Dear Applicant:

Enclosed is the housing application that you have requested. Please read the attached checklist carefully as all requested information must be provided before we process your application.

Listed below are the documents required for processing your application:

- Choctaw citizenship card and Certificate of Degree of Indian Blood (CDIB) card for head of household or spouse.
- Social Security cards for all household occupants.
- Driver’s License/photo ID for anyone 18 or older.
- Proof of custody for all children if both parents aren’t listed on application.
- Employment verifications for all household members who are age 18 years or older.
- Retirement, TANF, unemployment benefits, workers compensation, social security benefits, SSI, DHS, or child support (money received) of all household occupants. If you do not have an income, you must complete an Unemployment Verification.
- All persons 18 years and older must sign:
  - Release of Information
  - Privacy Act
  - Background check forms
- The Declaration of Section 214 Status must be completed and signed by each household member or a parent/guardian.
- Verification of 2 years of employment.
- Verification of 2 years of prior residence.
- Copies of 2 years tax returns if self-employed. All pages and W2s.
- Authorization for background check for all persons 18 years and older.

We look forward to providing you with this service. If we can be of assistance to you in completing the application, you may contact our office at (580)326-7521.

Sincerely,

Donna Courtwright
Homeowners Management Services
Choctaw Nation
Housing Authority

____________________________________  Date: ___________________________

Name

____________________________________

Mailing Address

____________________________________

Physical Address

City       State       Zip Code

____________________________________

Work Phone       Home/Cell Phone

Emergency Contact Name: ___________________________ Phone: ___________________________

Address: ________________________________________

Do you request an interpreter for communication purposes? _______ if so, explain: ___________________________

Marital Status: (circle one)      Single        Married        Divorced        Widowed        Separated       Common Law

(Circle all that apply):    Choctaw Tribal Member      Handicap/Disabled      Veteran

Household Composition:

<table>
<thead>
<tr>
<th>Full Name(s) of all Household Members Last, First, MI</th>
<th>Relation to Head</th>
<th>Sex M/F</th>
<th>Date of Birth</th>
<th>Native American Yes/No</th>
<th>List Tribe</th>
<th>Social Security Number <em><strong>REQUIRED</strong></em></th>
</tr>
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Are there family members temporarily absent? ______ Yes ______ No if so, whom: ___________________________

Where are they residing? _________________________________ When are they expected to return? ____________
Total Household Income:

<table>
<thead>
<tr>
<th>Household Members</th>
<th>Employer</th>
<th>Gross Weekly Wages</th>
<th>TANF</th>
<th>Child Support</th>
<th>Social Security Benefits</th>
<th>Unemployment Benefits</th>
<th>All Other Income</th>
</tr>
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If “YES” is circled on the following Felony question, please explain the charge, date of the charge and sentencing on the lines below. You will also need to provide legal documentation. If “YES” is circled for drug court please provide documentation on what phase you are in.

- Have you ever been arrested or convicted of a felony? Yes No
- Are you currently participating in a drug court program? Yes No
- Are you a registered sex offender? Yes No

If YES please explain: ________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

List name, address, and phone number of two relatives or friends who generally know how to contact you.

<table>
<thead>
<tr>
<th>Name of Contact Person</th>
<th>Address</th>
<th>Phone Number</th>
<th>Relationship</th>
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</table>

Are you or your spouse and employee of the Housing Authority or any Choctaw Nation entity? ____ Yes ____ No

Do you or your spouse have any relative(s) presently working for the Housing Authority of the Choctaw Nation? ____ Yes ____ No If yes, give the name(s) of the relative(s) and relation.  
__________________________________________________________________________________
__________________________________________________________________________________

Do you currently own your own home? ____ Yes ____ No If no, do you ____ rent, or ____ make a mortgage/bank payment?

How Much? __________

Have you ever been evicted from a home? __________ If yes, please explain: __________________________________________
__________________________________________________________________________________

Will you need a handicap accessible home? ____ Yes ____ No
**Landlord Information**

Please list names, mailing addresses, and phone numbers of your landlords for the past TWO (2) years.

- Date-From: ______________________ To: ______________________
  Landlord: ________________________________________________
  Address: _________________________________________________
  Phone Number: ____________________________________________

- Date-From: ______________________ To: ______________________
  Landlord: ________________________________________________
  Address: _________________________________________________
  Phone Number: ____________________________________________

- Date-From: ______________________ To: ______________________
  Landlord: ________________________________________________
  Address: _________________________________________________
  Phone Number: ____________________________________________

- Date-From: ______________________ To: ______________________
  Landlord: ________________________________________________
  Address: _________________________________________________
  Phone Number: ____________________________________________
DISTRICT PREFERENCE

(Choose ONE DISTRICT in which you are requesting assistance)

___ #1 McCurtain ___ #2 McCurtain ___ #3 LeFlore ___ #4 LeFlore ___ #5 Haskell ___ #6 Latimer
___ #7 Pushmataha ___ #8 Choctaw ___ #9 Bryan ___ #10 Atoka ___ #11 Pittsburg ___ #12 Coal/Hughes

Applicant Certification

I/ We certify that the answers/information given on this application in reference to household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. No record will be communicated to anyone or agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. I consent to allow the Housing Authority of the Choctaw Nation and/or Choctaw Nation to request and obtain income verification for the purpose of verifying my eligibility and level of benefits under HUD/Housing Authority of the Choctaw Nation.

This application will not be valid unless completely filled out.

Signature of Head of Household Date

Signature of Spouse Date

Other Family Member 18 and over Date

Other Family Member 18 and over Date

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 participant or borrower under the agency’s program(s). It will not be disclosed outside this agency except required or permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective participant or borrower may be delayed or rejected, the information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA by 12 USC, Section 1701 B.T.SEQ; (if USDA/FmHA)

Warning: Section 1001 of Title 18 of the U.S. Code make it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. to any matter within its jurisdiction.
Employment Income Verification

Employee Name: ___________________________________________ Date: _____________
Employee Address: _________________________________________ Social Security Number: __________

The Choctaw Nation Housing Authority is required to verify the income of all applicants/tenants/participants of the programs. The person named above states that he/she is now employed by your firm. Your cooperation in supplying the information requested below will be appreciated and of the benefit to your employee. Such information will be held in confidence and used only by the housing division as legally necessary.

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

________________________  ________________________________
Date  Employee Signature

INFORMATION BELOW IS TO BE COMPLETED BY EMPLOYER ONLY!

1. Date of employment: _____________________________________________________________________
2. Occupation: ___________________________________________________________________________
3. Employment is: Permanent – Temporary – Part-time – Seasonal  (circle one)
4. Current average number of hours worked per week: _____  Straight time:_____  Overtime:_____
5. Current base pay rate: $__________ per: ______  Date effective: _________________________
6. If seasonal or sporadic employment, give lay-off periods: ____________________________________
7. Anticipated total earnings for next 12 months: $________________________________________

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

Date: ______________________  Verified By:____________________________________________________
Employer Name: ___________________________________________ Title: ____________________________
Address: ___________________________________________ Phone: ________________________________
Choctaw Nation 
Housing Authority

Request for Release of Information of Credit

Family/Individual: ___________________________  Date: _________________________

Address: __________________________________________________________________________________________

City: ___________________  State: ___________________  ZIP: ________________________

You are requested to provide the Choctaw Nation Housing Authority any information from your records which is needed by the housing division in determining eligibility for the above named participant/tenant and his/her family.

Your cooperation and prompt return of the information will be appreciated and this information will be held in confidence and used only by the housing authority as legally permissible.

I hereby authorize the Choctaw Nation Housing Authority to verify my past and present employment earnings records, and to order a consumer report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

____________________________________  _______________________
Signature of Head of Household  Social Security Number

____________________________________  _______________________
Signature of Spouse  Social Security Number
Unemployment Verification

This form is to be completed by all adults (18 and above) living in the household who does not have an income.

Answer the questions below by circling either yes or no.

I, ____________________________, do certify that I do not have income from any source:

Including the following:

Yes  No - Income from performing odd job (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.

**PLEASE STATE HOW YOU PAY FOR EVERYDAY EXPENSES (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, or family composition used from my application to determine eligibility may result in termination of participation in the program, or I may be required to pay the difference between the total tenant’s payment paid and the amount which should have been paid.

______________________________  __________________________
Signature of Applicant/Tenant                      Date

______________________________  __________________________
Notary Signature                      Date

Title of Notary
Expiration Date
Notary Number
I, _______________________________, certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS documents(s) evidencing eligible immigration status and signed verification consent form.

Immigration status under #1001(a)(15) or 101(a)(20) of the INA
OR:
Permanent residence under #249 of INA
OR:
Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA
OR:
Parole Status under #212(d)(f) of the INA
OR:
Threat to life of freedom under #243(h) of the INA
OR:
Amnesty under #254 of the INA

__________________________________________         ______________________________
Signature of Family Member                          Date

Check box if signature of adult residing in unit is responsible for a child named on the statement above.

HA: Enter INS/SAVE Primary Verification #___________________ Date ____________

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, or imprisoned for not more than five years, or both.