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The Housing Authority of the Choctaw Nation of Oklahoma

207 Jim Monroe Road – P.O. Box G – Hugo, OK 74743
(580)326-7521 – (800)235-3087 – Fax (580)326-8165

Leap Program

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:

Full Name(s) of all Household Members Last, First, MI	Relation to Head	Sex M/F	Date of Birth	Native American Yes/No	List Tribe	Social Security Number ***REQUIRED***

Are there family members temporarily absent? _____ Yes _____ No if so, whom: _____

Where are they residing? _____ When are they expected to return? _____



Choctaw Nation
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Total Household Income:

Household Members	Employer	Gross Weekly Wages	TANF	Child Support	Social Security Benefits	Unemployment Benefits	All Other Income

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.

Name of Contact Person	Address	Phone Number	Relationship

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

PLEASE READ BEFORE SIGNING APPLICATION PACKET. IN ORDER TO RECEIVE SERVICES, YOU MUST QUALIFY BY MEETING ALL ELIGIBILITY REQUIREMENTS AND PROGRAM FUNDING MUST BE AVAILABLE.

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 BT.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



Choctaw Nation
Housing Authority

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 from 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 _____

Notary Stamp



DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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.