

# HOMEOWNERS REHABILITATION SERVICES APPLIANCE APPLICATION

**ALL DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION.**

- \_\_\_ Proof of Residence (Utility Bill)
- \_\_\_ Rent      Own      Mutual Help      LEAP
- \_\_\_ Copy of CDIB, Tribal Membership (front and back), and Social Security Cards for ALL Household members
- \_\_\_ If renting, a notarized statement stating all appliances will go with you, if and when you move- (Form provided)
- \_\_\_ 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 members aged 18 or over with no income will need to have a verification of unemployment completed by a non-family member and notarized (Form provided).
- \_\_\_ Separated Statement: If you are married, but separated, your spouse will need 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, starting with a known landmark in your area.
- \_\_\_ Statement from Physician stating a medical necessity if applying for carpet or central heat/ air or ADA work
- \_\_\_ Veteran Status, please provide form DD214, available for request online
- \_\_\_ Copy of current Homeowners Insurance, if applicable
- \_\_\_ Copy of Title if work requested is for a Mobile Home
- \_\_\_ Copy of Warranty Deed
- \_\_\_ Other

*Your application will be considered incomplete and will not be processed until all items have been received by our office. After 90 days of inactivity your request will be closed out and you will be required to complete a new application.*

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

580-326-7521 | 800-235-3087 | HRSDEPARTMENT@CHOCTAWHOUSING.COM | FAX 580-326-5021  
207 JIM MONROE RD. | PO BOX G | HUGO, OKLAHOMA 74743



**Choctaw Nation** Housing Authority

CHOCTAWNATION.COM



## APPLICANT INFORMATION

**Applicant's Name:** (First, Middle Initial, Last Name)

**Mailing Address** (Street, City, Zip)

**Physical Address** (Street, City, Zip)

**Marital Status:**    Married    Separated    Single

**Email Address:**

**Home Phone:**

**Cell Phone:**

**Work Phone:**

**Social Security Number:**

**Applicant's Date of Birth:**

**Are you related to anyone employed at the Housing Authority?**    Yes    No

**If yes, employee name:**

**Relationship:**

**Do you own your home?**    Yes    No

*By checking that you own your home, you are verifying that you are on the deed and/or title and can provide proof if requested.*

**Do you rent?**    Yes    No

### COMPLETE THE INFORMATION BELOW FOR EACH MEMBER IN HOUSEHOLD

Name	SS#	Gender	DOB	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 application.*

### SELECT THE APPLIANCE(S) YOU ARE REQUESTING BELOW

Refrigerator    A/C Unit    Gas/Propane Stove    Electric Stove

If you are requesting an electric stove, select the cord type:    3-Prong    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.

<b>Head of Household Signature</b>	<b>Date</b>	<b>Spouse/Co-Applicant Signature</b>	<b>Date</b>
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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

<b>Please state how you pay for everyday expenses below (rent, utilities, food, etc.)</b>

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.

<b>Signature of Applicant/Household Member</b>	<b>Date</b>
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I, (print name) \_\_\_\_\_, do hereby state that I know (applicant) \_\_\_\_\_ and can verify that he/she is unemployed

<b>Signature of Applicant/Household Member</b>	<b>Date</b>
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<i>This document was signed/attested before me on:</i>	
<b>Signature of Notary</b>	<b>Date</b>

<b>Commission expires:</b>	<b>Seal/Stamp</b>
<b>Commission number:</b>	

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# LANDLORD STATEMENT

<b>Applicant's Name:</b>	<b>Co-Applicant, if applicable:</b>
<b>Physical Address:</b>	
<b>City, State, Zip Code:</b>	

By signing below, I, \_\_\_\_\_, landlord of the above-mentioned property am agreeing that any appliances the housing authority of the Choctaw Nation of Oklahoma Housing Authority provides belong to the tenant(s) named above and they may remove them from the property if they are to move.

<b>Landlord's Name:</b>	<b>Landlord's Signature:</b>
<b>Landlord's Physical Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Phone Number:</b>	<b>Date:</b>

<i>This document was signed/attested before me on:</i>	
<b>Signature of Notary</b>	<b>Date</b>
<b>Commission expires:</b>	<b>Seal/Stamp</b>
<b>Commission number:</b>	

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# AUTHORIZATION FOR RELEASE OF INFORMATION

<b>Applicant's Name:</b>	<b>Co-Applicant, if applicable:</b>
<b>Physical Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Phone Number:</b>	<b>Email:</b>

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).

<b>Name:</b>	<b>Relation:</b>
<b>Name:</b>	<b>Relation:</b>
<b>Name:</b>	<b>Relation:</b>
<b>Name:</b>	<b>Relation:</b>
<b>Name:</b>	<b>Relation:</b>

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).

<b>Signature of Applicant:</b>	<b>Date</b>
<b>Signature of Applicant:</b>	<b>Date</b>

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