Dear Applicant:

Enclosed is the housing application that you have requested. Please read the attached checklist carefully as all requested information must be provided before we process your application.

Listed below are the documents required for processing your application:

- Choctaw citizenship card and/or Certificate of Degree of Indian Blood (CDIB) card for head of household or spouse.
- Social Security cards for all household occupants.
- Driver’s License/photo ID for anyone 18 or older.
- Proof of custody for all children if both parents aren’t listed on application.
- Employment verifications for all household members who are age 18 years or older. Retirement, TANF, unemployment benefits, workers compensation, social security benefits, SSI, DHS, or child support (money received) of all household occupants. If you do not have an income, you must complete an Unemployment Verification.
- All persons 18 years and older must sign:
  - Release of Information
  - Privacy Act
  - Background check forms
- The Declaration of Section 214 Status must be completed and signed by each household member or a parent/guardian.
- Verification of 2 years of employment.
- Verification of 2 years of prior residence.
- Copies of 2 years tax returns.
- Fee of $38 for single persons or $76 for married persons/couples and $32 for any additional household members 18 years and older for credit and background check. *This fee will be collected at time of selection for participation in program.*

We look forward to providing you with this service. If we can be of assistance to you in completing the application, you may contact our office at (580)326-7521.

Sincerely,

Donna Courtwright
Homeowners Management Services
Choctaw Nation
Housing Authority

____________________________________  Date: _________________________
Name

____________________________________
Mailing Address

____________________________________
Physical Address

____________________________________
City  State  Zip Code

____________________________________
Work Phone  Home/Cell Phone

Emergency Contact Name: _______________________________ Phone: ______________________
Address: ______________________________________________________________________

Do you request an interpreter for communication purposes? ______ if so, explain: _____________________________

Marital Status: (circle one)      Single        Married        Divorced        Widowed        Separated      Common Law
(Circle all that apply):  Choctaw Tribal Member  Handicap/Disabled    Veteran

Household Composition:

<table>
<thead>
<tr>
<th>Full Name(s) of all Household Members</th>
<th>Relation to Head</th>
<th>Sex M/F</th>
<th>Date of Birth</th>
<th>Native American Yes/No</th>
<th>List Tribe</th>
<th>Social Security Number <em><strong>REQUIRED</strong></em></th>
</tr>
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Are there family members temporarily absent? ______ Yes_______ No if so, whom: ______________________________
Where are they residing? ________________________________  When are they expected to return? _______________
# Choctaw Nation Housing Authority

## Total Household Income:

<table>
<thead>
<tr>
<th>Household Members</th>
<th>Employer</th>
<th>Gross Weekly Wages</th>
<th>TANF</th>
<th>Child Support</th>
<th>Social Security Benefits</th>
<th>Unemployment Benefits</th>
<th>All Other Income</th>
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If “YES” is circled on the following Felony question, please explain the charge, date of the charge and sentencing on the lines below. You will also need to provide legal documentation. If “YES” is circled for drug court please provide documentation on what phase you are in.

- Have you ever been arrested or convicted of a felony? Yes No
- Are you currently participating in a drug court program? Yes No
- Are you a registered sex offender? Yes No

If YES please explain: __________________________________________________________________________
________________________________________________________________________________________

List name, address, and phone number of two relatives or friends who generally know how to contact you.

<table>
<thead>
<tr>
<th>Name of Contact Person</th>
<th>Address</th>
<th>Phone Number</th>
<th>Relationship</th>
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Are you or your spouse and employee of the Housing Authority or any Choctaw Nation entity? ____ Yes ____ No

Do you or your spouse have any relative(s) presently working for the Housing Authority of the Choctaw Nation? ____ Yes ____ No If yes, give the name(s) of the relative(s) and relation.
________________________________________________________________________________________
________________________________________________________________________________________

Do you currently own your own home? ____ Yes ____ No If no, do you ____ rent, or ____ make a mortgage/bank payment?
How Much? __________

Have you ever been evicted from a home? __________ If yes, please explain: ____________________________________________
________________________________________________________________________________________

Will you need a handicap accessible home? ____ Yes ____ No
Landlord Information

Please list names, mailing addresses, and phone numbers of your landlords for the past TWO (2) years.

• Date-From: ______________________ To: ______________________
  Landlord: _____________________________________________
  Address: _____________________________________________
  Phone Number: _______________________________________

• Date-From: ______________________ To: ______________________
  Landlord: _____________________________________________
  Address: _____________________________________________
  Phone Number: _______________________________________

• Date-From: ______________________ To: ______________________
  Landlord: _____________________________________________
  Address: _____________________________________________
  Phone Number: _______________________________________

• Date-From: ______________________ To: ______________________
  Landlord: _____________________________________________
  Address: _____________________________________________
  Phone Number: _______________________________________
DISTRICT PREFERENCE

(Choose ONE DISTRICT in which you are requesting assistance)

___ #1 McCurtain ___ #2 McCurtain ___ #3 LeFlore ___ #4 LeFlore ___ #5 Haskell ___ #6 Latimer
___ #7 Pushmataha ___ #8 Choctaw ___ #9 Bryan ___ #10 Atoka ___ #11 Pittsburg ___ #12 Coal/Hughes

PLEASE READ BEFORE SIGNING APPLICATION PACKET. IN ORDER TO RECEIVE SERVICES, YOU MUST QUALIFY BY MEETING ALL ELIGIBILITY REQUIREMENTS AND PROGRAM FUNDING MUST BE AVAILABLE.

Applicant Certification

I/ We certify that the answers/information given on this application in reference to household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. No record will be communicated to anyone or agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. I consent to allow the Housing Authority of the Choctaw Nation and/or Choctaw Nation to request and obtain income verification for the purpose of verifying my eligibility and level of benefits under HUD/Housing Authority of the Choctaw Nation.

This application will not be valid unless completely filled out.

___________________________________  _____________________________________
Signature of Head of Household             Date  Signature of Spouse                                    Date
___________________________________  _____________________________________
Other Family Member 18 and over        Date  Other Family Member 18 and over          Date

PRIVACY ACT NOTICE: THIS INFORMATION IS TO BE USED BY THE AGENCY COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PROSPECTIVE PARTICIPANT OR BORROWER UNDER THE AGENCY’S PROGRAM(S). IT WILL NOT BE DISCLOSED OUTSIDE THIS AGENCY EXCEPT REQUIRED OR PERMITTED BY LAW. You do not have to provide this information, but if you do not, your application for approval as a prospective participant or borrower may be delayed or rejected, the information requested in this form is authorized by TITLE 38, USC, Chapter 37 (if VA by 12 USC, Section 1701 BT.SEQ; (if USDA/FmHA)

Warning: Section 1001 of Title 18 of the U.S. Code make it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. to any matter within its jurisdiction
Employment Income Verification

Employee Name: _______________________________ Date: _____________
Employee Address: ___________________________ Social Security Number: _______________

The Choctaw Nation Housing Authority is required to verify the income of all applicants/tenants/participants of the programs. The person named above states that he/she is now employed by your firm. Your cooperation in supplying the information requested below will be appreciated and of the benefit to your employee. Such information will be held in confidence and used only by the housing division as legally necessary.

I hereby authorize the release of this information to the Choctaw Nation Housing Authority.

________________________   _______________________________________
Date      Employee Signature

INFORMATION BELOW IS TO BE COMPLETED BY EMPLOYER ONLY!

1. Date of employment: __________________________
2. Occupation: _________________________________
3. Employment is: Permanent – Temporary – Part-time – Seasonal   (circle one)
4. Current average number of hours worked per week: _____ Straight time:_____ Overtime:____
5. Current base pay rate: $__________ per: _____ Date effective: _________________________
6. If seasonal or sporadic employment, give lay-off periods: ______________________________
7. Anticipated total earnings for next 12 months: $______________________________

The above information is true and correct to the best of my knowledge. I understand that any false statements of information are punishable under federal law.

________________________   __________________________
Date                     Verified By:

Employer Name: _______________________________ Title: _______________________________
Address: ___________________________ Phone: _______________________________

6
Request for Release of Information of Credit

Family/Individual: _______________________________ Date: ____________________

Address: ________________________________________________________________________

City: _______________________ State: _____________________ ZIP: ______________________

You are requested to provide the Choctaw Nation Housing Authority any information from your records which is needed by the housing division in determining eligibility for the above named participant/tenant and his/her family.

Your cooperation and prompt return of the information will be appreciated and this information will be held in confidence and used only by the housing authority as legally permissible.

I hereby authorize the Choctaw Nation Housing Authority to verify my past and present employment earnings records, and to order a consumer report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

_____________________________________  ________________________
Signature of Head of Household     Social Security Number

_____________________________________  ________________________
Signature of Spouse     Social Security Number
Unemployment Verification

This form is to be completed by all adults (18 and above) living in the household who does not have an income.

**Answer the questions below by circling either yes or no.**

I, ________________________________, do certify that I do not have income from any source:

Including the following:

Yes  No – Income from performing odd job (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.

**PLEASE STATE HOW YOU PAY FOR EVERYDAY EXPENSES (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, or family composition used from my application to determine eligibility may result in termination of participation in the program, or I may be required to pay the difference between the total tenant’s payment paid and the amount which should have been paid.

______________________________   ______________________
Signature of Applicant/Tenant     Date

Notary Signature ____________________________
Date ______________________________
Title of Notary _________________________________
Expiration Date ________________________________
Notary Number ________________________________
Choctaw Nation
Housing Authority

DECLARATION OF SECTION 224 STATUS

Notice to applicants and tenants: In order to eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority’s Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _______________________________ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

☐ I am a citizen by birth, naturalized citizen or national of the United States

OR:

☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

☐ I have eligible immigration status as checked below (see reverse side of this from for explanations). Attach INS documents(s) evidencing eligible immigration status and signed verification consent form.

☐ Immigration status under #1001(a)(15) or 101(a)(20) of the INA

OR:

☐ Permanent residence under #249 of INA

OR:

☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

☐ Parole Status under #212(d)(f) of the INA

OR:

☐ Threat to life of freedom under #243(h) of the INA

OR:

☐ Amnesty under #254 of the INA

__________________________________________________________________________   ______________________________
Signature of Family Member         Date

☐ Check box if signature of adult residing in unit is responsible for a child named on the statement above.

HA: Enter INS/SAVE Primary Verification #___________________ Date ____________

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, or imprisoned for not more than five years, or both.
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@hudog.gov. You can write the Hotline at:

![HUD OIG Hotline, GFI 451 7th Street, SW Washington, DC 20410](image.png)