

HOMEOWNERS REHABILITATION SERVICES APPLIANCE APPLICATION

ALL DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION.

- Proof of Residence (Utility Bill)
- Rent Own Mutual Help LEAP
- Copy of CDIB, Tribal Membership (front and back), and Social Security Cards for ALL Household members
- If renting, a notarized statement stating all appliances will go with you, if and when you move- (Form provided)
- 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



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:

Do you own your home? Yes No

By checking that you own your home, you are verifying that you are on the deed and/or title and can provide proof if requested.

Do you rent? Yes No

COMPLETE THE INFORMATION BELOW FOR EACH MEMBER IN HOUSEHOLD

Name	SS#	Gender	DOB	Relationship	Occupation/Student

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

If you are renting please fill out the landlord statement attached to application.

SELECT THE APPLIANCE(S) YOU ARE REQUESTING BELOW

Refrigerator A/C Unit Gas/Propane Stove Electric Stove

If you are requesting an electric stove, select the cord type: 3-Prong 4-Prong

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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.

I/we understand that once i/we receive appliances, i/we will not be eligible to receive additional appliances for five (5) years.

I/we understand that it is my/our responsibility to register the appliance for warranty upon delivery.

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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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
------------------------------------------------	-------------

<i>This document was signed/attested before me on:</i>	
Signature of Notary	Date

Commission expires:	Seal/Stamp
Commission number:	

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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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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