

**HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA (HACNO)
HOMEOWNERS REHABILITATION SERVICES (HRS)**

207 Jim Monroe Rd. ~ P.O. BOX G ~ HUGO, OK 74743
Phone: (580) 326-7521 // (800) 235-3087 // Fax: (580) 326-5021

**Homeowners Rehabilitation Services (HRS)
All documents must be submitted with the application.**

- ___ Proof of Residence (Utility Bill or Valid Oklahoma State issued ID)
- ___ Statement from Physician stating a medical necessity if applying for carpet or central heat/ air- **(Form provided)**
- ___ Copy of CDIB, Tribal Membership **(Front and Back)**, and Social Security Cards for **ALL** household members
- ___ Copy of Warranty Deed
- ___ Copy of Title if work requested is for a Mobile Home
- ___ Copy of current Homeowners Insurance, if applicable
- ___ 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 are paying and the amount paid each month. You must submit check stubs from your employer, (30 days of pay), letters 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.
- ___ 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

Homeowner's Rehabilitation Services (HRS)



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IF YOU ARE RECERTIFYING AN EXISTING APPLICATION, YOU WILL ONLY NEED TO PROVIDE THE FOLLOWING INFORMATION:

- Current Income Verification
- If you have included any new household member that was not listed on your previous application, then you will have to include their income if any or completed unemployment verification form-provided in application, and a copy of their Social Security card, Tribal Membership, and CDIB card
- Proof of Residence (current utility bill or valid state-issued ID)

IF YOU ARE ONLY APPLYING FOR AN AIR CONDITIONER, COOK STOVE, OR REFRIGERATOR, YOU ARE ONLY REQUIRED TO PROVIDE THE FOLLOWING ITEMS:

- Proof of Residence (current utility bill or valid state-issued ID)
- Copy of CDIB, Tribal Membership and Social Security Cards for each household member
- Income Verification (30 days of check stubs, letters from social security or most recent tax return)
- Completed and notarized unemployment verification form for any household members 18 and older that are not employed-form provided in application
- Copy of Warranty Deed and/ or Title if you own your own home
- Notarized Statement from your landlord stating appliances will go with you, if and when you move.-form provided in application

IF YOU ARE APPLYING FOR REPAIRS OR REHABILITATION TO YOUR EXISTING HOME THEN YOU WILL NEED TO INCLUDE ALL THE ITEMS REQUESTED ABOVE ALONG WITH THE FOLLOWING ADDITIONAL DOCUMENTS:

- Current Income Verification
- If you have included any new household member that was not listed on your previous application, then you will have to include their income if any, and a copy of their Social Security card, Tribal Membership, and CDIB card
- Proof of Residence (current utility bill or valid state-issued ID)
- Copy of current Homeowners Insurance Policy
- Statement from your Doctor, if you are requesting carpet, central heat, and air, or any handicap accessible work. This statement will need to explain why it is a medical necessity or medically required for you to have that specific request.

YOU MUST SUBMIT ALL REQUIRED DOCUMENTS BEFORE APPLICATION CAN BE PROCESSED!

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE COMPLETING THE APPLICATION, PLEASE CALL US AT (580)-326-7521 OR (800) -235-3087.



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FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS: _____

ADDRESS

CITY

STATE

ZIP

PHYSICAL ADDRESS: _____

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER: _____

HOME

CELL

WORK

OTHER

DATE OF BIRTH OF APPLICANT: _____ **SOCIAL SECURITY OF APPLICANT:** _____

MARITAL STATUS: MARRIED ___ SINGLE ___ DIVORCED ___ WIDOWED ___ SEPARATED ___

IF MARRIED, BOTH SPOUSES MUST BE LISTED ON APPLICATION.

IF DIVORCED, A COPY OF A 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?

YES _____ NO _____ IF YES, NAME _____ RELATIONSHIP _____

ARE YOU A VETERAN? YES _____ NO _____ IF YES, PLEASE PROVIDE A COPY OF FORM DD214. MAY BE REQUESTED ONLINE.

COMPLETE THE INFORMATION BELOW FOR EACH MEMBER IN HOUSEHOLD:

NAME	SOC SEC#	D/O/B	SEX	RELATIONSHIP	OCCUPATION/STUDENT

LIST BELOW THE ASSISTANCE THAT IS REQUESTED:

****IF YOU ARE RENTING AND ARE REQUESTING APPLIANCES, PLEASE FILL OUT THE LANDLORD STATEMENT ATTACHED TO APPLICATION****

IF REQUESTING COOK STOVE SELECT FROM THE FOLLOWING: GAS _____ ELECTRIC _____

IF REQUESTING ELECTRIC STOVE SELECT FROM THE FOLLOWING CORDS: 3 PRONG _____ 4 PRONG _____

HAVE YOU RECEIVED APPLIANCES FROM CHOCTAW HOUSING IN THE PAST? YES _____ NO _____ YEAR _____



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FAMILY INCOME-COMplete THE INFORMATION BELOW FOR EACH HOUSEHOLD MEMBER

IF ANY HOUSEHOLD MEMBER 18 AND OLDER IS UNEMPLOYED AND DOES NOT RECEIVE ANY BENEFITS, PLEASE COMPLETE THE UNEMPLOYMENT/ ZERO INCOME FORM ATTACHED TO APPLICATION.

HOUSEHOLD MEMBER	ANNUAL WAGES	ANNUAL SOC SEC	ANNUAL SSI	ANNUAL VETERANS	OLD AGE ASSIST	AID TO DISABLED

ADDITIONAL INCOME INFORMATION:

1. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE CASH CONTRIBUTIONS FROM INDIVIDUALS NOT IN THE HOME?
 YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____

2. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE INCOME FROM ASSETS INCLUDING INTEREST ON CHECKING OR SAVINGS ACCOUNTS, INTEREST AND DIVIDENDS FROM CERTIFICATE OF DEPOSITS, STOCKS OR BONDS, INCOME FROM RENTAL PROPERTY, ETC?
 YES _____ NO _____ IF YES, SPECIFY AMOUNT: _____

3. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE CHILD SUPPORT? YES ____ NO ____ MONTHLY AMT _____

INFORMATION REGARDING YOUR HOME

DATE HOUSE WAS BUILT: _____ COUNTY HOME IS LOCATED: _____
 TRIBAL DISTRICT HOME IS LOCATED IN (District's 1-12): _____
MOBILE HOME: YES _____ NO _____ IF YES, PLEASE PROVIDE COPY OF TITLE.

TOTAL NUMBER OF ROOMS:

BEDROOMS _____ BATHROOMS _____ OTHER _____

TYPE OF HEAT:

PROPANE _____ NATURAL GAS _____ WOOD _____ ELECTRIC _____ NO HEAT _____

TYPE OF WATER:

CITY _____ RURAL _____ WELL _____ NO WATER _____

TYPE OF SEWER:

CITY _____ LATERAL SYSTEM _____ NONE _____



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DO YOU HAVE HOMEOWNERS INSURANCE? YES _____ NO _____ *IF YES, PROVIDE COPY OF CURRENT POLICY*

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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VERIFICATION OF DISABILITY

Instructions: If you are requesting carpet, central heat and air, or any handicap accessible work. This statement will need to explain why it is a medical necessity or medically required for you to have that specific request. This form is to be completed by your medical provider.

Name: _____ Date: _____

Address: _____

The above-named individual is an applicant of the Housing Authority of the Choctaw Nation (HACNO) and has indicated that he/she is a disabled person. If the participant has not been determined “disabled” by the Social Security Act, verification of disability must be verified by the attending physician. All information is confidential and will be used only by the Housing Authority of the Choctaw Nation.

Date

Executive Director

I hereby authorize the release of this information to the Choctaw Nation Housing Authority of Oklahoma.

Date

Participant Signature

I, _____, do hereby verify that I am the attending physician for
_____. I verify that my patient meets the following definition of disability.

The term “disability” means – inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

Physician Comments /Orders:

The above information is true and correct to the best of my knowledge. I understand any false information or statements are punishable under federal law.

Physician signature: _____ Date: _____

Firm Name: _____ Phone: _____

Address: _____



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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:

Include the following:

___No ___Yes - Income from performing odd jobs (yard maintenance, house cleaning, baby-sitting, etc.)

___No ___Yes - Income received from relatives or friends to aid in maintaining my household.

___No ___Yes - Income received from child support or alimony.

___No ___Yes - 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 Housing Authority of the Choctaw Nation (HACNO) 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 _____, Do hereby state that I know _____
Applicant / Household member
and can verify that he/ she is unemployed.

Signature of Non-Family member Date

This document was signed / attested before me on _____.
Date

Signature of Notary Date
Commission Expires _____

Commission Number _____

SEAL / STAMP



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Signature of applicant/ household member

Date

I _____, Do hereby state that I know _____
Applicant / Household member
and can verify that he/ she is unemployed.

Signature of Non-Family member

Date

This document was signed / attested before me on _____
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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)

(Signature of Notary Officer)

(Seal/Stamp)

My commission expires-_____

My commission number-_____



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AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Applicant(s): _____

Address of Applicant(s): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email ID _____

By signing below, I am giving consent to the Housing Authority of the Choctaw Nation of Oklahoma (HACNO) 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: _____

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).

Applicant(s) Signature: _____ Date: _____

Applicant(s) 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. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410