Dear Applicant:

Enclosed is the housing application you 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.
- Landlord Form completed.
- 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,

Homeowners Management Services
FIRST NAME       MIDDLE NAME       LAST NAME

MAILING ADDRESS       PHYSICAL ADDRESS

CITY       STATE       ZIP CODE

HOME/CELL       WORK

Emergency Contact Name: ___________________ Phone: _____________ Address:_________________

Do you request an interpreter for communication purposes? ____ if so, explain: ______________

Marital Status:  
- Single  
- Married  
- Divorced  
- Widowed  
- Separated  
- Common Law

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

**Household Composition:**

<table>
<thead>
<tr>
<th>Full Name(s) of Household Members</th>
<th>Relation to Head</th>
<th>DOB</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ____________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. ____________________________</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. ____________________________</td>
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<tr>
<td>4. ____________________________</td>
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<tr>
<td>5. ____________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Native American Yes/No

List Tribe

Are there family members temporarily absent? ___ Yes ____ No
If so, who:________________________________________
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>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Social Security Benefits  Unemployment Benefits  All Other Income

| 1.        |          |                    |      |
| 2.        |          |                    |      |
| 3.        |          |                    |      |
| 4.        |          |                    |      |
| 5.        |          |                    |      |

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>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Are you or your spouse an 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.

<table>
<thead>
<tr>
<th>Date-From:</th>
<th>To:</th>
<th>Date-From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landlord:</td>
<td></td>
<td>Landlord:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
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<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>
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

TOWN PREFERENCE

Town 1: _____________________  Town 2: _____________________

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.

Head of Household: _____________________ Date: _____________________

Signature of Spouse: _____________________ Date: _____________________

Other Family Member: _____________________ Date: _____________________
(18 & over)

Other Family Member: _____________________ Date: _____________________
(18 & over)
EMPLOYMENT VERIFICATION INCOME

Employee Name: ______________________  Date: ________________

Employee Address: _____________________ Social Security Number: __________________

Employee Signature: ______________________  Date: ________________

INFORMATION BELOW IS TO BE COMPLETED BY EMPLOYER ONLY

1. Date of employment: ________________________________

2. Occupation: _______________________________________

   q Permanent  q Temporary  q Part-Time  q Seasonal

3. Employment is:  

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: _______________________
REQUEST FOR RELEASE OF INFORMATION

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: _______________________

*This page will be used to attach to request forms sent to applicable agencies to verify necessary information*
NO INCOME STATEMENT

This form is to be completed by all adults (18 and above) living in the household who do not have an income. Answer the questions below by checking either yes or no.

I, ______________________________ do certify that I do not have income from any source:
Including the following:

☐ Income from performing odd job (yard maintenance, house cleaning, baby-sitting, etc.)
☐ Income received from relatives or friends to aid in maintaining my household.
☐ Income received from child support or alimony.
☐ Income from unemployment, social security, welfare (OHS), Veterans Administration

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 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 be 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.

OR

☐ 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.

Enter INS/SAVE Primary Verification #: ___________________ Date: __________
DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for employment/licensure (including contract or volunteer service) or application to rent a dwelling with Choctaw Housing, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to, my driving record, workers compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired/licensed, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment/licensure, contract period or volunteer service.

Authorization

I hereby authorize procurement of consumer reports (and investigative consumer report(s)) by company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for company to procure such reports at any time during my employment/licensure, contract or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I understand that I have the right to make a request to the Consumer Reporting Agency: American Checked Inc. 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone 800-975-9876 ("Agency") upon proper identification to obtain copies of any reports furnished to company by the agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information. and the agency, on company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The agency will also disclose the recipients of any such reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to company obtaining the above information from the agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency I may view the Agency's privacy policy at their website: http://americanchecked.com/privacy-policy.

I understand that if the company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the company receives on me at the time the report is provided to the company. By checking the following box. I request a copy of all such reports be sent to me. Check here: ☐
DISCLOSURE AND AUTHORIZATION 2.2

As a California applicant I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (ctn Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law ______ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington State Law in regard to these reports:

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling, I direct the following regarding my current employer (please check one): Yes, my current employer may be contacted ____________. No, my current employer cannot be contacted ________________.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights ______ (initials)

_________________________ ___________________________ ___________________________
FIRST NAME MIDDLE NAME LAST NAME

Signature: ___________________________ Date: ___________________________

For identification purposes:

Address: _______________________________________________________________________

Social Security Number: ___________________ Date of Birth: _________________________

Driver License No. ______________________ State of Issue: ________________________
A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report,
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies.

See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous.

See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
SECTION 4 - A SUMMARY OF YOUR RIGHTS

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **You many limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.
TYPE OF BUSINESS

1. a. Banks, savings associations, and credit unions with total assets of over $10 billion and, their affiliates

b. Such affiliates that are not banks, savings associations or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above.

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks.

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks and organizations operating under section 25 or 25A of the Federal Reserve Act.

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks and insured state savings associations.

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to the Surface Transportation Board

CONTACT

a. Consumer Financial Protection Bureau
1700 G Street, NW.
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580
(877) 382-4357

c. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

d. Federal Reserve Consumer Help Center
P. O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

3. Asst: General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Ave, S.E.
Washington DC 20590

4. Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street, S.W.
Washington, DC 20423
**TYPE OF BUSINESS**

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers


9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT**

Nearest Packers and Stockyards Administration area supervisor
Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, S.W, 8th Floor
Washington, DC 20416

Securities and Exchange Commssion
100 F Stret N.E.
Washington DC, 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center-FCRA
Washington DC, 20580
(877) 382-42357
NOTICE-BACKGROUND INVESTIGATION

In connection with your application for services through the Housing Authority of the Choctaw Nation of Oklahoma (HACNO), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for qualifying purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and AmericanChecked, Suite, Tulsa, OK.; Phone: 1-800-975 9876, For information about AmericanChecked privacy practices, see http://americanchecked.com/privacy-policy.

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by HACNO at any time after receipt of this authorization.

_______________________________________________  __________________
   Adult Signature           Date

_______________________________________________  __________________
   Maiden Name          Other Names Used

________________________________
Date of Birth

________________________________
Social Security Number