



HOMEOWNERS REHABILITATION SERVICES (HRS)

All documents must be submitted with the application.

Required Documentation

- Proof of residence (Utility Bill). Must show physical address and be within 30 days of the date application is received.
- Statement from physician stating a medical necessity if applying for ADA work.
- Copy of CDIB, tribal membership (Front and Back), and social security cards for ALL household members.
- Copy of filed warranty deed.
- Copy of title if work requested is for a mobile home.
- Completed Multiple Property Owners Authorization Form, if applicable.
- Copy of current homeowners' insurance, if applicable.
- 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 two (2) most recent tax returns with **ALL** attachments that were filed. **Any household member aged 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 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 house, you must submit 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.
- Veteran status, please provide form DD214, available for request online.
- 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.

If you have any questions, please call 580.326.7521

Thank you for assuring your application is complete.

580.326.7521 | 800.235.3087 | HRSDEPARTMENT@CHOCTAWHOUSING.COM | FAX 580.326.7641
403 CHAHTA CIRCLE | PO BOX G | HUGO, OKLAHOMA 74743



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First Name	Middle Name	Last Name	
Home Phone	Cell Phone	Work Phone	
Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Date of Birth of Applicant	Social Security Number of Applicant		

Marital status
 Married Single Divorced Widowed Separated

IF MARRIED, BOTH SPOUSES MUST BE LISTED ON APPLICATION.
 IF DIVORCED, A COPY OF THE COMPLETE DIVORCE DECREE IS REQUIRED.
 IF WIDOWED, A COPY OF A DEATH CERTIFICATE MUST BE INCLUDED. IF SEPERATED, A NOTARIZED STATEMENT FROM THE SPOUSE STATING THEY DO NOT LIVE IN THE HOME AND A COPY OF A UTILITY BILL IN THEIR NAME PROVING A DIFFERENT RESIDENCE.

Are you related to anyone employed at the Housing Authority?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Employee Name and Relationship
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Are you a Veteran?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide a copy of form DD214.
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Do you own your home?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide a copy of your deed.
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Do you rent?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Landlord name.
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COMPLETE THE INFORMATION FOR EACH MEMBER IN HOUSEHOLD

Name	SSN	DOB	Gender	Relationship	Occupation/Student

FAMILY INCOME - COMPLETE THE INFORMATION BELOW FOR EACH HOUSEHOLD MEMBER. IF ANY HOUSEHOLD MEMBER 18 AND OLDER IS UNEMPLOYEED AND DOES NOT RECEIVE ANY BENEFITS, PLEASE COMPLETE THE UNEMPLOYMENT/ ZERO INCOME FORM.

Household Member	Annual Wages	Annual Soc Sec	Annual SSI	Annual Veterans	Old Age Assist	Aid To Disabled



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Additional Income Information	
Does any member of your household receive cash contributions from individuals not in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.	
Does any member of your household receive income from assets including interest on checking or savings accounts, interest, and dividends from certificate of deposit, stocks or bonds, income from rental property, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member of your household receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify the monthly amount:	

List Below the Assistance That Is Requested	
Have any of the requested repairs been turned in as an insurance claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the requested repairs eligible for an insurance claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Applying for Emergency Repairs That Are A Safety or Health Hazard, Answer Questions Below:	
What is the emergency problem?	
Where is the problem located?	
What caused the problem?	
How long has this been a problem?	
What steps have you taken to repair the problem?	
What is the emergency problem?	
Where is the problem located?	
What caused the problem?	
How long has this been a problem?	
What steps have you taken to repair the problem?	



INFORMATION REGARDING YOUR HOME

County home is located in:	Tribal District home is located in (District's 1-12)	
Year house was built:	Is deed in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is relation to person on deed?
Is this your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many years have you resided in your house??		
Do you have an active mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Holder
Mobile home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide a copy of title.
Do you have homeowners insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide copy of current policy.
Total number of rooms:		
Bedrooms	Bathrooms	Other
Type of heat:		
Propane <input type="checkbox"/> Natural <input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Electric <input type="checkbox"/> No Heat <input type="checkbox"/>		
Type of water:		
City <input type="checkbox"/> Rural <input type="checkbox"/> Well <input type="checkbox"/> No Water <input type="checkbox"/>		
Type of sewer:		
City <input type="checkbox"/> Lateral System <input type="checkbox"/> None <input type="checkbox"/>		

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I/We understand that a useful life agreement/lien will be placed on my home if I receive substantial rehab.
I/We understand that if the Housing Authority of the Choctaw Nation of Oklahoma deems my home non cost-effective, they may reserve the right to not perform work on my home.
I/We understand that the Housing Authority of the Choctaw Nation of Oklahoma will not add on extra square footage to my home.
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.
BY SIGNING BELOW, I/WE HAVE READ AND AGREE TO THE ABOVE STATEMENTS.

Head of household	Date
Spouse	Date

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WAIVER - LEAD BASE PAINT

THE HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA WILL PERFORM A LEAD BASE PAINT TEST TO PRIVATELY OWNED HOMES BUILT BEFORE JANUARY 1, 1978, IF THE APPLICANT IS APPROVED FOR SUBSTANTIAL REHAB.

IF THE LEAD BASE PAINT TEST IS POSITIVE, THE HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA IS NOT OBLIGATED TO ELIMINATE THE LEAD BASE PAINT OR PROVIDE REHABILITATION SERVICES.

I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER.

Applicant Name (Print)	
Signature	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
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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
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Commission expires:	Seal/Stamp
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:

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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MULTIPLE PROPERTY OWNERS AUTHORIZATION FORM FOR HOME REPAIRS OR REHAB VOUCHER

I understand I have applied for home repairs through the Homeowners Rehabilitation Services (HRS) program offered through the Housing Authority of the Choctaw Nation of Oklahoma. I am aware I share an equal interest in the property with other parties, but I am verifying I am the primary occupant of the property.

Please check the box that pertains to your specific situation:

- I have been granted permission from all other interested parties to have home repairs completed on the property listed below.
- All other interested parties are deceased; therefore, I am unable to obtain permission for home repairs.

By signing this document, I attest I am the primary occupant of the property and I share an equal interest in the property located at: _____, and I have been granted permission from all individuals that have interest (ownership) in the above said property; or all other owners are deceased. If other owners are deceased, I am aware I may be asked to provide death certificates.

Full Name (Print)		
Signature		Date
Notary Signature		
Title of Notary		
Notary Number		

Date
Notary Stamp

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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