

Date Stamp: {office use only}

Time: \_\_\_\_\_ Rec. by: \_\_\_\_\_



# The Klamath Tribes Housing Department

## Request for Homeownership Information Application

**IN ORDER TO PROCESS YOUR HOMEOWNERSHIP REQUEST AND TO KEEP A CHRONOLOGICAL ORDER OF THE REQUESTS, WE NEED THE FOLLOWING INFORMATION TO EVALUATE WHAT BEST SUITS YOUR SITUATION:  
(PLEASE PRINT)**

Name: \_\_\_\_\_ Klamath Tribal Roll#: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

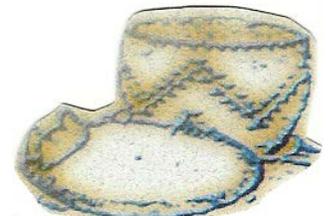
Current Telephone # or Message Number: \_\_\_\_\_

**WHAT LOCATION ARE YOU INTERESTED IN:**  Chiloquin 55 acres  Beatty/Sprague  Klamath Falls

**Names of Household Members      Date of Birth      Social Security #      Source of Income      Monthly Amount**

Names of Household Members	Date of Birth	Social Security #	Source of Income	Monthly Amount

501 Chiloquin Blvd. -- PO Box 436 -- Chiloquin, OR 97624  
(541) 783-2219 – Fax (541) 783-3994



**Please explain your current housing situation. If your renting and from whom, Location, amount paid etc.**


**Please answer the following questions to the best of your ability:**

1. Would you like a home on the 55 acres?  Yes  No
2. If not, are you interested in buying or building a home?  Buying  Building
3. If you want to build a home, do you own property?  Yes  No  
If yes, where is it located? \_\_\_\_\_
4. Do you owe any money to KTHD or any other Housing Authorities?  Yes  No
5. Do you feel that your credit rating might become a barrier to you in becoming a homeowner?  Yes  No
6. Do you feel that your income situation might become a barrier to you in becoming a homeowner?  Yes  No
7. Have you had stable employment in the past 12-24 months?  Yes  No

**I do hereby swear and attest that all the information stated on this update/change application is true and correct. I also understand that all changes in household composition or household income must be reported to the KTHD in writing within 14 days of change.**

\_\_\_\_\_  
Signature of Head of Household      Date

\_\_\_\_\_  
Signature of Spouse/Other Adult      Date

\_\_\_\_\_  
Signature of Other Adult      Date

\_\_\_\_\_  
Signature of Other Adult      Date

**WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**