



# Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

## HOMEOWNER ASSISTANCE REPAIR PROGRAM (HARP) APPLICATION

The purpose of the Homeowner Assistance Repair Program (HARP) is to help eligible Coquille Tribal families make necessary repairs to their owner-occupied home to protect the health and welfare of household members.

HARP is designed to assist eligible households whose income is at or below the greater of 80% of Area Median Income or 80% of National Median Income and is available to Tribal households residing anywhere in the United States.

Assistance is subject to the availability of funds.

### APPLICATION CHECKLIST

#### For all Applicants:

- Documentation showing homeownership
- Copy of Driver's License or Photo ID
- Coquille Indian Tribal ID Card or Verification of Enrollment
- Income Verification – A written attestation as to household income with supporting documentation, such as paystubs, W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer.
- Signed Authorization for Release of Information
- Applicant Attestation of Financial Hardship

#### Submit the following documentation if applicable:

- Documents showing a reduction in household income
- Documents showing an increase in living expenses
- Other documents showing financial hardship
- Documents showing need for home repairs to maintain the habitability of the home. Please include photos if possible.

Return the Application and documentation to:  
Coquille Indian Housing Authority  
Attn: Homeowner Assistance Repair Program (HARP)  
2678 Mexeye Loop  
Coos Bay, OR 97420

Or you may email your forms and documentation to:  
[harp@coquilleiha.org](mailto:harp@coquilleiha.org)

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

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

## HARP APPLICATION - FAMILY INFORMATION SHEET

**Applicant:**

|                          |                  |  |
|--------------------------|------------------|--|
| Last Name                | First Name       | CIT Enrollment Number  |
| Physical Address         | City, State, Zip | County   |
| Mailing Address          | City, State, Zip | Phone  |
| Message Phone            | Email Address    | Social Security Number (SSN)                                       |
| Date of Birth            | Gender           | Race and Ethnicity   |
| Annual or Monthly Income | Income Source    | <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled |

**Other Household Members:**

|                             |                          |                         |
|-----------------------------|--------------------------|-------------------------|
| Full Name                   | Date of Birth            | Last four digits of SSN |
| Tribe and Enrollment Number | Annual or Monthly Income | Income Source           |
| Full Name                   | Date of Birth            | Last four digits of SSN |
| Tribe and Enrollment Number | Annual or Monthly Income | Income Source           |
| Full Name                   | Date of Birth            | Last four digits of SSN |
| Tribe and Enrollment Number | Annual or Monthly Income | Income Source           |
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| Tribe and Enrollment Number | Annual or Monthly Income | Income Source           |
| Full Name                   | Date of Birth            | Last four digits of SSN |
| Tribe and Enrollment Number | Annual or Monthly Income | Income Source           |

Attach an additional sheet if necessary.

|  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you, or is a member of your household, an enrolled member the Coquille Indian Tribe? <b>If yes, please attach documentation.</b>      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a homeowner of a dwelling currently used as your primary residence? <b>If yes, please attach documentation showing ownership.</b> |

## HOUSEHOLD INCOME

Below, please provide information on the total annual income of your household for the last calendar year.

**Annual income** of household: \_\_\_\_\_

Applicant must attach and submit (1) a written attestation as to household income with supporting documentation, such as paystubs, Form W-2s, wage statements, IRS Form 1099s, tax filings, assistance award letters, depository institution statements demonstrating regular income, or a written attestation from an employer.

## OTHER RESOURCES CONTACTED/UTILIZED PRIOR TO APPLICATION FOR HARP FUNDS

|          |         |                 |
|----------|---------|-----------------|
| Resource | Purpose | Amount Provided |
| Resource | Purpose | Amount Provided |
| Resource | Purpose | Amount Provided |
| Resource | Purpose | Amount Provided |

## REPAIRS NEEDED AND COST ESTIMATES

(Please attach documentation of repairs needed including photos and estimates if available.)

|                             |                   |                          |
|-----------------------------|-------------------|--------------------------|
| Type of Repair              | Reason for Repair | Estimated Cost           |
| Provider or Contractor Name | Phone Number      | Email Address            |
| Mailing Address             | City, State, Zip  | License Number, if known |
| Type of Repair              | Reason for Repair | Estimated Cost           |
| Provider or Contractor Name | Phone Number      | Email Address            |
| Mailing Address             | City, State, Zip  | License Number, if known |

**FINANCIAL HARDSHIP**

|  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Have one or more individuals in your household experienced financial hardship?<br/>(Check all that apply)</b>  |
|  | <input type="checkbox"/> A reduction in household Income<br><input type="checkbox"/> Increase in living expenses<br><input type="checkbox"/> Loss of employment, temporary layoff, or furlough<br><input type="checkbox"/> Increased costs due to healthcare or need to care for a family member<br><input type="checkbox"/> Other financial hardship |

**APPLICANT ATTESTATION OF FINANCIAL HARDSHIP**

*In order for financial assistance to be provided under the Homeowner Assistance Repair Program (HARP), this Attestation of Financial Hardship must be completed, signed, and dated by the homeowner.*

I, \_\_\_\_\_, the Applicant, do hereby attest that I am a homeowner of a dwelling that is currently used as my primary residence and I have experienced a financial hardship as described below:

I agree to notify the Coquille Indian Housing Authority of any significant changes to my household income or financial status that would impact my eligibility for the HARP Program.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

## Homeowner Assistance Repair Program (HARP)

### APPLICANT ACKNOWLEDGEMENTS AND ATTESTATION

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment, income, contact information, no longer experiencing a material reduction in income or material increase in living expenses.

By signing this form you are certifying that you have not already received funding or a benefit from another source for the same assistance being applied for with this application. If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is in the box below:

By my signature below, ***I hereby certify and attest*** that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statement or information, or if I fail to notify the Coquille Indian Housing Authority of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds for civil or criminal prosecution if the Coquille Indian Housing Authority determines it appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE SIGNED

Application received by the Coquille Indian Housing Authority:

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE SIGNED

#### OFFICIAL USE ONLY

Data entry by: \_\_\_\_\_ Date: \_\_\_\_\_ Application # \_\_\_\_\_

Approved:  Yes  No Reason: \_\_\_\_\_

Denial Communicated: \_\_\_\_\_ Staff Signature: \_\_\_\_\_



# Coquille Indian Housing Authority

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## APPLICANT AUTHORIZATION FOR THE RELEASE OF INFORMATION

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

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

**Information covered:** I understand that previous or current information regarding me or my household may be needed. Verifications and inquiries that may be addressed include but are not limited to: identity and marital status; household composition; medical and childcare expenses; employment, income, and assets; credit and criminal activity; residence and rental activity; utility costs; disability assistance expense; Social Security programs, etc. I understand that this authorization cannot be used to obtain information that is not pertinent to my eligibility for and continued participation in CIHA programs.

**Groups or Individuals that may be contacted:** Groups or individuals that I authorize to release the above information include but are not limited to: current and previous landlords; other housing agencies; courts and post offices; schools and colleges; law enforcement agencies; support and alimony providers; past and present employers; utility companies; private employment agencies; child care providers; the U.S. Department of Veterans Affairs and Social Security Administration; any federal, state, tribal, or local human services, health, or employment department; retirement systems; credit providers and credit bureaus; banks and financial institutions, under Section 502(e)(2) of the Graham-Leach-Bliley Act (P.L. 106-102).

**Computer matching consent:** I understand and agree that CIHA may conduct computer matching programs to verify the information supplied for my application or recertification, including information received under this authorization or any other authorization I sign. If a computer match is done, I understand that I have the right to notification of any adverse information found and the opportunity to disprove that information. CIHA may, in the course of its duties, exchange such automated information with other federal, state, tribal, and local agencies.

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

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Print Applicant Name

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Applicant Signature

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Social Security Number

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Date Signed