

**INDEPENDENT ELDERLY HOUSING APPLICANTS
PLEASE READ CAREFULLY**

1.800.235.3087 * 580.326.7521 * Fax: 580.326.7641

Listed Below are the required items you must return in order for your application to be complete.

- **Application – Dated and signed.**
- **All household income listed and verified --- Printouts from these offices and Awards letters are acceptable as proof of income. Copies of neither checks nor check stubs will be accepted as proof of income. All income will have to be verified so if you receive more than one type of benefit please make sure that all benefits are verified.**
- **All Documents enclosed signed and dated.**
- **Copies of Social Security Cards for each household member.**
- **Copies of CDIB and Choctaw Tribal Membership cards.**
- **Section 214 Declaration of U.S. citizenship for each family member.**
- **Criminal Background check completed --- This form must be signed before a notary and notarized.**
- **OSBI Criminal Background Check—Complete subject information box then return with your application Choctaw Housing will submit the form to OSBI.**
- **Two previous landlord references or two 3rd part statements from someone other than a relative.**

All documents must be completed in order for your application to be processed.

If you have any questions please feel free to call our office

Thank you,

Independent Elderly Housing Staff

**HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA
INDEPENDENT ELDERLY RENTAL ASSISTANCE PROGRAM**

1.800.235.3087 * 580.326.7521 * Fax: 580.326.7641

Attachment 6-a
Page 1 of 2

PERSONAL DECLARATION

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the social security card. All adult members of the household must sign below certifying the information pertaining to them is correct. Please print.

I. Household Composition: List all persons who will be living in your home listing head of household first.

Adults (Legal Name)	Date of Birth	Relationship to Head of Household	SSN	Indicate if married (m) widowed (w) separated (s) divorced (d) Year:
1.		<i>Head of Household</i>		Year:
2.				Year:
3.				Year:
4.				Year:

Children (name as it appears on SSC)	Date of Birth	Relationship to Head of Household	School Name	Absent Parent's Name	Absent Parent's Address
1.					
2.					
3.					
4.					
5.					
6.					

If separated or divorced, list name and address of spouse/ex-spouse as follows:

_____ Name

_____ Name

_____ Street Address

_____ Street Address

_____ City/State/Zip

_____ City/State/Zip

_____ SSN (if known)

_____ SSN (if known)

II. Total Household Income: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

Household Member	Employer	Total Weekly Wages	AFDC	Child Support Monthly	Social Security Benefits	Unemployment Benefits	All other Income
1.							
2.							
3.							
4.							

III. Assets: If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? ___ Have you sold any real estate in the last two years? ___ Do you own any stock or bonds? ___ Do you have savings accounts? ___ If yes, give bank, account numbers, and amounts _____

Do you own a car? ___ **Model/Year** _____ **Tag No** _____
Do you own a second car? ___ **Model/Year** _____ **Tag No** _____

1. Does anyone outside your household pay any of your bills or give you money? ___
 If yes, please explain _____

2. Have you or any other adult members ever used any name(s) or Social Security Number(s) other than the one you are currently using? ___ If yes, please explain _____

3. Have you or any member lived in any assisted housing? ___
 If yes, list where and when _____

4. Have you or anyone in your household ever been convicted of any crime other than traffic violations? ___
 If yes, please explain _____

5. Have you ever committed any fraud in a Federal Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs? ___
 If yes, please explain _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any household member as well as any changes in the household members must be reported to the Housing Authority in writing immediately:

Signature of Head of Household **Date**

Signature of Spouse **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 fraudulent statements to any department or agency of the United States.

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I, _____ do hereby give the person(s) listed below permission to make inquiries on my behalf regarding the status of my application. I understand the Independent Elderly Staff will not release any information to any other person(s) not listed below.

Please print names of those person(s) you authorize below:

1. _____
2. _____
3. _____

I must notify the Independent Elderly Staff in writing of any changes I may wish to make in the future.

Applicant Signature

Date

Witnessed by

Date

**HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA
INDEPENDENT ELDERLY RENTAL ASSISTANCE PROGRAM
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APPLICANTS/TENANTS CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application forms and the HUD form 50058 or 50059, which ever applies to me, and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing, any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guest/visitors, and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous federal housing assistance, and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence, and I will not obtain duplicate federal housing assistance while I am on this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings, completing, and signing needed forms. I understand failures or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administration Actions for False Information

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature and Date of Household Adults

- 1) _____
- 2) _____
- 3) _____
- 4) _____

PLEASE TAKE THIS FORM TO YOUR PREVIOUS/PRESENT LANDLORD, HAVE THEM TO:
COMPLETE IT AND RETURN TO YOU, FOR YOU TO PUT WITH OTHER FORMS FOR SUBMISSION.

DATE: _____

TO: _____

_____ Has/have applied for residency for assistance in our Independent Elderly Housing program. Your name and address were given by the applicant as a Person/Landlord reference. Please fill out the questionnaire below and return it as soon as possible in the envelope provided, so we can process this applicant in a reasonable period of time. ALL INFORMATION IS HELD IN STRICT CONFIDENCE.

Thank you for your cooperation and prompt reply.

MANAGEMENT COORDINATOR

IEHP PROGRAM

LANDLORD

1. HOW LONG DID THE TENANT RENT FROM YOU? _____
2. WHAT WAS THE MONTHLY RENT? _____
3. DID THIS TENANT PAY PROMPTLY? _____
4. DID THIS TENANT LEAVE THE PROPERTY IN SATISFACTORY CONDITION? _____
5. WAS THERE A DEPOSIT? _____ WAS IT RETURNED? _____
6. DID THE TENANT MAINTAIN DESIRABLE LIVING CONDITIONS: A WELL KEPT HOUSE? _____
7. DID THE TENANT GET ALONG WITH THE OTHER TENANTS, NEIGHBORS? _____
8. WERE THE CHILDREN ADEQUATELY SUPERVISED? _____
9. WHAT WAS THE REASON FOR THE APPLICANT LEAVING YOUR APARTMENT? _____
10. DID THE TENANT GIVE PROPER NOTICE TO MOVE? _____
11. WOULD YOU RENT TO THE APPLICANT IN THE FUTURE? _____
12. ADDITIONAL COMMENTS (USE BACK OF PAPER IF NECESSARY) _____

SIGNATURE OF LANDLORD

DATE

PHONE #

Return to:
Choctaw Housing
ATTN: IEHP
P.O. Box G
Hugo, OK 74743

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7. DID THE TENANT GET ALONG WITH THE OTHER TENANTS, NEIGHBORS? _____
8. WERE THE CHILDREN ADEQUATELY SUPERVISED? _____
9. WHAT WAS THE REASON FOR THE APPLICANT LEAVING YOUR APARTMENT? _____
10. DID THE TENANT GIVE PROPER NOTICE TO MOVE? _____
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HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA

RULES FOR PETS

The following rules are established to govern the keeping of pets in and on properties owned and operated by the Choctaw Nation Housing Authority.

All pets must be registered with the Housing Authority. Tenants must receive a written permit to keep any animal on or about the premises. This privilege may be revoked at any time subject to the Housing Authority's grievance procedure if the animal becomes destructive or a nuisance to others, or if the tenant/owner fails to comply with the following:

1. A maximum number of one pet is allowed for elderly families or handicap families with a doctor's statement.
2. Permitted pets are domesticated dogs, cats, birds, and fish aquariums. Dogs and cats weight must be less than 20 pounds.
3. Dogs are to be licensed yearly with the proper authorities, and tenants must show proof of yearly distemper also. No vicious or intimidating dogs are to be kept.
4. All female cats and dogs are to be spayed. If such animals are not spayed and have offspring, the tenant is in violation of this rule.
5. No pet may be kept in violation of humane or health laws.
6. Dogs and Cats shall remain inside a tenants unit unless they are on a leash. Birds must be confined to a cage at all times.
7. Cats are to use litter boxes kept in tenant's premises. Tenant is not allowed to let waste accumulate.
8. Tenants are responsible for promptly cleaning up pet droppings, if any, outside of unit, and properly disposing of said droppings.
9. Tenants shall take adequate precautions to eliminate any pet odors within or around unit and maintain unit in a sanitary condition at all times.
10. Tenant shall not permit any disturbance by their pet which would interfere with the quite enjoyment of the other tenants, whether by loud barking, howling, biting, scratching, chirping, or other such activities.
11. If pets are left unattended for 24 hrs or more, the Housing Authority may enter the unit to remove the pet and transfer it to the proper authorities.
12. Tenants shall not alter their unit, patio, or unit area to create an enclosure for an animal.
13. Tenant is responsible for all damages caused by their pets.
14. Tenants are prohibited from feeding stray animals. The feeding of stray animals shall constitute having a pet without permission from the Housing Authority.
15. Tenant shall pay a damage deposit for each pet as follows: dog, \$150.00; cat, \$150.00; fish or bird, none. The tenant shall pay this deposit in advance or on the acceptance of said pet. This deposit is refundable if no damages are done, as verified by the Housing Authority, after tenant no longer has pet, or moves.
16. Tenants who violate these rules are subject to (A) loss of deposit (B) being required to get rid of the pet within 30 days of notice by the Housing Authority; and/or (C) eviction.

I HAVE READ AND UNDERSTAND THE ABOVE REGULATIONS REGARDING PETS AND AGREE TO CONFORM TO THE SAME.

TENANT SIGNATURE

DATE

Criminal Background Check

I, _____ being of sound mind, do hereby authorize the Choctaw Nation of Oklahoma, located in Hugo, OK to do a CRIMINAL BACKGROUND CHECK with Law Enforcement Agencies. I/We are also aware and have been advised that due to finding any criminal history on myself/us, my/our application will be terminated immediately.

I/We further agree upon written consent, I/We will not hold/file any lawsuit of any kind against the Law Enforcement Agency or the Housing Authority of the Choctaw Nation due to the criminal check.

Signature of Person	Date of Birth	Social Security Number
---------------------	---------------	------------------------

Signature of Person	Date of Birth	Social Security Number
---------------------	---------------	------------------------

Dated this _____ Day of _____ 20 _____

Seal _____
Notary

My Commission Expires

Law Enforcement Agency: _____
Address _____ Phone _____
Name & position of person doing this check: _____
Date _____
Criminal History _____

*Fill in your signature, date of birth, & social security number, **have it notarized**, and then return it to us with the other forms. We will contact the local Law Enforcement Agency.

Family Summary Sheet

Member No.	Last Name	First Name	Relationship to HOH	Sex	Date of Birth
<i>HOH</i>					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

EMPLOYMENT INCOME RELEASE OF INFORMATION

NAME: _____ DATE: _____ SS#: _____

The Housing Authority of the Choctaw Nation of Oklahoma is required by the Department of Housing and Urban Development (HUD) to verify the income of all tenants, or prospective tenants. The person indentified above has been informed that he/she is now or has been, within the last twelve (12) months, employed by your firm. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

IEHP HOUSING STAFF

THIS PORTION TO BE COMPLETED BY TENANT OR PROSPECTIVE TENANT

I authorize _____ to give Housing Authority of the Choctaw Nation
Name of Source of Income

Address

Information they need in regard to employment. I release the above named agency from all liability in relation to the release of such information.

Employee's Signature _____ Date _____

This Portion To Be Completed By Employer Only. Please Return To Employee After Completion.

Employed from _____, 20 _____ to _____, 20 _____

Occupation/Title _____ Employment is: Permanent () Temporary () Seasonal ()

Current rate of pay \$ _____ per _____ Employee is pd: Weekly () Monthly () Other ()

Explain Other _____

Average number of hours per week, if not full time employee _____

IS EMPLOYEMENT THROUGH JTPA () YES () NO

IS EMPLOYMENT WORK STUDY () YES () NO

Estimated amount of overtime and commissions, if applicable \$ _____ per _____

Anticipated earnings in the next twelve (12) month \$ _____

If pay is not consistent weekly or monthly please estimate projected earnings for the year.

Date

Firm Name: _____

Address: _____

City/State/Zip: _____

Completed by: _____

Employer Phone # _____

Title: _____

ANY FALSE OR INCORRECT INFORMATION SHALL BE GROUNDS FOR AUTOMATIC AND IMMEDIATE DISQUALIFICATION.

Return forms to Choctaw Housing IEHP: P.O. Box G Hugo, OK 74743

"OTHER" INCOME RELEASE OF INFORMATION

THIS FORM IS TO BE USED IF YOU RECEIVE SOCIAL SECURITY, SSI, OR ASSISTANCE FROM DHS

NAME _____

DATE _____

ADDRESS _____

SOURCE OF INCOME _____

BIRTHDATE _____

ADDRESS _____

Choctaw Housing Independent Elderly Program is required by Housing and Urban Development (HUD) to verify all income of all participants or potential participants. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

IEHP HOUSING STAFF

THIS PORTION TO BE COMPLETED BY TENANT OR PROSPECTIVE TENANT

I authorize _____ to give Choctaw Housing information they need in regard to my income. I release the above named agency from all liability in relation to the release of such information.

Client Signature

Date

Social Security # _____

Welfare Case # _____

VA Claim # _____

Civil Service # _____

Child Support # _____

SSI # _____

This portion to be completed by Source of Income only, then return to client.

TYPE OF BENEFITS _____

AMOUNT RECEIVED PER MONTH: SSA _____ SSI _____ OAA _____ TANF _____

AD _____ VA _____ CS _____ OTHER _____

AGENCY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER

COMPLETED BY

DATE _____

TITLE

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"OTHER" INCOME RELEASE OF INFORMATION

THIS FORM IS TO BE USED IF YOU RECEIVE SOCIAL SECURITY, SSI, OR ASSISTANCE FROM DHS

NAME _____

DATE _____

ADDRESS _____

SOURCE OF INCOME _____

BIRTHDATE _____

ADDRESS _____

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Date

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TYPE OF BENEFITS _____

AMOUNT RECEIVED PER MONTH: SSA _____ SSI _____ OAA _____ TANF _____

AD _____ VA _____ CS _____ OTHER _____

AGENCY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER

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