



WILI DEPARTMENT TRIBAL HOUSING WAITLIST 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
- ☐ Questionnaire (One for each adult household member)
- ☐ Acknowledgement and Authorization for Background Check (One for each adult household member)
- ☐ Statement of Potential Conflict of Interest
- ☐ Release of information form
- ☐ Employment Verification Form, if applicable

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

- ☐ Verification of applicants' Tribal enrollment
 - ☐ Copies of Valid State Issued Picture ID for all adult household members
 - ☐ Proof of income (Social Security Award Letter, Paystub, VA Award Letter, etc.)
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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:

Maria Bosell

Administrative Assistant

Brandi Gardner

Residency Program Manager

Jennifer Bryant

Wili Director

Email: info-housing@cowcreek.com

Phone: 541-492-5215

Fax: 541-677-5550

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





Tribal member name: _____ Tribal Roll # _____

Date of Birth: _____ SS# _____ Phone Number: _____

Physical Address: _____

Street address	City	State	Zip
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Mailing Address: _____

Address	City	State	Zip
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(if different)

Email address: _____ Alt Contact Number: _____

Please include all household members, including children.

Name	Relationship	Tribal Roll #	Social Security #	Date of Birth
(example) Jane Smith	Wife	n/a	123-54-2145	5/1/1980

Have you or any other member of your household ever used any name(s) or Social Security number other than the one you or other household members are currently using? ☐ YES ☐ NO

If yes, please disclose: _____

All household income should be disclosed on the attached Housing Questionnaire. Please use an additional page as needed to properly disclose entire household's income. Income received on behalf of any minors in the household must also be disclosed.

List all assets you or any household family member has. Assets include checking accounts, savings accounts, savings bonds, stocks, real estate, money market accounts, CDs, etc.

Owner	Asset type	Location	Current Value
(example) Jane Smith	Stocks	Chase Bank	\$1,986.25

AMOUNT

1. Child Care expenses	\$
2. Disability assistance expenses	\$
3. Medical expenses over 3% of household annual income for Elderly/Disabled family	\$



WILI DEPARTMENT TRIBAL HOUSING APPLICATION

QUESTIONNAIRE (Use additional page for details, if needed)

- Do you have any pets? ☐ **YES** ☐ **NO**
List type of pet(s), age, weight: _____
- Has anyone in your household ever been convicted of a crime? ☐ **YES** ☐ **NO**
If yes, please explain: _____
- Have you or any adult household member ever committed fraud or knowingly misrepresented information to a federal-assisted program? ☐ **YES** ☐ **NO**
- Is anyone in your household a registered sex offender? ☐ **YES** ☐ **NO**
- Has anyone in your household been evicted in the last five years? ☐ **YES** ☐ **NO**
- Do you or any adult household member currently owe money to a landlord, utility company, or federally-assisted housing authority? ☐ **YES** ☐ **NO**
If yes, explain: _____
- Do you or any adult household member have unpaid debts to the Cow Creek Band of Umpqua Tribe of Indians? ☐ **YES** ☐ **NO**
- Is the Head of Household, Co-Head, or Spouse disabled and able to provide documentation of the disability? ☐ **YES** ☐ **NO**
- Have you sold or disposed of any assets in the past two years? ☐ **YES** ☐ **NO**
- Do you anticipate a change in the household composition or income in the next twelve months? ☐ **YES** ☐ **NO** If yes, please explain: _____
- Does your household have one or more vehicles? ☐ **YES** ☐ **NO**
List make/model/color/plate: _____
- Are there substandard conditions or health/safety issues in your current home? ☐ **YES** ☐ **NO**
- Has anyone in your household been involuntarily displaced from your home due to government action or natural disaster? ☐ **YES** ☐ **NO** *If asking for displacement priority points for your application, the conditions of the displacement must be verifiable and documentation of such submitted.*

PRESENT LANDLORD REFERENCE:

Name: _____ Phone: _____ How Long? _____

Address: _____ Rent: _____

Street address City State Zip

PREVIOUS LANDLORD REFERENCE:

Name: _____ Phone: _____ How Long? _____

Address: _____ Rent: _____

Street address City State Zip

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 Signature: _____ **Date:** _____





WILI DEPARTMENT QUESTIONNAIRE

Each household member 18 or older (or if under 18, qualified as Head, Co-Head, or Spouse) must complete a separate Questionnaire.

This form is to be completed by the Applicant/Tenant. Answer each statement below by checking "Yes" or "No" and complete the additional information as is applies to you. Answers must reflect your individual information, not your household's. You must include income you receive on behalf of a minor household member.

Applicant/Tenant Name: _____ Phone: _____
Estimated Gross Annual Income from all Sources: \$ _____ Email: _____

Yes - No

____ I am a Cow Creek Tribal Member and my Tribal ID # is: _____.
____ I filed a tax return last year for ☐ Myself ☐ Jointly with my spouse.
____ I am a student: ☐ Part-Time ☐ Full-time School Name: _____.
____ I am a veteran.

INCOME

Yes - No

____ I am employed and receive wages. I have more than one job ☐ YES ☐ NO.
____ I receive income from (Tips: \$ _____/Week) – (Commissions: \$ _____/Month) – (Bonuses: \$ _____/Year)
____ I am ☐ Self-Employed or ☐ I am an independent contractor. Name of Business: _____
____ I am on a leave of absence from work. If yes, for how long: Start date _____ End date _____
____ I receive income from Unemployment.
____ I receive or am entitled to receive Child Support and/or Alimony Payments.
____ I receive Veterans Benefits.
____ I receive ☐ Social Security (SS) ☐ Supplemental Security (SSI) ☐ Social Security Disability (SSD).
____ I receive Food Stamps (SNAP Benefits).
____ I receive welfare/cash assistance, such as TANF (exclude Food Stamps). If so, how much: \$ _____
____ I receive Tribal Disbursement: _____ Annually _____ Monthly.
____ I receive income from Pension, Annuity, 401k, Trust, or Other: _____
____ I receive periodic payments from family, friends, or other: _____
____ I receive income from Long-Term Care insurance, Workman's Disability, and/or Death Benefits.
____ I have other forms of income not specified above: _____

INCOME DETAILS

Employment Information: If Applicable

Current Employer: _____ Employment Location: _____
Employer Contact Number: _____ Employer Email: _____
How Long Employed? _____ Position: _____ Annual Income: _____

Unearned Income: List non-employment income. This includes money from child support, Social Security, Tribal distribution, Elder payments, worker's compensation, retirement benefits, welfare payments, veterans' benefits, alimony, rental property income, etc. (Please do not include SNAP benefits.)

Source of Income: _____ Monthly Income: _____
Source of Income: _____ Monthly Income: _____
Source of Income: _____ Monthly Income: _____
Source of Income: _____ Monthly Income: _____

I certify that the information provided in this certification is true and correct to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in exclusion from participation in the Tribal housing program or the termination of a lease agreement.

Signature of Applicant

Date





Acknowledgement and Authorization for Background Check



I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **Cow Creek Band of Umpqua Tribe of Indians** at any time after receipt of this authorization and throughout my tenancy, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel.# 1.877.251.5656; www.backgroundscreenersofamerica.com** and/or Landlord. I agree that a facsimile (“fax”), electronic, or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Landlord, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Landlord by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: You acknowledge and authorize the Landlord to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Landlord.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Landlord. ☐

Background Information

Last Name: _____ First: _____

Middle: _____ Other Names/Aliases: _____

*Social Security #: _____ *Date of Birth: _____

Driver's License #: _____ *State of Driver's License: _____

Present Address: _____ Phone #: _____

City/State/Zip: _____

Email Address*: _____

** An email address is required to run the background check.*

Signature: _____ Date: _____

** This information will be used for background screening purposes only.*

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

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: _____

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: _____





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 it a criminal offense to make a willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

