



HOMEOWNERS REHABILITATION SERVICES (HRS) APPLIANCE APPLICATION

All documents must be submitted with the application.

Required Documentation

- Proof of Residence (Utility Bill) Must be within 30 days of the date application is received.
- Copy of CDIB, Tribal Membership (Front and Back), and Social Security Cards for ALL Household members.
- Rent _____ Own _____ Mutual Help _____ LEAP _____
- 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 member age 18 or over with no income will need to have a verification of unemployment completed by a nonfamily member and notarized. (Form provided).
- Separated Statement: If you are married, but separated, your spouse will have 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. Start with a known landmark in your area.

207 JIM MONROE RD.

P.O. BOX G ~ HUGO, OK 74743

PHONE: 580.326.7521 | 800-235-3087 | FAX: 580.326.7641

EMAIL: HRSDEPARTMENT@CHOCTAWHOUSING.COM

PLEASE NOTE: ALL COMPLETED APPLICATIONS ARE VALID FOR ONE (1) YEAR FROM DATE OF RECEIPT AND MUST BE RENEWED ANNUALLY.

If you have any questions, please call (580)-326-7521. Thank you for assuring your application is complete.

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APPLIANCE APPLICATION

First Name		Middle Name		Last Name	
Social Security Number			Date of Birth		
Home Phone	Cell Phone	Work Phone	Other		
Mailing Address		City	State	Zip	
Physical Address		City	State	Zip	
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
Are you related to anyone employed at the Housing Authority?					
Do you own your own home? By checking that your own your home, you are verifying that you are on the deed and/or title and can provide proof if requested.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Complete the information below for all family members in household.					
Name	SSN	DOB	Gender	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 THE APPLICATION.					
SELECT THE APPLIANCE(S) BELOW YOU ARE REQUESTING.					
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> A/C Unit	<input type="checkbox"/> Gas/Propane Stove	<input type="checkbox"/> Electric Stove		
If you are requesting an electric stove, select the cord type: <input type="checkbox"/> 3-Prong <input type="checkbox"/> 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

DATE

SPOUSE/CO-APPLICANT

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

This document was signed/attested before me on:

Signature of Notary

Date

Commission expires:

Commission number:

Seal/Stamp

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LANDLORD STATEMENT

Participants 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 (HACNO) provides belong to the tenant(s) named above and they may remove them from the property if they are to move.

Signature (Landlord)
Address (Landlords Address)
Phone
Date

This document was signed/ attested before me on _____,
(Date)
by _____.
(Landlords Name)

(Seal/Stamp)

(Signature of Notary Officer)

My commission expires-_____

My 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: _____

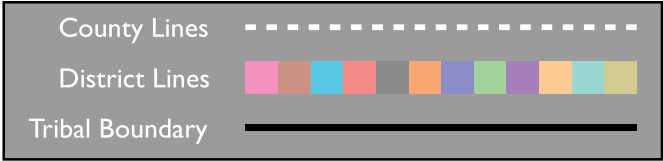
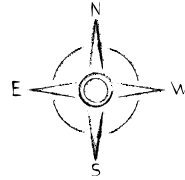
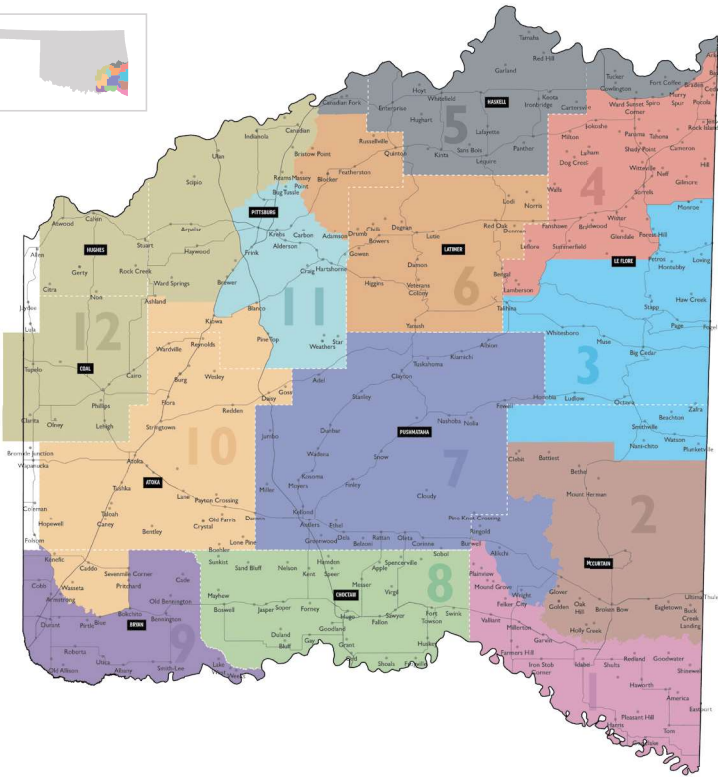
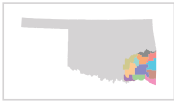
Authorization is valid one (1) year from the date on which consent began. Any changes to information stated above must be submitted in written form by named applicant(s).

Signature of Applicant:	Date
Signature of Applicant:	Date

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District Map



Tribal Council

Thomas Williston
District 1

Tony Ward
District 2

Eddie Bohanan
District 3

Jess Henry
District 4

Ronald Perry
District 5

Jennifer Woods
District 6

Joey Tom
District 7

Perry Thompson
District 8

James Dyr
District 9

Anthony Dillard
District 10

Robert Karr
District 11

James Frazier
District 12



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