

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA  
P.O. BOX G  
HUGO, OK 74743  
1(800)235-3087 or (580)326-7521 FAX (580)326-7641

## RENTAL ASSISTANCE PROGRAM

The Housing Authority of the Choctaw Nation of Oklahoma provides Rental Assistance to eligible Native Americans residing within the service area of the Choctaw Nation. The Rental Assistance Program has a preference policy which will serve Choctaw Tribal Elders first then Choctaw Tribal Members. A Choctaw tribal membership card must be submitted with the application for Tribal preference to be given.

### REQUIRED DOCUMENTS

- Completed application (all forms must be signed, dated, and notarized if applicable)
- Total household income must be listed with verifications included (such as check stub for 30 days, Social Security award letter, VA award letter, etc. If self-employed, a copy of signed and dated income tax return must be included.
- Copy of Social Security cards for all household members
- Copy of Tribal Membership Card
- Picture ID (State issued ID or Tribal ID)
- Proof of Custody for all minors in the household (if applicable)
- All persons 18 and older must sign Background Check form. Make copies as needed.
- The Declaration of Section 214 Status must be completed and signed by each household member or a parent/guardian. Make copies as needed.

**All forms must be completed, dated and signed by all adults who will reside in household.**  
**Incomplete applications will not be processed and will delay approval until all required documents are received.**

### CONTACT INFORMATION

Applications may be submitted via:

- Email – [rentalassistance@choctawnation.com](mailto:rentalassistance@choctawnation.com)
- Mail – P.O. Box G – Hugo, OK 74743
- Fax – (580)326-7641

If you have any questions, please contact the Housing Authority at (800)235-3087 or by email at [rentalassistance@choctawnation.com](mailto:rentalassistance@choctawnation.com).

# RENTAL ASSISTANCE APPLICATION

Rental Assistance Program
  Recertification  
 Rental Assistance Program w/ Independent Elder
  District# (for office use only)  
 Rental Assistance Program w/ Independent Elder Recertification
  Veterans Affairs Supportive Housing

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER
<b>Mailing Address</b>		<b>Physical Address</b>	
_____		_____	
_____		_____	
_____		_____	
CITY/STATE/ZIP		CITY/STATE/ZIP	
		<b>Phone Number</b>	
		_____	
		_____	
		_____	
		<b>HOME/CELL</b>	
		_____	
		_____	
		<b>WORK</b>	
		_____	
		_____	
		<b>SPOUSE</b>	

Email Address: \_\_\_\_\_

DEGREE OF INDIAN BLOOD
TRIBE

Marital Status:  Married  Single  Divorced  Widowed  Common Law  Separated  
 Desired location of Assistance (specify town and county within the Choctaw Nation Tribal Service Area)

Are you an employee of the Housing Authority of the Choctaw Nation of Oklahoma, Choctaw Nation or any of its entities?  Yes  No  
 If YES, please state which department and your immediate supervisor. \_\_\_\_\_

Are you related to an employee of the Housing Authority of the Choctaw Nation of Oklahoma?  Yes  No  
 If YES, please state to whom and the relation. \_\_\_\_\_

Have you or any member of your household ever been convicted of a crime other than traffic violations?  Yes  No  
 If YES, please explain \_\_\_\_\_

Is anyone living in your household a Native American Veteran?  Yes  No  
 If YES, please list name of veteran \_\_\_\_\_

## FAMILY COMPOSITION

Complete the information below for each member who will be living with you. Please attach a copy of all household members' social security cards and tribal membership cards.

Name	SSN	Birthdate	Sex	Relationship	Occupation
1.				Applicant	
2.					
3.					
4.					
5.					
6.					

**FAMILY INCOME**

Complete the information below for each household member with income.

Family Member with Income	Annual Wages	Social Security Income	Supplemental Security Income	Veteran's Benefits	TANF	Old Age Assist	Aid to the Disabled	Other

For additional household member incomes, please fill out the information above on an attachment.

**ASSETS**

List the type and value of any assets you have (savings, checking, bonds, real estate, etc. DO NOT list furniture, primary automobiles, etc.

Type	Description	Current Value	Balance Owning

For additional assets, please fill out the information above on an attachment.

**ELDER, HANDICAPPED OR DISABLED FAMILIES ONLY**

- Do you pay for medical insurance for yourself and/or other members of your household? \_\_\_ Yes \_\_\_ No  
If YES, specify the amount of premium per month \_\_\_\_\_
- Do you have medical bills outstanding on which you are paying? \_\_\_ Yes \_\_\_ No  
If YES, specify amount \_\_\_\_\_
- Do you anticipate any drug bills in the coming year? \_\_\_ Yes \_\_\_ No  
If YES, specify amount \_\_\_\_\_
- Do you pay for a care attendant or for any equipment for the handicapped member(s) of the household to permit that person or someone else in the family to work? \_\_\_ Yes \_\_\_ No  
If YES, describe the expenses \_\_\_\_\_

**ADDITIONAL INCOME INFORMATION**

- Does any member of your household receive educational grants and/or scholarships? \_\_\_ Yes \_\_\_ No  
If YES, specify amount of grants and/or scholarships \_\_\_\_\_
- Does any member of your household receive cash contributions from individuals not living with you? \_\_\_ Yes \_\_\_ No  
If YES, specify amount \_\_\_\_\_
- 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.? \_\_\_ Yes \_\_\_ No  
If YES, specify amount \_\_\_\_\_
- I have previously received the following Assistance:  
 \_\_\_ Section 8 Rental Assistance  
 When/Agency/Address \_\_\_\_\_  
 \_\_\_ Affordable Rental Housing  
 When/Agency/Address \_\_\_\_\_  
 \_\_\_ Mutual Help Housing  
 When/Agency/Address \_\_\_\_\_  
 \_\_\_ Low Rent/Public Housing  
 When/Agency/Address \_\_\_\_\_

**Acknowledgement of Understanding**

I/We understand that this is not a contract and does not bind either party.

I/We understand that the above information is being collected to determine eligibility for assistance. Information given will be verified and may be addressed to appropriate federal, state, or local agencies.

I/We certify that the information/statements given in the application are true and complete to the best of my/our knowledge and belief.

I/We understand that false information/statements are grounds for termination of occupancy or housing assistance and are punishable under federal law.

\_\_\_\_\_  
**Head of Household**    **Date**

\_\_\_\_\_  
**Spouse**    **Date**

\_\_\_\_\_  
**Additional Adult**    **Date**

\_\_\_\_\_  
**Additional Adult**    **Date**

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**DO NOT WRITE BELOW THIS LINE**

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HACNO OFFICIAL'S CERTIFICATION: I certify the information on this form has been verified.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA**

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**APPLICANTS/TENANTS CERTIFICATION**

**Giving True and Complete Information**

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application forms and the HUD form 50058 or 50059, which ever applies to me, and certify that the information shown is true and correct.

**Reporting Changes in Income or Household Composition**

I know I am required to report immediately in writing, any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guest/visitors, and when I must report anyone who is staying with me.

**Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous federal housing assistance, and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

**No Duplicate Residence or Assistance**

I certify that the house or apartment will be my principal residence, and I will not obtain duplicate federal housing assistance while I am on this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

**Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility level of benefits or verify my true circumstances. Cooperation includes attending pre-scheduled meetings, completing, and signing needed forms. I understand failures or refusal to do so may result in delays, termination of assistance, or eviction.

**Criminal and Administration Actions for False Information**

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

**Signature and Date of Household Adults**

- 1) \_\_\_\_\_  
Date
- 2) \_\_\_\_\_  
Date
- 3) \_\_\_\_\_  
Date
- 4) \_\_\_\_\_  
Date

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**PERSONAL DECLARATION**

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the social security card. All adult members of the household must sign below certifying the information pertaining to them is correct. Please print.

I. Household Composition: List all persons who will be living in your home listing head of household first.

Adults (Legal Name)	Date of Birth	Relationship to Head of Household	SSN	Indicate if married (m) widowed (w) separated (s) divorced (d)
1.		<i>Head of Household</i>		Year:
2.				Year:
3.				Year:
4.				Year:

Children (name as it appears on SSC)	Date of Birth	Relationship to Head of Household	School Name	Absent Parent's Name	Absent Parent's Address
1.					
2.					
3.					
4.					
5.					
6.					

If separated or divorced, list name and address of spouse/ex-spouse as follows:

\_\_\_\_\_ Name

\_\_\_\_\_ Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ Street Address

\_\_\_\_\_ City/State/Zip

\_\_\_\_\_ City/State/Zip

\_\_\_\_\_ SSN (if known)

\_\_\_\_\_ SSN (if known)

**I do hereby swear and attest that all the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority of the Choctaw Nation of Oklahoma is writing immediately.**

\_\_\_\_\_ Head of Household                                      Date

\_\_\_\_\_ Spouse    Date

\_\_\_\_\_ Additional Adult                                      Date

\_\_\_\_\_ Additional Adult                                      Date

**Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



**HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA**

**P.O. BOX G**

**HUGO, OK 74743**

**1(800)235-3087 or (580)326-7521      FAX (580)326-0318**

**I, \_\_\_\_\_, do hereby give the person(s) listed below permission to make inquiries on my behalf regarding the status of my application. I understand the Rental Assistance staff will not release any information to any other person(s) not listed below.**

Please print names and the last four digits of their Social Security Number for those person(s) you authorize below. This information will only be used to verify identity before releasing information.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**I must notify the Rental Assistance staff in writing of any changes I may wish to make in the future.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date

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 document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant 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 the unit is responsible for a child named on 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.**

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

**Eligible immigration status and 62 years of age or older:** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**Immigrant status under 101(a)(15) or 101(a)(20) of INA:** A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

**Permanent residence under 249 of INA:** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

**Refugee, asylum or conditional entry status under 207, 208 or 203 of INA:** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

**Parole status under 212(d)(5) of INA:** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

**Threat to life or freedom under 245(a) of INA:** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

**Amnesty under 245(a) of the INA:** A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

# CRIMINAL BACKGROUND CHECK

## FORM MUST BE FILLED OUT IN FRONT OF A NOTARY

\*\*\*PLEASE BE AWARE: WE HAVE A DRUG FREE POLICY\*\*\*

I, \_\_\_\_\_, authorize the Housing Authority of the Choctaw Nation of Oklahoma to do a criminal background check. I have been advised of the Drug and Criminal Free Policy. I am aware finding certain criminal history on me, or any member of my household could result in denial or termination of assistance.

\_\_\_\_\_  
Adult Signature

\_\_\_\_\_  
Date

Maiden Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### **ATTENTION**

**YOU MUST BE IN THE PRESENCE OF A NOTARY WHEN FILLING IN YOUR SIGNATURE, DATE OF BIRTH AND SOCIAL SECURITY NUMBER. RETURN ALL COMPLETED FORMS TO THE RENTAL ASSISTANCE DEPARTMENT AND WE WILL CONTACT THE LAW ENFORCEMENT AGENCY.**

DO NOT WRITE IN BOX

FOR NOTARY USE ONLY

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_.

Seal:

\_\_\_\_\_  
My Commission  
Expires

\_\_\_\_\_  
Signature of Notary

# EMPLOYMENT INCOME VERIFICATION

**THIS FORM MUST BE TAKEN TO AND COMPLETED BY YOUR EMPLOYER. FAILURE TO DO SO WILL DELAY YOUR ASSISTANCE.**

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its Jurisdiction.

Employed from \_\_\_\_\_ to \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Employment is: Permanent ( ) Temporary ( ) Seasonal ( )

Current Rate of Pay \$ \_\_\_\_\_ per hour ( ) week ( ) month ( )

Average number of hours worked per week (if paid hourly) \_\_\_\_\_

Is employment through JTPA ( ) YES ( ) NO

Is employment Work Study ( ) YES ( ) NO

Estimated amount of overtime and commissions, if applicable \$ \_\_\_\_\_ per \_\_\_\_\_.

Anticipated earnings in the next twelve months \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

**I authorize \_\_\_\_\_ to give the Housing Authority of the Choctaw Nation of  
(NAME OF SOURCE OF INCOME)**

**Oklahoma information they need regarding my employment. I release the above agency from all liability in relation to the release of such information.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**ANY FALSE INFORMATION SHALL BE GROUNDS FOR AUTOMATIC AND IMMEDIATE DISQUALIFICATION OR TERMINATION.**

Please return to: Housing Authority of the Choctaw Nation of Oklahoma  
ATTN: Rental Assistance Program  
P.O. Box G  
Hugo, OK 74743

# SOCIAL SECURITY / SSI VERIFICATION

**THIS FORM MUST BE TAKEN TO AND COMPLETED BY AN EMPLOYEE OF SOCIAL SECURITY ADMINISTRATION. FAILURE TO DO SO WILL DELAY YOUR ASSISTANCE. If you have a recent letter (Awards Letter) from the Social Security Office stating how much you will be paid monthly, you may send a copy of that in place of this release.**

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining of federal grants.

**Gross Monthly Payment**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Type of Benefit**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medicare Deduction per month: \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

**I hereby authorize the release of this information.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Please return to:      Housing Authority of the Choctaw Nation of Oklahoma  
                                  ATTN: Rental Assistance Program  
                                  P.O. Box G  
                                  Hugo, OK 74743

# PUBLIC ASSISTANCE VERIFICATION

**THIS FORM MUST BE TAKEN TO AND COMPLETED BY AN EMPLOYEE OF DEPARTMENT OF HUMAN SERVICES (IF APPLICABLE). FAILURE TO DO SO WILL DELAY YOUR ASSISTANCE.**

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its Jurisdiction.

NUMBER IN FAMILY \_\_\_\_\_

RATES PER MONTH

Aid to families with Dependent Children

\$ \_\_\_\_\_

General Assistance

\$ \_\_\_\_\_

Amount designated for shelter & utilities

\$ \_\_\_\_\_

Other assistance – Type \_\_\_\_\_  
(TOTAL MONTHLY GRANT)

\$ \_\_\_\_\_

Other Income – Source \_\_\_\_\_  
(MAXIMUM ALLOWANCE FOR RENT & UTILITIES)

\$ \_\_\_\_\_

Amount of public assistance given during the past 12 months

\$ \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

**I hereby authorize the release of this information.**

\_\_\_\_\_  
Signature of Applicant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Please return to:      Housing Authority of the Choctaw Nation of Oklahoma  
                                  ATTN: Rental Assistance Program  
                                  P.O. Box G  
                                  Hugo, OK 74743

# CHILD SUPPORT INCOME VERIFICATION

**THIS FORM MUST BE TAKEN TO AND COMPLETED BY AN EMPLOYEE OF DEPARTMENT OF HUMAN SERVICES OR SOURCE OF INCOME. FAILURE TO DO SO WILL DELAY YOUR ASSISTANCE. If you have recent legal documentation stating how much you will be paid monthly, you may send a copy of that in place of this release.**

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its Jurisdiction.

Name of person paying child support \_\_\_\_\_

Address \_\_\_\_\_

Name and Age of the Child(ren) for whom support is paid:

\_\_\_\_\_  
\_\_\_\_\_

Amount of Child Support Paid \$ \_\_\_\_\_ ( ) week ( ) month ( ) year

Remarks \_\_\_\_\_

Is Alimony paid? ( ) YES ( ) NO If yes, how much? \$ \_\_\_\_\_

How often paid? ( ) weekly ( ) bi-weekly ( ) monthly ( ) other

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

**I hereby authorize the release of this information.**

\_\_\_\_\_  
Signature of Applicant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Please return to: Housing Authority of the Choctaw Nation of Oklahoma  
ATTN: Rental Assistance Program  
P.O. Box G  
Hugo, OK 74743



# NO INCOME STATEMENT

**THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC IF YOU DO NOT HAVE ANY INCOME. FAILURE TO DO SO WILL DELAY YOUR ASSISTANCE.**

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its Jurisdiction.

I, \_\_\_\_\_, testify to the Housing Authority of the Choctaw Nation of Oklahoma, a federally funded organization, that I do not have any income. I further state that when I start receiving an income, I will contact the Rental Assistance Program Department immediately. I realize the assistance that is subsidizing my rent is federal funds and if it is discovered that I have made fraudulent statements, I may be prosecuted for fraud.

\_\_\_\_\_  
Signature of Applicant/Participant

\_\_\_\_\_  
Date

State of Oklahoma                    )  
  )  
County of \_\_\_\_\_)

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission # \_\_\_\_\_

Commission Expires \_\_\_\_\_

(SEAL)



# 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](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410