



# CREDIT REPAIR APPLICATION

If this is an application for joint credit, Applicant and Co-Applicant each agree that they intend to apply for joint credit (sign below).

Applicant Signature	Date	Co-Applicant Signature	Date
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Amount Requested:	Purpose of Loan: <b>CREDIT REPAIR</b>
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## APPLICANT INFORMATION

APPLICANT	CO-APPLICANT
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Applicant's Name: (First, Middle Initial, Last Name)	Co-Applicant's Name: (First, Middle Initial, Last Name)
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Social Security #:	Date of Birth:	Phone:	Social Security #:	Date of Birth:	Phone:
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<b>Marital Status:</b> Married Separated Single	<b>Number of Dependents:</b> (Not listed by Co-Applicant)  Ages:	<b>Marital Status:</b> Married Separated Single	<b>Number of Dependents:</b> (Not listed by Co-Applicant)  Ages:
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Email Address:	Cell Phone:	Email Address:	Cell Phone:
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<b>Physical Address (Street, City, Zip)</b> Own    Rent    No. Yrs. _____    Amount _____	<b>Physical Address (Street, City, Zip)</b> Own    Rent    No. Yrs. _____    Amount _____
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Mailing Address (If different from physical address)	Mailing Address (If different from physical address)
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If residing at present address for less than two years, complete the following:

<b>Former Address (Street, City, Zip)</b> Own    Rent    No. Yrs. _____    Amount _____	<b>Former Address (Street, City, Zip)</b> Own    Rent    No. Yrs. _____    Amount _____
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**EMPLOYMENT INFORMATION**

<b>APPLICANT</b>		<b>CO-APPLICANT</b>	
Name & Address of Employer:		Name & Address of Employer:	
# Years:	Gross Monthly Income:	# Years:	Gross Monthly Income:
Business Phone:		Business Phone:	
Position/Title:		Position/Title:	
Self Employed: Yes No		Self Employed: Yes No	
<i>If employed in current position for less than two years or if currently employed in more than one position, complete the following:</i>			
Name & Address of Employer:		Name & Address of Employer:	
# Years:	Gross Monthly Income:	# Years:	Gross Monthly Income:
Business Phone:		Business Phone:	
Position/Title:		Position/Title:	
Self Employed: Yes No		Self Employed: Yes No	
Name & Address of Employer:		Name & Address of Employer:	
# Years:	Gross Monthly Income:	# Years:	Gross Monthly Income:
Business Phone:		Business Phone:	
Position/Title:		Position/Title:	
Self Employed: Yes No		Self Employed: Yes No	
<b>Other Income:</b> (Alimony, child support, or separate maintenance income need not be revealed if the Applicant or Co-Applicant does not choose to have it considered for repaying this loan.)		<b>Monthly Amount</b>	
		\$	
		\$	
		\$	
		\$	

<b>Deposit and Investment Accounts</b> (Please include all checking, savings, certificates of deposit, retirement, and brokerage accounts.):			
Name of Financial Institution	Account Number	Balance	
		\$	
		\$	
		\$	
<b>Outstanding Debts</b>			
(Include all Financial Institutions, Mortgage Companies, and other creditors, including obligations to pay rent, alimony or child support):			
Name of Creditor	Account Number	Balance	Payment
			\$
			\$
			\$
			\$
			\$
			\$

I/we certify that all statements in this application are correct to the best of my/our knowledge and are for the purpose of obtaining credit. This application shall be a part of any evidence of indebtedness, loan documents or security agreements evidencing the loan requested if such loan is approved. You are authorized to check my/our credit and employment histories and to answer questions concerning your credit experience with me. I/we understand that you will retain this application whether or not a loan is approved.

<b>Applicant Signature</b>	<b>Date</b>	<b>Co-Applicant Signature</b>	<b>Date</b>

## BORROWER SIGNATURE AUTHORIZATION

### 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 borrower under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective borrower may be delayed or rejected.

### Part I - General Information

#### 1. Name and address of borrower(s)

#### 2. Name and address of lender

Choctaw Home Finance Corporation  
P.O. Box G  
Hugo, OK 74743  
580-326-7521 Fax: 580-317-9610

### Part II - Borrower Authorization

I hereby authorize the Lender to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my loan application. I further authorize the Lender to order a consumer credit report and verify other credit information, including past and present landlord references. It is understood that a copy of this form will also serve as authorization.

The information the Lender obtains is only to be used in the processing of my application.

### Part III - Authorization To Release Information

I have applied for a loan through Choctaw Home Finance Corporation. As part of the application process, I hereby authorize Choctaw Home Finance to release my loan application file to Choctaw Housing Authority Service Coordination Department for the purpose of budgeting classes.

***You, the Borrower and Co-Borrower, agree that everything stated in this application is correct to the best of your knowledge. Choctaw Home Finance is authorized to investigate your creditworthiness, employment history, to obtain a credit report and to ask questions about their credit experience with you. You understand that any false or misleading statement in your application may cause any loan or extension of credit to be in default.***

Borrower Signature	Date	Borrower Signature	Date

## HOUSEHOLD INCOME WORKSHEET

**Applicant Name**

(Last, First, Middle)

**Address**

(Street, City, State, Zip)

**County**

**Borrower Home Phone**

**Borrower Work Phone**

**Borrower Cell Phone**

**Co-borrower Home Phone**

**Co-borrower Work Phone**

**Co-borrower Cell Phone**

**Best time to contact (and best contact #)**

**Borrower Email**

**Co-borrower Email**

**Family Status**

(Total in Family)

**Family Status**

(Number of Minors)

**Current Home Status**

Rent    Own    Other \_\_\_\_\_

**Number of Rooms in Current Home**

**Degree of Indian Blood**

**Tribe**

**ANSWERING THE FOLLOWING QUESTIONS WILL HAVE NO BEARING ON ELIGIBILITY FOR ASSISTANCE**

**Are you related to any person employed by the Choctaw Nation Housing Authority?**    Yes    No

If you answered yes, please list whom and how you are related \_\_\_\_\_

**Please list all persons (including applicants) living in your household**

Household Members	Relationship	Date of Birth	Social Security #	Gross Yearly Income

**Borrower Signature**

**Date**

**Borrower Signature**

**Date**



# 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](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410