

HOMEOWNERS REHABILITATION SERVICES (HRS)

ALL DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION.

- _____ Proof of Residence (Utility Bill)
- _____ Copy of CDIB, Tribal Membership (front and back), and Social Security Cards for ALL Household members
- _____ Income Verification: You must report all forms of household income. If you are claiming zero income, you must provide a statement of how you are paying your utilities, food, transportation, etc. If you receive money from a family member, you must provide a notarized statement from them stating what they're paying, and the amount paid each month. You must submit check stubs from your employer, (30 days of pay), current and complete awards letter from Social Security, child support, rental assistance, or any other verification of income that you receive. If you are self-employed, have a business, or farm income, you must submit your most recent tax return with ALL attachments that were filed. Any household members aged 18 or over with no income will need to have a verification of unemployment completed by a non-family member and notarized (Form provided).
- _____ Separated Statement: If you are married, but separated, your spouse will need to provide a notarized statement stating they do not reside with you and verification of their current residence.
- _____ If both parents of minor children do not reside in the home, you must submit court documentation proving custody of each child and proof of child support for each child.
- _____ You must submit current driving directions to your residence, starting with a known landmark in your area.
- _____ Statement from Physician stating a medical necessity if applying for carpet or central heat/ air or ADA work
- _____ Veteran Status, please provide form DD214, available for request online
- _____ Copy of current Homeowners Insurance, if applicable
- _____ Copy of Title if work requested is for a Mobile Home
- _____ Copy of Warranty Deed
- _____ Other

Your application will be considered incomplete and will not be processed until all items have been received by our office. After 90 days of inactivity your request will be closed out and you will be required to complete a new application.

PLEASE NOTE: ALL COMPLETED APPLICATIONS ARE VALID FOR ONE (1) YEAR FROM DATE OF RECEIPT AND MUST BE RENEWED ANNUALLY.

580-326-7521 | 800-235-3087 | HRSDEPARTMENT@CHOCTAWHOUSING.COM | FAX 580-326-5021
207 JIM MONROE RD. | PO BOX G | HUGO, OKLAHOMA 74743



Choctaw Nation Housing Authority

CHOCTAWNATION.COM



If you are recertifying an existing application, you only need to provide the following information:

- Current Income Verification
- If you have included a new household member that was not listed on your previous application, you will need to include their income, if any, and a copy of their Social Security card, Tribal Membership and CDIB card.
- Proof of Residence (current utility bill)
- Application dated and signed

If you are applying for repairs or rehabilitation to your existing home you will need to include all the items requested above, along with the following additional documents:

- Current Income Verification
- If you have included a new household member that was not listed on your previous application, you will need to include their income, if any, and a copy of their Social Security card, Tribal Membership and CDIB card.
- Proof of Residence (current utility bill)
- Copy of current Homeowners Insurance Policy
- Include a statement from your physician if you are requesting carpet, central heat and air, or any handicap accessible work. This statement will need to explain why it is a medical necessity or medically required for you to have that specific request. Applicants experiencing short-term disabilities will not be considered for handicap accessible work.
- Application dated and signed

All required documents must be submitted before application can be processed.

**If you have questions or need assistance completing the application,
Please call us at 580-326-7521 or 800-235-3087.**

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Applicant Information

Applicant's Name: (First, Middle Initial, Last Name)

Mailing Address (Street, City, Zip)

Physical Address (Street, City, Zip)

*Marital Status: Married Separated Single

Email Address:

Home Phone:

Cell Phone:

Work Phone:

Social Security Number:

Applicant's Date of Birth:

Are you related to anyone employed at the Housing Authority? Yes No

If yes, employee name:

Relationship:

Are you a veteran? Yes No

If yes, please provide a copy of form DD214.

Do you own your home? Yes No

If yes, please provide a copy of your deed.

Do you rent? Yes No

If yes, please provide landlord name:

COMPLETE THE INFORMATION BELOW FOR EACH MEMBER IN HOUSEHOLD

| Name | SS# | Gender | DOB | Relationship | Occupation/Student |
|------|-----|--------|-----|--------------|--------------------|
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**If married, both spouses must be listed on application. If divorced, a copy of the complete divorce decree is required. If widowed, a copy of a death certificate must be included. If separated, a notarized statement from the spouse stating they do not live in the home and a copy of a utility bill in their name proving a different residence is required.*

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Family Income

COMPLETE THE INFORMATION BELOW FOR EACH HOUSEHOLD MEMBER

If any household member 18 and older is unemployed and does not receive any benefits, please complete the unemployment/zero income form.

| Household Member | Annual Wages | Annual Social Security | Annual SSI | Annual Veterans | Old Age Assist | Aid to Disabled |
|------------------|--------------|------------------------|------------|-----------------|----------------|-----------------|
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Additional Income Information

Does any member of your household receive cash contributions from individuals not in the home? Yes No

If yes, please explain:

Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificate of deposits, stocks or bonds, income from rental property, etc? Yes No

If yes, specify amount:

Does any member of your household receive child support? Yes No Monthly Amount:

List below the assistance that is requested:

If applying for emergency repairs that are a safety or health hazard, answer questions below:

What is the emergency problem?

Where is the problem located?

What caused the problem?

How long has this been a problem?

What steps have you taken to repair the problem?

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Information Regarding Your Home

| | | | |
|--|-----------|--|--------|
| County home is located in: | | Tribal district home is located (Districts 1-12): | |
| Year house was built: | | | |
| Is deed in your name? | Yes No | If no, what is relation to person on deed? | |
| Is this your primary residence? | Yes No | How many years have you owned and resided in your house? | |
| Do you have an active mortgage with Choctaw Nation Home Finance? Yes No | | | |
| Mobile home: Yes No If yes, please provide copy of title. | | | |
| Do you have homeowners insurance Yes No If yes, provide copy of current policy. | | | |
| Total number of rooms: | Bedrooms: | Bathrooms: | Other: |
| Type of heat: | | Type of water: | |
| Propane Natural Gas Wood Electric None | | City Rural Well None | |
| Type of sewer: | | | |
| City Lateral System None | | | |

I/we understand that a useful life agreement/lien will be placed on the home if i/we receive substantial rehab or a rehab voucher.

I/We understand that if the Choctaw Nation of Oklahoma Housing Authority deems the home non cost-effective, they may reserve the right to perform work on the home.

I/We understand that the Choctaw Nation of Oklahoma Housing Authority will not add on extra square footage to the home.

I/We understand that the above information is being collected to determine eligibility for assistance. Information given will be verified and may be released to appropriate federal, state, or local agencies.

I/We certify that the information or statements given in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false information or statements are grounds for termination of housing assistance and are punishable under federal, state, and local laws.

By signing below, i/we have read and agree to the above statements.

| | | | |
|-----------------------------|------|-------------------------------|------|
| Head of Household Signature | Date | Spouse/Co-Applicant Signature | Date |
|-----------------------------|------|-------------------------------|------|

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Waiver: Lead-Based Paint

The housing authority of the Choctaw Nation of Oklahoma will perform a lead-based paint test to privately owned homes built before January 1, 1978, if the applicant is approved for substantial rehab.

If the lead-based paint test is positive, the Choctaw Nation of Oklahoma Housing Authority is not obligated to eliminate the lead-based paint or provide rehabilitation services.

I acknowledge having read, understood and agreed to the above waiver.

| Applicant Name (Print) | Applicant Signature | Date |
|------------------------|---------------------|------|
| | | |

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Zero income/ unemployment form

This form is to be completed by all adults living in the household who do not have income. Check yes or no below.

I, _____, do certify that i do not have income from any source.

Including any of the following:

- Yes No Income from performing odd jobs (yard maintenance, house cleaning, baby-sitting, etc.)
- Yes No Income received from relatives or friends to aid in maintaining my household
- Yes No Income received from child support or alimony
- Yes No Income from unemployment, social security, welfare (DHS), veterans administration or workers' compensation

\$ _____ Income from grants and scholarships

\$ _____ Income received from employment or retirement

| |
|---|
| Please state how you pay for everyday expenses below (rent, utilities, food, etc.) |
| |

Should my income status change, i will notify the Choctaw Nation Housing Authority immediately so that proper verification can be obtained. I acknowledge that any misrepresentation of income, assets or family composition used from my application to determine eligibility may result in termination of participation in the program.

| | |
|--|-------------|
| Signature of Applicant/Household Member | Date |
|--|-------------|

I, (print name) _____, do hereby state that I know (applicant) _____ and can verify that he/she is unemployed

| | |
|--|-------------|
| Signature of Applicant/Household Member | Date |
|--|-------------|

This document was signed/attested before me on:

| | |
|----------------------------|-------------|
| Signature of Notary | Date |
|----------------------------|-------------|

| |
|----------------------------|
| Commission expires: |
| Commission number: |

Seal/Stamp

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\$_____ Income from grants and scholarships

\$_____ Income received from employment or retirement

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| | |
|--|-------------|
| Signature of Applicant/Household Member | Date |
|--|-------------|

I, (print name) _____, do hereby state that I know (applicant) _____ and can verify that he/she is unemployed

| | |
|--|-------------|
| Signature of Applicant/Household Member | Date |
|--|-------------|

This document was signed/attested before me on:

| | |
|----------------------------|-------------|
| Signature of Notary | Date |
|----------------------------|-------------|

| |
|----------------------------|
| Commission expires: |
| Commission number: |

Seal/Stamp

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Landlord Statement

| | |
|-------------------------------|-------------------------------------|
| Applicant's Name: | Co-Applicant, if applicable: |
| Physical Address: | |
| City, State, Zip Code: | |

By signing below, I, _____, landlord of the above-mentioned property am agreeing that any appliances the housing authority of the Choctaw Nation of Oklahoma Housing Authority provides belong to the tenant(s) named above and they may remove them from the property if they are to move.

| | |
|-------------------------------------|------------------------------|
| Landlord's Name: | Landlord's Signature: |
| Landlord's Physical Address: | |
| City, State, Zip Code: | |
| Phone Number: | Date: |

| | |
|--|-------------------|
| <i>This document was signed/attested before me on:</i> | |
| Signature of Notary | Date |
| Commission expires: | Seal/Stamp |
| Commission number: | |

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Authorization for release of information

| | |
|-------------------------------|-------------------------------------|
| Applicant's Name: | Co-Applicant, if applicable: |
| Physical Address: | |
| City, State, Zip Code: | |
| Phone Number: | Email: |

By signing below, i am giving consent to the Choctaw Nation of Oklahoma Housing Authority to release any information pertaining to my application or services rendered to the below-named individual(s).

| | |
|--------------|------------------|
| Name: | Relation: |
| Name: | Relation: |
| Name: | Relation: |
| Name: | Relation: |
| Name: | Relation: |

Date on which the authorization/consent will begin: _____

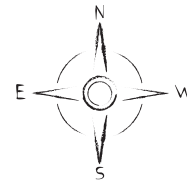
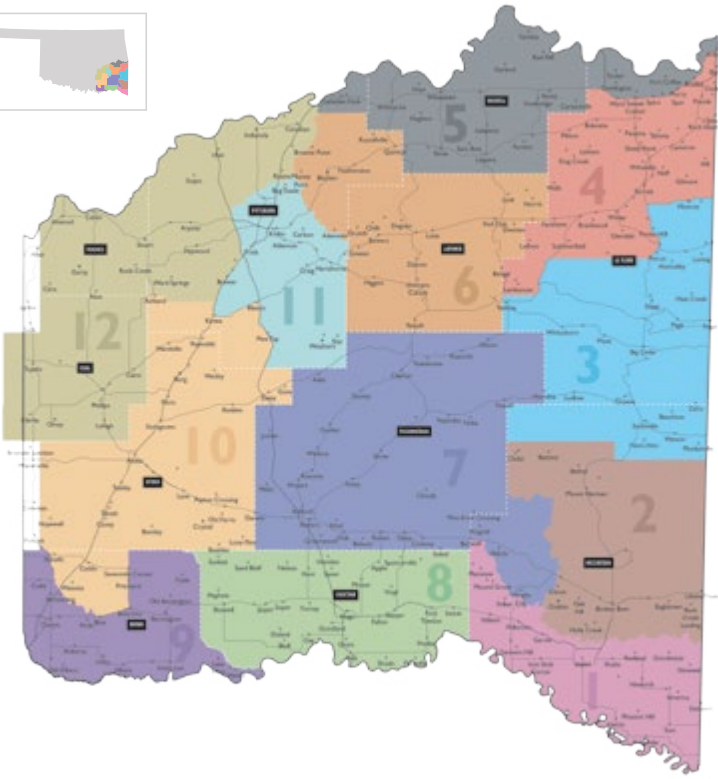
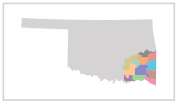
Authorization is valid one (1) year from the date on which consent began. Any changes to information stated above must be submitted in written form by named applicant(s).

| | |
|--------------------------------|-------------|
| Signature of Applicant: | Date |
| Signature of Applicant: | Date |

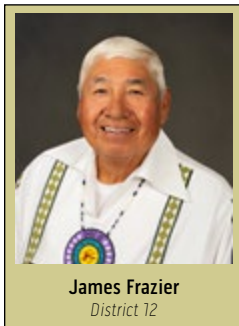
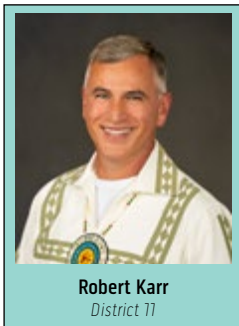
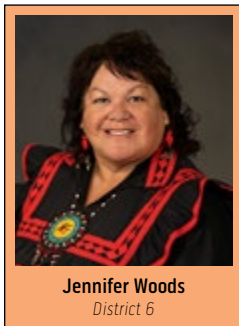
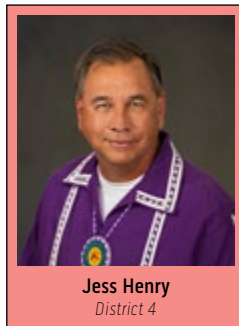
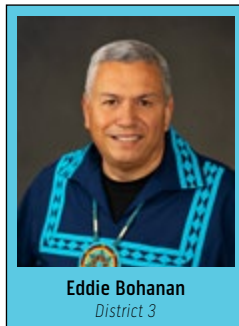
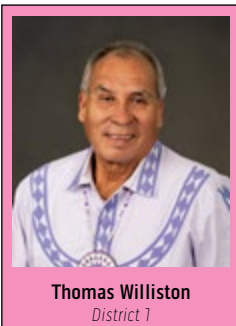
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District Map



Tribal Council



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APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410