian tribe.

Live-in Aide: A person who resides with an elderly or; disabled, ~~or~~ ~~handicapped~~ person or persons and who (a) is determined by CIHA to be essential to the care and well-being of the person(s), (b) is not obligated for support of the person(s), and (c) would not be living in the unit except to provide necessary supportive services.

Manufactured Home: A manufactured structure that is built on a permanent chassis, is designed for use as a principal place of residence, and meets the required Housing Quality Standards.

Manufactured Home Space: A space leased by an owner to a family where a manufactured home owned and occupied by the family is located.

Net Family Assets: Includes net cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investment, excluding interest in Indian trust land and excluding equity accounts in HUD homebuyer programs. The value of necessary items of personal property such as furniture and automobiles shall be excluded. (In cases where a trust fund has been established and the trust is not revocable

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by or under the control of any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust.) Any income distributed from the trust fund shall be counted when determining Annual Income. In determining net family assets, CIHA shall include the value of any business or family assets disposed of by an applicant or tenant for less than fair market value (including a disposition in trust but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application, as applicable, in excess of the consideration received or important consideration not measurable in dollar terms. For further information about net family assets, see 24 CFR Part 5.603.

Other Definitions of terms used in these policies can be found in 24 CFR 1000 and 24 CFR Part 5.

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~~APPENDIX A: INCOME LIMITS~~

**~~National Median Income Limits
Published April 2, 2024~~**

Initial Eligibility Annual Income Limits (80% of National Median Income)	
Family Composition	Income
1 person	\$54,768
2 persons	\$62,592
3 persons	\$70,416
4 persons	\$78,240
5 persons	\$84,499
6 persons	\$90,758
7 persons	\$97,018
8 persons	\$103,277

Continuing Eligibility Annual Income Limits (100% of National Median Income)	
Family Composition	Income
1 person	\$68,460
2 persons	\$78,240
3 persons	\$88,020
4 persons	\$97,800
5 persons	\$105,624
6 persons	\$113,448
7 persons	\$121,272
8 persons	\$129,096

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APPENDIX BA: SELECTION PREFERENCE SCORING

All CIHA programs are operated to first serve the needs of members of the Coquille Indian Tribe, ~~then members of the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians, and~~ then other Native Americans.

Waiting List for Members of the Coquille Indian Tribe	
<u>Selection Preference</u>	<u>Points</u>
Involuntarily displaced	10
Substandard housing	10
Paying more than 50% of income for rent	10
Not being served by another subsidized federally sponsored housing assistance program	1
Elderly	1
Disabled Handicapped	1
Each dependent	1

Waiting List for Members of the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians	
<u>Selection Preference</u>	<u>Points</u>
Involuntarily displaced	10
Substandard housing	10
Paying more than 50% of income for rent	10
Elderly	1
Handicapped	1
Each dependent	1

Waiting List for Other Native Americans	
<u>Selection Preference</u>	<u>Points</u>
Involuntarily displaced	10
Substandard housing	10
Paying more than 50% of income for rent	10
Elderly	1
Disabled Handicapped	1

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Each dependent	1
----------------	---

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 preliminary application was received by CIHA, will be given priority. ~~ADA certified units will be filled with handicapped applicants on a priority basis.~~

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APPENDIX ~~CB~~: SELECTION CRITERIA FOR UNIT BEDROOM SIZE

In an effort to ensure that overcrowding or under-utilization of units is not occurring, staff will use selection criteria for determining the number of unit bedrooms needed by applicants on the waiting list.

- A. The chart below outlines the minimum and maximum number of family members per unit bedrooms.

<u>Number of Bedrooms</u>	<u>Number of People</u>	
	<u>Minimum</u>	<u>Maximum</u>
1	1	2
2	2	3 or 4
3	3	5 or 6
4	4	7
5	6	10

- B. In addition to the chart, the following will be considered in determining the required number of unit bedrooms:

- Head of Household/Spouse – one bedroom required;
- Male member of family other than Head or Spouse – one bedroom required;
- Female member of family other than Head or Spouse – one bedroom required; and,
- Two members of the same sex may share a bedroom.

- C. Exceptions to the occupancy standards may be made for the following:

- 1) Single parent families requiring an additional bedroom, which is not reflected in the schedule;
- 2) The occupancy of extended family members when necessary;
- 3) The accommodation of families requiring an additional bedroom due to health or medical reasons;
- 4) Possible growth of a potential family; and,
- 5) To include a pregnant single woman.

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The age difference between two family members of the same sex, with a minimum age difference of five years or greater, will be considered in determining the need for additional unit bedrooms.

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APPENDIX DC: SOCIAL SECURITY NUMBER PROCEDURES

- A. All applicants, program participants, and family members must provide verification of their Social Security Numbers in one of the following ways:
- 1) Photocopies of valid Social Security Number cards issued by the Social Security Administration;
 - 2) Valid state driver's licenses disclosing the Social Security Number;
 - 3) Valid federal, state, or tribal identification documents disclosing the Social Security Number; or,
 - 4) Statements or verifications received from the Social Security Administration disclosing the Social Security Number.
- B. Additionally, the following applies to the documentation of Social Security Numbers.
- 1) Family members who do not have a Social Security Number must certify to this fact and make application for a Social Security Number.
 - 2) Family members who have a Social Security Number and are able to provide the number itself but unable to provide documentation must certify to this fact. Such family members have thirty days from the date of the certification to provide documentation of the Social Security Number.
 - 3) Applicants have thirty days from staff's written request to provide verification of Social Security Numbers during which time they will retain their current position on the waiting list. Applicants cannot become program participants until all Social Security Numbers have been verified or until acceptable documentation has been produced. If an applicant is unable to document a Social Security Number or provide appropriate documentation at the end of thirty days from the date of certification, eligibility will be denied.
 - 4) Program participants must disclose and verify Social Security Numbers at their annual or interim reexamination. Program participants will be granted thirty days as outlined above to verify Social Security Numbers if necessary. Program participants who fail to verify Social Security Numbers after thirty days will be terminated from the program.
 - 5) The head of household or spouse must execute a certification that a family member under the age of 18 years either does not have a Social Security Number or has a Social Security Number but is unable to provide documentation.

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An additional extension of up to sixty days must be provided to an applicant who is 62 years or older for documenting or certifying ~~theirhis/her~~ Social Security Number.

- C. Once a particular family member has documented ~~theirhis/her~~ Social Security Number, reverification or redocumentation of a particular Social Security Number is not required unless the events following occur.
- 1) If the family adds a new member, the new member must disclose and document ~~theirhis/her~~ Social Security Number or certify that no Social Security Number has been assigned.
 - 2) If a family member is assigned a new Social Security Number, that family member must disclose and document ~~theirhis/her~~ new Social Security Number.
 - 3) If a family member who previously certified that no Social Security Number had been assigned to ~~themhim~~ is subsequently assigned a Social Security Number, that new Social Security Number must be disclosed and documented.

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APPENDIX ~~ED~~: DOCUMENT OF PARTICIPATION

*Coquille Indian Housing Authority
Monthly Housing Assistance Program
Document of Participation*

This document certifies that the family headed by _____
_____ is qualified to receive assistance payments for rental
of a housing unit that meets the eligibility criteria for the Coquille Indian Housing
Authority Monthly Housing Assistance Program.

The amount of payment on behalf of the family will initially be \$ _____ per
month.

Payment will be made by the Coquille Indian Housing Authority directly to the head
of the participating household upon receipt by the Coquille Indian Housing Authority
of documentation showing that the family has paid the current month's rent to the
owner of the qualified housing unit that the family is renting under an approved, written
lease.

The family shall have up to ~~90~~60 days from the issuance date of this document to locate
a qualified unit owned by a willing landlord for which they may request lease approval
and assistance payments from the Coquille Indian Housing Authority.

Issued By: _____

Title: _____

Date: _____

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APPENDIX F: PAYMENT STANDARDS CALCULATION

FY 2024

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<u>Annual Grant Allocation</u>		
Grant Allocation Per Unit	<u>Number of Units</u>	<u>Total Grant</u>
\$9,087	x 64	= \$581,575
<u>Annual Administrative Expenses Allocation</u>		
Total Grant	<u>Administrative Expenses Allocation Percentage</u>	<u>Total Administrative Allocation</u>
\$581,575	x 20%	= \$116,315
<u>Annual Subsidy Allocation</u>		
Total Grant	<u>Total Administrative Expenses Allocation</u>	Total Subsidy Amount
\$581,575	- \$116,315	= \$465,260
<u>Annual/Monthly Two-Bedroom Unit Subsidy</u>		
<u>Total Subsidy Amount</u>	<u>Number of Units</u>	<u>Average Annual Subsidy</u>
\$465,260	□ 64	= \$7,270
<u>Average Annual Subsidy</u>	<u>Months Per Year</u>	<u>Average Monthly Subsidy</u>
\$7,270	□ 12	\$606
<u>Monthly Subsidy Payment Standards</u>		
<u>Number of Bedrooms</u>	<u>Percentage of Base Rate*</u>	<u>Monthly Subsidy</u>
1	78%	\$471
2	100%	\$606
3	142%	\$861

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4	169%	\$1,023
5	194%	\$1,177

~~* Adjustment percentages are based on the ratio of the Fair Market Rent established for each unit size to the Fair Market Rent established for a two-bedroom unit, as published annually in the Federal Register.~~

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APPENDIX ~~GE~~: HUD-REQUIRED LEASE ADDENDUM

(REF: 24 CFR PART 982.308)

ADDENDUM TO LEASE
FOR THE RENTAL UNIT LOCATED AT

MADE BETWEEN

_____ (TENANT)

AND

_____ (LANDLORD)

DATED _____

If any conflict exists between this lease addendum and any other provisions of the lease, the provisions of this addendum shall control.

THE FOLLOWING LEASE PROVISIONS ARE PROHIBITED:

- A. Agreement by the tenant to be sued, to admit guilt, or to a judgment in favor of the owner, in a lawsuit brought in connection with the lease.
- B. Agreement by the tenant that the owner may take, hold, or sell personal property of the household members without notice to the tenant and a court decision of the rights of the parties. This prohibition, however, does not apply to an agreement by the tenant concerning disposition of personal property left in the dwelling unit after the tenant has moved out. The owner may dispose of this personal property in accordance with state and local law.
- C. Agreement by the tenant not to hold the owner or the owner's agent legally responsible for any action or failure to act, whether intentional or negligent.
- D. Agreement by the tenant that the owner may bring a lawsuit against the tenant without notice to the tenant.

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APPENDIX ~~HF~~: DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT

(REF: 24 CFR PART 35.92)

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

- (i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

- (ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

- (i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

- (ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

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APPENDIX IG: HOUSING QUALITY STANDARDS CHECKLIST/CERTIFICATION

PART 1: PURPOSE AND PARTIES

The purpose of this checklist and certification is to assure that the unit located at _____ meets a minimum standard of quality in order that the family headed by _____ may receive rental assistance payments from the Coquille Indian Housing Authority to help pay the monthly rent for the unit.

This checklist and certification is made by:

_____ as owner (landlord) of the unit

and

_____ as renter (tenant) of the unit.

PART 2: INSTRUCTIONS

This Checklist and Certification are designed to review the dwelling unit in thirteen areas to determine that it is in decent, safe, and sanitary condition. The areas of review are:

- | | |
|-----------------------------------------|---------------------------|
| 1) Sanitary Facilities | 7) Interior Air Quality |
| 2) Food Preparation and Refuse Disposal | 8) Water Supply |
| 3) Space and Security | 9) Lead-Based Paint |
| 4) Thermal Environment | 10) Access |
| 5) Illumination and Electricity | 11) Site and Neighborhood |
| 6) Structure and Materials | 12) Sanitary Condition |
| | 13) Smoke Detectors |

The Checklist contains a series of “Yes / No” questions to be answered by the landlord and tenant as they review each area. Following the Checklist is a Certification page that has a statement and a place for the landlord and the tenant to sign. After completing the Checklist and signing the Certification, the entire form is to be provided to the Coquille Indian Housing Authority by the tenant.

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PART 3: CHECKLIST

- | | <u>Yes or No</u> |
|--------------------------------------------------------------------------------------------------------|------------------|
| 1) <u>Sanitary Facilities</u> | |
| a. Does the unit have a separate, private room as a bathroom? | _____ |
| b. Does the bathroom have an operable flush toilet? | _____ |
| c. Does the unit have a fixed washbasin (sink) with hot and cold running water and a sink trap? | _____ |
| d. Is there a shower or a tub in the unit in operating condition with hot and cold running water? | _____ |
| e. Is the unit properly connected to a public sewage system or an approved septic system? | _____ |
| B. <u>Food Preparation and Refuse Disposal</u> | |
| a. Does the unit have an operable oven, stove, or range, and refrigerator? | _____ |
| b. Is there a kitchen sink in operating condition with a sink trap and hot and cold running water? | _____ |
| c. Is there counter and cabinet space for storing, preparing, and serving food? | _____ |
| d. Is there a garbage can for temporary storage of food waste and refuse? | _____ |
| 3) <u>Space and Security</u> | |
| a. Does the unit have a bedroom or living/sleeping room for each two persons in the family? | _____ |
| b. Are all windows of the unit that are accessible from the outside lockable and in good condition? | _____ |
| c. Are all exterior doors of the unit lockable and in good condition? | _____ |
| 4) <u>Thermal Environment</u> | |
| a. Does the unit have an operable heating system that provides adequate heat to each room of the unit? | _____ |
| b. Does the unit have any unvented gas, oil, or kerosene heaters? | _____ |
| 5) <u>Illumination and Electricity</u> | |
| a. Is there at least one window in each living room and bedroom? | _____ |
| b. Does the bathroom have at least one permanent light fixture? | _____ |
| c. Does the kitchen have at least one permanent light fixture and one working electrical outlet? | _____ |

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Illumination and Electricity (cont.)

Yes or No

- d. Do the living rooms and each bedroom have at least two electrical outlets or one light fixture and one electrical outlet? _____
- e. Is the wiring for the unit in good condition? _____
- f. Are there any burned outlets or broken electrical fixtures in the unit? _____

6) Structure and Materials

- a. Are there any serious defects of the interior ceilings, walls, or floors of the unit, such as severe bulging or leaning, large holes, or other serious damage? _____
- b. Is the roof of the unit weathertight and structurally sound? _____
- c. Are there any serious defects of the exterior walls such as leaning, buckling, sagging, large holes, or defects that would allow air infiltration or vermin infestation? _____
- d. Are the stairways and walkways inside and outside the unit structurally sound without loose parts that would cause a person to trip? _____

7) Interior Air Quality

- a. Does the bathroom have a window that is able to be opened or an operable exhaust fan? _____
- b. Do all the rooms used for sleeping have windows? _____
- c. Is there adequate air circulation throughout the unit? _____

8) Water Supply

Is the unit served by an approved public or private water supply that is sanitary and free from contamination? _____

9) Lead-Based Paint

Has the landlord made disclosure of lead-based paint and lead-based paint hazards as provided in 24 CFR Part 35.92? _____

10) Access

- a. Can the unit be used and maintained without unauthorized use of other private property? _____
- b. Is there an alternate exit from the unit besides the main entrance in case of fire? _____

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- | | <u>Yes or No</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 11) <u>Site and Neighborhood</u> | |
| a. Is the unit in an area subject to flooding? | _____ |
| b. Is the unit in a location where it can be damaged by a mudslide? | _____ |
| c. Is there industry in the vicinity of the unit that causes air pollution? | _____ |
| Please answer questions (d) and (e) for manufactured homes only: | |
| d. Is the unit placed on the site in a stable manner and free from hazards such as sliding or wind damage? | _____ |
| e. Is the unit securely anchored by a tie-down device that distributes and transfers the loads imposed by the unit to appropriate ground anchors to resist wind overturning and sliding? | _____ |
| 12) <u>Sanitary Condition</u> | |
| Is the unit and equipment in it free from infestation of vermin or rodents? | _____ |
| 13) <u>Smoke Detectors</u> | |
| a. Does the unit have at least one battery-operated or hard-wired smoke detector in working condition on each level? | _____ |
| b. Is the unit in compliance with Oregon state law requiring smoke detector installation and operation? | _____ |

PART 4: CERTIFICATION

The undersigned hereby certify and attest that the representations made on this checklist are true and complete. We further certify that the unit will be maintained in the represented condition during the full term of our landlord/tenant relationship.

LANDLORD:

TENANT:

(Signed)

(Signed)

(Date)

(Date)