

**Housing Authority of the Choctaw Nation of Oklahoma  
RECERTIFICATION FOR MUTUAL HELP HOUSING PARTICIPANT**

Please Print

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

62 Years or Older ( ) Yes ( ) No

City, State: \_\_\_\_\_

Disables or Handicapped ( ) Yes ( ) No

Zip Code: \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Single ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Other ( ) \_\_\_\_\_

List "ALL" Persons who live in the home

Last Name	First Name	M.I	SS#	Date of Birth	Age	Relationship	Student Y/N
						<i>Applicant</i>	

Assets Information

	Description	Current Value	Balance Owning
Cash			
Stocks & Bonds			
Real Property			
TOTAL			

LIST INCOME OF ALL MEMBERS OF THE HOUSEHOLD

Name	Source of Income	Amount

I / We certify that the information given is true and correct to the best of my knowledge. I / We have no objections to inquires being made for the purpose of verifying the statements made herein. I / We also understand that a false statement are punishable under federal law; and is grounds for termination of occupancy or housing assistance.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_ Spouse \_\_\_\_\_ Date \_\_\_\_\_  
DO NOT WRITE BELOW THIS LINE \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ PAYMENT ADJUSTED TO \_\_\_\_\_

PROJECT NO. \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

BEDROOM SIZE \_\_\_\_\_ PREPARED BY \_\_\_\_\_

CURRENT PAYMENT \_\_\_\_\_ DATE \_\_\_\_\_

IHA OFFICIALS CERTIFICATION: I certify that the information on this form has been verified. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

MUTUAL HELP

Please return to: Choctaw Housing Authority, PO BOX G, Hugo, OK, 74743. Attn: Mutual Help

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA  
EMPLOYMENT INCOME RELEASE OF INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ S.S # \_\_\_\_\_

The Housing Authority of the Choctaw Nation of Oklahoma is required by the Department of Housing and Urban Development (HUD) to verify the income all homeowners, or prospective homeowners. The person identified above has informed us that he/she is currently 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.

Sincerely,  
CNHA Mutual Help Staff

THIS PORTION TO BE COMPLETED BY HOMEOWNER OR PROSPECTIVE HOMEOWNER

I authorize \_\_\_\_\_ to give the Housing Authority of the Choctaw Nation of Oklahoma  
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 \_\_\_\_\_, 19\_\_ 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: \_\_\_\_\_

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

Anticipated earnings in the next twelve- (12) months. \$ \_\_\_\_\_

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

Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Completed by: \_\_\_\_\_

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

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

EMPLOYEE Return forms to Choctaw Nation Housing Authority: P.O. Box G Hugo, OK. 74743 Mutual Help Dept.

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EMPLOYMENT INCOME RELEASE OF INFORMATION

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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 \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

Occupation/Title \_\_\_\_\_ Employment is: Permanent( ) Temporary ( ) Seasonal ( )

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Anticipated earnings in the next twelve- (12) months. \$ \_\_\_\_\_  
If pay is not consistent weekly or monthly please estimate projected earnings for the year.

Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Completed by: \_\_\_\_\_

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

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**EMPLOYEE Return forms to Choctaw Nation Housing Authority: P.O. Box G Hugo, OK. 74743 Mutual Help Dept.**

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA  
"OTHER" INCOME RELEASE OF INFORMATION

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NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SOURCE OF INCOME \_\_\_\_\_  
\_\_\_\_\_ ADDRESS \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_

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The Housing Authority of the Choctaw Nation of Oklahoma is required by the Department of Housing and Urban Development to verify the income of all homeowners or potential homeowners. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

Sincerely,  
CNHA Mutual Help Staff

**This portion to be completed by prospective homeowner**

I authorize \_\_\_\_\_ to give the Housing Authority of the Choctaw Nation of Oklahoma 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 # \_\_\_\_\_

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**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 \_\_\_\_\_ OTHER \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

COMPLETED BY \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE \_\_\_\_\_

Any false or incorrect information shall be grounds for automatic and immediate disqualification.

CLIENT-Please return all forms to Choctaw Nation Housing Authority, P.O. Box G Hugo, OK, 74743 Mutual Help Department

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HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA  
"OTHER" INCOME RELEASE OF INFORMATION

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NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SOURCE OF INCOME \_\_\_\_\_  
\_\_\_\_\_ ADDRESS \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_

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AD \_\_\_\_\_ VA \_\_\_\_\_ OTHER \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

COMPLETED BY \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE \_\_\_\_\_

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CLIENT-Please return all forms to Choctaw Nation Housing Authority, P.O. Box G Hugo, OK. 74743 Mutual Help Department

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**HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA**

**VERIFICATION OF UNEMPLOYMENT**

FILE NAME: \_\_\_\_\_ SS # \_\_\_\_\_

**STATEMENT BY UNBIASED PARTY**

I \_\_\_\_\_, DO HEREBY STATE THAT I KNOW  
\_\_\_\_\_ AND CAN VERIFY THE FACT THAT HE/SHE IS  
UNEMPLOYED.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(PHONE)

\_\_\_\_\_  
(DATE)

State of \_\_\_\_\_

County of \_\_\_\_\_

THIS DOCUMENT WAS SIGNED / ATTESTED BEFORE ME ON \_\_\_\_\_ (DATE)

BY \_\_\_\_\_  
(Name of person making Statement)

\_\_\_\_\_  
(Signature of Notary Officer)

\_\_\_\_\_  
(Seal/Stamp)  
Title (and rank)

(My commission expires- \_\_\_\_\_)

**HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA**

**VERIFICATION OF UNEMPLOYMENT**

FILE NAME: \_\_\_\_\_ SS # \_\_\_\_\_

**STATEMENT BY UNBIASED PARTY**

I \_\_\_\_\_, DO HEREBY STATE THAT I KNOW  
\_\_\_\_\_ AND CAN VERIFY THE FACT THAT HE/SHE IS  
UNEMPLOYED.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(PHONE)

\_\_\_\_\_  
(DATE)

State of \_\_\_\_\_

County of \_\_\_\_\_

THIS DOCUMENT WAS SIGNED / ATTESTED BEFORE ME ON \_\_\_\_\_ (DATE)

BY \_\_\_\_\_  
(Name of person making Statement)

\_\_\_\_\_  
(Signature of Notary Officer)

\_\_\_\_\_  
Title (and rank) (Seal/Stamp)

(My commission expires- \_\_\_\_\_)

# Allowance Form

## TRAVEL ALLOWANCE SECTION

Maximum allowance = \$1300.00 per year

I / We \_\_\_\_\_  
\_\_\_\_\_, do hereby state that I / We  
drive \_\_\_\_\_ miles to get to and from work each week. (Maximum of 100 miles per week).  
(mileage)

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

\_\_\_\_\_  
Spouse

Subscribed and sworn to before me on this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_.

## CHILD CARE EXPENSES SECTION

I / We \_\_\_\_\_  
Hereby state that I / We have child care expenses that have to be paid each month.  
Current Amount Paid \$ \_\_\_\_\_ per \_\_\_\_\_

Date: \_\_\_\_\_ Child Care Provider \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Complete By: \_\_\_\_\_

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

Subscribed and sworn to before me on this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_, 20 \_\_\_\_\_.



## Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Housing Authority of the  
Choctaw Nation of Oklahoma  
PO Box G  
Hugo, OK 74743

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

#### Sources of Information To Be Obtained

**State Wage Information Collection Agencies.** (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

**U.S. Social Security Administration (HUD only)** (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(j)(7)(A) of the Internal Revenue Code.)

**U.S. Internal Revenue Service (HUD only)** (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

**Signatures:**

_____	Date _____		
Social Security Number (if any) of Head of Household _____		Other Family Member over age 18 _____	Date _____
Spouse _____	Date _____	Other Family Member over age 18 _____	Date _____
Other Family Member over age 18 _____	Date _____	Other Family Member over age 18 _____	Date _____
Other Family Member over age 18 _____	Date _____	Other Family Member over age 18 _____	Date _____

**Privacy Act Notice. Authority:** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.