

## Housing Assistance Application Check Sheet

In order to determine eligibility, the following items are required for all household members:

- Application update required annually
- Degree of Indian Blood-copy of CDIB card; copy of BIA enrollment card; or copy of tribal enrollment letter of all Native American members.
- Verification of all Anticipated Income Sources, including Employment, Social Security, Public Assistance/Welfare, Land Leases/ Oil and Gas Royalties, Retirements/Disability Benefits, Child Support/ Alimony, Unemployment Benefits, and etc. All members 18 and older must provide an "Information Release Authorization" for BIA accounts and land holdings.
- Copy of Property Deed Title (Proof of Ownership). Rental and Multiple or Jointly Owned Property will require additional forms, please request.
- Copy of Marriage Certificate
- Copy of Divorce Decree or Legal Separation
- Notarized Affidavit of Common-Law Marriage Acknowledgment
- Verification of Child Care Services
- Verification of Medical Deductions
- Verification of Higher Education Grants
- Copy of Social Security Card(s) for each Family Member
- Copy of Original Birth Certificate(s) for each Family Member
- Other forms that need to be signed and filled out: Authorization for the Release of Public Information, Federal Privacy Act and Employment Verification Form
- Other: \_\_\_\_\_

Please review this list and make sure that you have provided all requested information for your application to be complete. If this information is not provided, the resident services department will not be able to determine your tentative eligibility and your application will be considered ineligible.

Please indicate for which you are applying: Lease-Purchase \_\_\_\_\_ Low Rent \_\_\_\_\_

### HOUSING ASSISTANCE APPLICATION

The following are requirements when applying for the Homebuyer and Low Rent Program:

- You must update your application every year to remain on the lease purchase Housing Department waiting list.
- You must qualify as a family and all admission requirements listed in policies.
- You must sign a lease agreement.
- You will be responsible for all maintenance on home (Homebuyers).
- You will be responsible for keeping the home safe, drug free & sanitary at all times.
- You must keep your utility services accounts paid for at all times.
- You will be responsible for making your house payments promptly on the first but no later than the fifth day of each month.
- You may have your home inspected every year by Housing Department inspectors.
- You may not exceed the HUD income limits as shown in the table below.

HUD Income Guidelines as Published December, 2013								
FAMILY SIZE	1	2	3	BASE 4	5	6	7	8
MAX INCOME	\$36,848	\$42,112	\$47,376	\$52,640	\$56,851	\$61,062	\$65,274	\$69,485

**NOTE:** In order to remain on the Waiting List you must update periodically, even if the information already given is still the same. Also, remember to notify the DNH of any changes that may occur in your household. After a year with no update, you will be automatically removed from the waiting list and will have to reapply.

I understand the above requirements and responsibilities of the Housing Assistance Program and I am submitting an application:

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

\_\_\_\_\_  
Date

## **HOUSING ASSISTANCE APPLICATION**

The following is a list of items that are needed in order to process your Delaware Nation Housing Assistance Application. ***Your Delaware Nation Housing Assistance Application will not be processed until copies of these items are received.*** Please send copies of all items that apply to your situation.

### **PLEASE CHECK EVERYTHING THAT YOU HAVE ENCLOSED:**

- \_\_\_\_\_ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS TRIBAL ID CARDS
- \_\_\_\_\_ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS SOCIAL SECURITY CARDS
- \_\_\_\_\_ ENCLOSE COPY OF MARRIAGE LICENSE OR DIVORCE DECREE (IF APPLICABLE)
- \_\_\_\_\_ ENCLOSE COPIES OF PAYSTUBS FOR HOUSEHOLD MEMBERS THAT ARE EMPLOYED
- \_\_\_\_\_ ENCLOSE COPIES OF CURRENT YEARS AWARD LETTER FOR SOCIAL SECURITY AND SSI DISABILITY
- \_\_\_\_\_ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS BIRTH CERTIFICATES

PHONE NO: \_\_\_\_\_

CELL #: \_\_\_\_\_

### **APPLICANT CERTIFICATION:**

I/We certify that the above and attached information are complete and accurate to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance and residency.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

## **HOUSING ASSISTANCE APPLICATION**

APPLICANT NAME: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

SSN: \_\_\_\_\_ TRIBE: \_\_\_\_\_ ROLL #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ YRS LIVING HERE: \_\_\_\_\_

### **PLEASE LIST LANDLORDS FOR THE PAST 5 YEARS:**

(We must have either a telephone number or address of the landlords listed.)

ADDRESS: \_\_\_\_\_

DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR MOVING: \_\_\_\_\_

LANDLORDS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR MOVING: \_\_\_\_\_

LANDLORDS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR MOVING: \_\_\_\_\_

LANDLORDS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

### **PLEASE LIST (2) PERSONAL REFERENCES:**

(Must not be related)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

## HOUSING ASSISTANCE APPLICATION

**PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS, INCLUDING SPOUSE:**

NAME	D.O.B.	SSN	RELATION TO APPLICANT	TRIBE	ROLL #	INCOME?
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>

**PLEASE LIST ALL HOUSEHOLD INCOME:**

*(NOTE: You must include CHECK STUBS, AWARD LETTERS or STATEMENTS from EMPLOYERS with your application)*

Person with INCOME	TYPE of INCOME	MONTHLY AMOUNT	ADDRESS of EMPLOYER (Street/PO Box, Town, State, Zip Code)

**OTHER INCOME:**

SS/SSI     VA     IIM     CHILD SUPPORT     PENSION     UNEMPLOYMENT

NAME OF PERSON RECEIVING OTHER INCOME: \_\_\_\_\_

SS/SSI     VA     IIM     CHILD SUPPORT     PENSION     UNEMPLOYMENT

NAME OF PERSON RECEIVING OTHER INCOME: \_\_\_\_\_



## HOUSING ASSISTANCE APPLICATION

### PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING:

- I certify that the information on this application is true and complete to the best of my knowledge
- I understand that the information provided is used to determine eligibility and does not necessarily qualify me for the program.
- I give permission to the Delaware Nation Housing to make inquiries for the purpose of verification of statements made in this application, including inquiries with any current or former landlords or employers.
- I understand that providing false information may disqualify me or could result in the Delaware Nation Housing evicting me from any premises that it later leases to me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Date

**The above information is correct to the best of my knowledge. I understand that any false statement or information provided in this application is in violation of federal law, Title 18 USC 1001, a felony crime punishable by up to five years in prison. The signatures below are acknowledgement that this law was discussed with the applicant by a Housing Management Specialist.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Director Signature

\_\_\_\_\_  
Date

**NOTE:** It is the responsibility of the applicant to notify the Delaware Nation Housing of any changes of address, income or family composition and to respond to all correspondence received from the Delaware Nation Housing in a timely manner. Failure to comply will result in the application becoming inactive.

## HOUSING ASSISTANCE APPLICATION

### NAHASDA Public Disclosures

Please indicate below if you are currently an employee of the Delaware Nation Housing, or have a relative or business associate, who is one of the following: 1) an employee of the Delaware Nation Housing or 2) a Delaware Nation Executive Committee member. Applicants who fall in this category will be publically disclosed at the Delaware Nation Housing office and have notification sent to the Office of Housing and Urban Development (HUD) in Oklahoma City.

Applicant's Name: \_\_\_\_\_

\_\_\_\_\_ **No**, I am not an employee of the Delaware Nation Housing or a member of the Delaware Nation Executive Committee nor do I have relatives or business associates who are employees of the Delaware Nation Housing or a member of the Delaware Nation Executive Committee.

\_\_\_\_\_ **Yes**, I am an employee of the Delaware Nation Housing or a member of the Delaware Nation Housing Executive Committee.

Title: \_\_\_\_\_

\_\_\_\_\_ **Yes**, I have a relative or business associate who is an employee of the Delaware Nation Housing or a member of the Delaware Nation Executive Committee.

Name of Relative/ Business Associate	Relation to Applicant	Relative/ Business Associate Title

## HOUSING ASSISTANCE APPLICATION

**Instructions: Applicant please only complete highlighted areas.**

**RE: Verification of Employment (please return completed form to above address)**

**Applicant Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

The individual named above is an applicant/tenant for housing assistance that is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

I, the undersigned, do hereby authorize the release of the information requested to Delaware Nation Housing.

**Applicant / Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(or see signed Authorization for the Release of Information)*

**EMPLOYMENT INFORMATION: This section is to be completed by the employer.**

Place of Employment: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_

**CURRENT**

Pay Rate: \$ \_\_\_\_\_ Per: Hour / Day / Week / Month *(Circle one)* Effective Date: \_\_\_\_\_

**PREVIOUS**

Pay Rate: \$ \_\_\_\_\_ Per: Hour / Day / Week / Month *(Circle one)* Effective Date: \_\_\_\_\_

**ENTER THE AVERAGE NUMBER OF HOURS WORKED DURING THE PAST TWELVE (12) MONTHS:**

Average Per DAY: \_\_\_\_\_ Per WEEK: \_\_\_\_\_ **OVERTIME** Per DAY: \_\_\_\_\_ Per WEEK: \_\_\_\_\_

**OVERTIME RATE:** \$ \_\_\_\_\_ Per: Hour / Day / Week / Month *(Circle One)*

**ESTIMATED OTHER:** Tips: \$ \_\_\_\_\_ Meals: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Is this employee participating in a job-training or vocational rehabilitation program? \_\_\_ Yes \_\_\_ No

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

**For Office Use Only:** \_\_\_ Initial \_\_\_ Annual \_\_\_ Interim \*Occupancy Specialist: \_\_\_\_\_

Comments: \_\_\_\_\_

## HOUSING ASSISTANCE APPLICATION

### NOTICE/AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND INVESTIGATION

Name of Head of Household on Housing Application: \_\_\_\_\_

I, the undersigned individual, do hereby authorize the **Delaware Nation Housing, Anadarko, OK** to procure a criminal background report on me for the purpose of initial applicant eligibility screening, lease enforcement and/or eviction actions. This authorization and release form is valid during the housing application process, and if accepted into a housing program, for the entire duration of stay in a DNH housing unit.

This above-mentioned report will be disclosed only to DNH staff who has a job related need for the information and who is an authorized officer, employee, or representative of the recipient.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the **Delaware Nation Housing, Anadarko, OK** including, but not limited to any and all courts and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the **Delaware Nation Housing, Anadarko, OK** and all persons, National Crime Information Center, police departments, and other law enforcement agencies, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a criminal background report hereby authorized.

Further, I certify that the information contained on this Notice/Authorization/Release form is true and correct and that my housing application will be terminated based on any false, omitted or fraudulent information.

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**(PLEASE TYPE OR PRINT CLEARLY IN INK)**

Full Name: \_\_\_\_\_ Suffix: JR \_\_\_ SR \_\_\_ III \_\_\_  
[Do Not Abbreviate] First Middle Last

Other Names Used: \_\_\_\_\_ Dates Used: \_\_\_\_\_  
(alias, maiden, or nicknames)

Current Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code County Date Lived

Social Security Number: \_\_\_\_\_ - - Full Name on SSN: \_\_\_\_\_

Date of Birth (month/day/year) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Female \_\_\_ Male \_\_\_

**TO BE COMPLETED BY DNH STAFF ONLY**

*This criminal background report will be kept under lock and key and be under the custody and control of the DNH executive director/lead official and/or his designee for such records.*

Date Report Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Report Determination: Favorable / Unfavorable