



WILI DEPARTMENT EMERGENCY HOUSING ASSISTANCE PROGRAM APPLICATION CHECKLIST

Please use the following checklist to make sure you have submitted all required documentation.

Items below must be completed, signed, and turned into the Wili Department to be processed:

- Program Application
- Emergency Housing Assistance Policies
- Emergency Explanation
- Payback Agreement
- Statement of Potential Conflict of Interest
- Income verification form
- Release of information form

Items to be supplied for application to be considered complete (not supplied in packet):

- Verification of applicants Cow Creek Tribal enrollment
- Rental/lease agreement or mortgage statement
- Verification of Natural Disaster, if applicable
- Verification of Medical emergency, if applicable
- Verification of Financial Emergency, if applicable
- Verification of Eviction/Foreclosure, if applicable
- Landlord W-9

If you have any questions, please contact the Wili Department. All information can be mailed, emailed, faxed, or dropped off at either the Roseburg or Tri City Office.

Contact information:

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Administrative Assistant

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Residency Program Manager

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Wili Director

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Roseburg Office

Cow Creek Band of Umpqua
Tribe of Indians
2371 NE Stephens St Ste 100
Roseburg OR 97470

Tri City Office

239 Taylor St
Myrtle Creek OR 97457





WILI DEPARTMENT EMERGENCY HOUSING ASSISTANCE PROGRAM FACT SHEET

The goal of the Wili Department is for all Tribal families to have a decent, safe, and sanitary home. The Wili Department has established an Emergency Housing Assistance Program to assist Tribal members in a time of dire, temporary hardship. The Wili Department will assist Tribal members that are homeless or close to homelessness due to unforeseen emergency circumstances.

Emergency Housing Assistance Program Facts:

- Maximum Emergency Housing Assistance funding amount for 2022: **\$4000**
- Must meet all the following criteria:
 - Enrolled Cow Creek Tribal Member
 - Must be 18 years of age or older
 - Geographical location: 7 county service area (Coos County, Deschutes County, Douglas County, Jackson County, Josephine County, Klamath County and Lane County)
 - Must meet low to moderate HUD National median income limits
 - Tribal member must be listed on rental/lease agreement
 - Must have no outstanding debt to any program or department of CCBUTI
 - Must provide emergency documentation (proof of job loss, foreclosure letter, eviction notice, ect)
 - Emergency Situation:
 - Homeless, severe medical emergency, domestic violence, financial emergency, acts of God, other situation evaluated by Wili Director.
- Ineligibility
 - Applicants living with their parents, aunts/uncles, grandparents, siblings, cousins, or other family members are not eligible to receive the rental assistance stipend.
 - Applicants who have been previously terminated or evicted from any housing program administered by the Wili Department within the last 5 years, are not eligible to receive assistance.
 - Applicants may not receive rental assistance while receiving the benefit of any other form of housing subsidy for the same dwelling unit.
- Program Categories
 - *Emergency/Homeless shelter:* assist with emergency shelter in a hotel/motel
 - *Housing Payment Assistance:* Pay past due/current month's rent or mortgage
 - *Establish Housing:* Funds to be used to pay security deposit(s) and first/last month's rent to secure long-term housing.
 - *Utilities:* Pay past due/current due utilities including electric, sewer, water, natural gas or propane to secure sanitary housing.

This is intended as an overview of the Emergency Housing Assistance Program. It is not intended to replace the policy. See complete policy for details.



QUESTIONNAIRE (answer all questions that are applicable to what you are applying for)

Do you live in the Cow Creek seven county service area? **YES** **NO**

What year was the home built? _____

Does anyone outside of your household provide you with regular financial support or pay any of your bills? **YES** **NO**

Have you sold or disposed of any assets in the past two years? **YES** **NO**

Have you or any adult household family member ever committed fraud or knowingly misrepresented information to a federal-assisted housing program? **YES** **NO**

Do you or any adult household family member have unpaid debts to the Cow Creek Band of Umpqua Tribe of Indians? **YES** **NO**

Are you a student? **YES** **NO**

I am disabled and can provide documentation of my disability. **YES** **NO**

Have you or any other member of your household ever lived in federally assisted housing? **YES** **NO**

Do you or any adult household family member currently owe money to a federally-assisted housing authority? **YES** **NO**

PRESENT LANDLORD:

Name: _____

Address: _____
Street address City Zip

Phone: _____ Monthly Rent: _____ How long at current address: _____

I/we certify that all information provided on this form is accurate and complete. I/we know that I am required to cooperate in supplying all information needed to determine my eligibility. **I/we understand that knowingly supplying false, incomplete, or inaccurate information may cause immediate termination from this program and is punishable under federal or state criminal law.**

Applicant Signature: _____ **Date:** _____
Applicant Printed: _____

Applicant Signature: _____ **Date:** _____
Applicant Printed: _____





WILI DEPARTMENT EMERGENCY HOUSING ASSISTANCE PROGRAM

SECTION 1: PURPOSE

The goal of the Wili Department is for all Tribal families to have a decent, safe, and sanitary home. The Wili Department has established an Emergency Housing Assistance Program to assist Tribal members in a time of dire, temporary hardship. The Wili Department will assist Tribal members that are homeless or close to homelessness due to unforeseen emergency circumstances.

SECTION 2: EMERGENCY HOUSING ASSISTANCE PROGRAM

The Emergency Housing Assistance Program is available for Cow Creek Tribal member who meet Native American Housing Assistance and Self Determination Act (NAHASDA) low-income and moderate-income guidelines.

This funding is only available for Tribal Members living in the Tribes 7 County Service Area. The Tribes Service Area is: Coos County, Deschutes County, Douglas County, Jackson County, Josephine County, Klamath County and Lane County.

SECTION 3: ASSISTANCE MAXIMUMS AND REAPPLICATION TIMELINES

The Emergency Housing Assistance Program has a maximum assistance amount that is evaluated annually through the Indian Housing Plan (IHP). Funding may be limited depending on availability of budgeted funding on hand for the particular year. This program can be used once every five years.

SECTION 4: IHBG INCOME

Tribal members applying for Emergency Housing Assistance must meet federal NAHASDA income limits which are established by the Office of Native American Programs (ONAP) HUD Office on an annual basis.

SECTION 5: DEFINITIONS

MEANING OF ANNUAL INCOME: The Wili Department uses the meaning of annual income in accordance with NAHASDA for the purpose of determining eligibility as defined by 24 CFR Part 5, subpart F, Census, Section 8 or the Internal Revenue Service (IRS) definition, which-ever is most beneficial to the family.

EXCLUSIONS: Federally Mandated Exclusions to income as updated by HUD are considered when calculation a family's gross annual income.

INCOME LIMITS: The Wili Department utilizes the HUD National Median Income Limits or the HUD Regional Median Income Limits as amended annually (whichever is most beneficial to the Participant) unless otherwise required by other program policy or regulations.

SECTION 6: APPLICATION

Application procedures are developed and implemented by the Wili Director.

The application also includes standard forms and agreements. The application also includes a checklist of required supplement documentation.





WILI DEPARTMENT EMERGENCY HOUSING ASSISTANCE PROGRAM

SECTION 7: ELIGIBLE RECIPIENTS

Tribal Members who meet all of the following minimum eligibility criteria described below:

<u>CATEGORY</u>	<u>ELIGIBILITY CRITERIA</u>
Tribal affiliation	Enrolled Cow Creek Tribal member.
Age	Not less than 18 year.
Property Location	Must be located in the Tribes 7 County Service Area.
Income Restrictions	Must meet at a minimum: HUD National Low-income eligibility threshold and not exceed 80% of median income for family size.
Over-80% of HUD National Median Income Limits	<p>Moderate income applicants may be eligible without HUD approval when a percentage of IHP funds (not to exceed 10% of the total fiscal year IHP allocation) are designated for moderate-income families. Consideration of moderate-income families beyond the above mentioned 10% limitation and all other above income families can only be considered under an IHP specified model activity approved by HUD.</p> <p>Moderate income applicants will be funded through program income until exhausted. The Wili Director will make a determination at that time based on need of Tribal Members whether to use IHBG funding for moderate income DPA not to exceed 10%.</p> <p>Families who are at or over 100% of HUD National Median Income Limits are not eligible for Wili Department IHBG programs.</p>
Residence	The Tribal member must be living in the residence with Tribal member name on the lease/rental agreement or mortgage agreement, when applicable.
Debt	Must have no outstanding debt to any program or department of the CCBUTI.
Provide emergency documentation	<p>Tribal member must provide proof of emergent situation, including but not limited to:</p> <ul style="list-style-type: none"> • Proof of job loss • Pay stubs from before and after a significant reduction in hours • Mortgage statements and/or letters of foreclosure • Eviction notice • Doctor's statement that a serious medical condition exists. Tribal members are not required and are urged not to disclose specific medical information. • Restraining order or other court documents • Document of acts of God.
Defined Emergency Situation	<ul style="list-style-type: none"> • Homeless • Severe Medical Emergency • Domestic Violence • Financial Emergency • Acts of God or circumstances beyond control • Other emergent situation evaluated by Wili Director



SECTION 9: INELIGIBILITY

1. Applicants living with their parents, aunts/uncles, grandparents, siblings, cousins, or other family members are not eligible to receive assistance.
2. Applicants who have been previously terminated or evicted from any housing program administered by the Wili Department within the last 5 years, are not eligible to receive assistance.
3. Applicants may not receive rental assistance while receiving the benefit of any other form of housing subsidy for the same dwelling unit.
4. Applicants that commit any serious or repeated violation of the lease.
5. Applicants found to sublease or let the unit or assign the lease or transfer the unit.
6. Damage to the unit or premises (other than normal wear and tear) or permit any guest to damage the unit or premises.

SECTION 10: PROGRAM CATEGORIES

- Emergency/Homeless Shelter: Assist with emergency shelter in a hotel or motel. Assistance funds cannot be used toward incidental charges. Any damages caused by the Tribal member are not covered by this program and are the responsibility of the Tribal member.
- Housing Payment Assistance: Pay past due/current month's rent or mortgage.
- Establish Housing: Funds to be used to pay security deposit(s) and first/last month's rent, as required to secure long-term decent, safe and sanitary housing.
- Utilities: Pay past due/current due utilities including electric, sewer, water, natural gas, or propane to secure sanitary housing.

SECTION 11: LANDLORD CRITERIA & STANDARDS

1. The applicant must be accepted by a landlord who has a rental unit available.
2. The landlord MAY NOT be a relative of the applicant.
3. The Wili Department is not a party to the lease and assumes no responsibility in its enforcement.

SECTION 12: FUNDING

The IHBG funds available to an applicant is contingent upon the applicant's income, the amount of funds available to each are specified in the years annual IHP, and the maximum limits set individually for each low/moderate program category of assistance. Completed applications are evaluated to determine the Tribal member's eligibility. Upon approval, the Wili Department will pay the funds to the landlord/owner.

Funds cannot be paid directly to a Tribal member, unless approved by the Wili Director under extenuating circumstances.

Payments will be made to applicant directly if staying in hotel. Payment will be equivalent up to one week stay at hotel or until funds are exhausted.





WILI DEPARTMENT PROGRAM PAYBACK AGREEMENT

I, _____, Tribal ID number _____ declare that I am an enrolled member of the Cow Creek Band of Umpqua Tribe of Indians and as of this date I am applying for the following Tribal Program(s):

- Tribal Housing Program;
- Student Rental Assistance Program
- Tribal Rental Assistance/Extended Rental Assistance Program;
- Emergency Housing Assistance Program;

(Hereinafter referred to as the "Tribal Program").

By signing this document, I agree that if I am found in violation of the of the program policies and procedures that I agree to allow the Wili Department to garnish any outstanding balance from my next due Tribal distribution payable and the total amount of any of my subsequent Tribal distribution(s) until my debt is fully repaid. I understand that I have the option to prepay any amount due on my debt or the entire debt balance at any time before expiration of 90 days without penalty to me. I further waive any right I may have to a hearing on my debt or the garnishment of my Tribal distribution(s), whether current or future.

I further agree that in the event I fail to follow the terms of this Payback Agreement, this Agreement will automatically terminate at 5:00 PM on the fifth (5th) working day that any payment hereunder was due and not paid. At that time, the delinquent balance shall immediately become due and payable in full, plus interest, until my debt is fully repaid to the Tribal Program.

I have signed this agreement as my voluntary act and deed on the date below written.

Tribal Member Signature: _____

Tribal Member Printed Name: _____

Date: _____



FACT SHEET

Cow Creek Band of Umpqua Tribe of Indians are required by Federal regulations to avoid any Conflict of Interest in its housing activities.

A public disclosure is required that states the nature of the assistance to be provided, state the name of the program you are applying for, and the specific basis for which the selection was made (that you were determined eligible). A copy of this disclosure will be submitted to the U.S. Department of Housing and Urban Development (HUD). The public disclosure is made at the time you are selected to receive housing services.

The public disclosure will include the following:

- Your name
- Program you were selected for
- Determination of eligibility

Your file with Wili Department will remain confidential and no other details will be made. Keep in mind that this disclosure will not state your income (or sources), but it will reveal that you are within the applicable income limits for the program for which you were approved.

Wili Department makes these disclosures public by sending them to the appropriate Tribal Communications Team for posting the disclosure on the Tribal Facebook page for ten days. Concurrently, Wili staff will post the disclosure in the common area of their offices or the disclosure will be posted in the CCBUTI office lobby area. The post will be taken down upon completion of the time frame.

For further information, you may request a copy of Wili Department's Conflict of Interest Policy or you can discuss this matter with the program coordinator assigned to the program for which you have been selected.





WILI DEPARTMENT CONFLICT OF INTEREST

APPLICANT DISCLOSURE CONFLICT OF INTEREST STATEMENT

APPLICANT NAME: _____

NAME OF WILI PROGRAM APPLYING FOR: _____

APPLICATION DATE: _____

I am applying for the Wili Assistance Program noted above, and I am disclosing that:

- I am a CCBUTI employee, CCBUTI Housing Review Board member, or Tribal Board of Directors member.
- I am an immediate family member of a CCBUTI employee, CCBUTI Housing Review Board, or Tribal Board of Directors member.
- I am a business partner of a CCBUTI employee, CCBUTI Housing Review Board, or Tribal Board of Directors member.

If you are a family member or business partner of a CCBUTI employee, CCBUTI Housing Review Board, or Tribal Board of Directors member, please complete the following:

NAME	RELATIONSHIP

ACKNOWLEDGEMENT

I understand that prior to receiving Wili assistance, a public disclosure of my selection will be made and that a copy of this disclosure will be submitted to the U.S. Department of Housing and Urban Development.

I have been offered a copy of the Conflict-of-Interest Policy.

Applicant Signature: _____

Date: _____

Applicant Name: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Name: _____

Date: _____



Wili DEPARTMENT EMPLOYMENT VERIFICATION

The below named applicant has applied for a Tribal program that operates under a state, federal, and/or Tribal housing program that requires verification of income. The information you provide will remain confidential and will only be used to determine the applicant's/tenant's eligibility.

APPLICANT:

Printed Name: _____ SSN (last four digits) _____

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to the program I am applying for and as required by the funding program associated with it.

Signature of Applicant: _____

EMPLOYER:

Company name: _____ Address: _____

Email/Fax: _____ Phone: _____

Employer to please complete the following: (Mark N/A if not applicable)

Employee Name: _____ Job Title: _____

Currently Employed YES _____ NO _____

Date of Hire _____ Date employment ended _____

Regular Wages: \$ _____ per Hour Week Bi-Weekly Semi-Monthly Month Year

Average # of Regular Hours/Week: _____ Employee Works Overtime: Yes No

Average # of Overtime Hours/Week: _____ Overtime Rate: \$ _____

Average # of Shift Differential Hours/Week: _____ Shift Differential Rate: _____

Average # of Total Hours per Week: _____

Commissions/Bonuses: \$ _____ /Hour/Week/Month/Annual Tips: \$ _____ /Hour/Week/Month

Gross Year-to-Date (YTD) Earnings: \$ _____ Earned From: ___/___/___ to ___/___/___

Work is Seasonal or Sporadic: Yes No If yes, indicate lay-off period(s): _____

Employee participates in a 401K/Retirement Account: Yes No

I hereby certify, by my signature below, that the information I have supplied is true and correct:

Printed Name of Verifier	Title of Verifier	Signature of Verifier	Date

When completed mail, fax or email directly to the Wili Department. Thank you!

NOTE: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make a willful false statements or misrepresentations to any Department or Agency of the Unites States as to any matter within its jurisdiction.



PURPOSE

The Cow Creek Band of Umpqua Tribe of Indians Wili Department uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

AUTHORIZATION

I, _____ do hereby authorize the release of any and all information regarding my case file as it relates to the eligibility/ application for assistance from the Cow Creek Band of Umpqua Tribe of Indians Wili Department. This authorization includes and is limited to the following:

- Post Office
- Employers
- Utility Companies
- Professional/Personal References
- US Department of Veterans Affairs
- Providers of: Alimony, child care, credit handicapped assistance, medical care, pensions, Tribal benefits such as Education, Member Benefits, Elder Retirement, Social Services.
- Bank and other Financial Institutions
- Federal scholarship providers
- Credit Bureaus
- US Social Security Administration
- Current/Previous Landlords
- Courts & Law Enforcement Agencies
- Educational Institutions State Agencies such as Welfare or Social Services

In addition, my signature allows the Housing Program Manager to release my case file information to the following agency/institution/person:

- Cow Creek Band of Umpqua Tribe of Indians Social Services, Member Benefits, Workforce Development and Education Departments, Tribal Administrator, Tribal Operations Officer
- Other: (please list any other individuals to receive this information you will need to list them here) _____

MY RIGHTS: I understand this authorization is voluntary and that I may revoke this authorization at any time, provided I do so in writing and submit it to address listed below.

I agree that photocopies of this authorization may be used for the purpose stated above.

Printed Name: _____

Applicant Signature: _____

