

69495 East 105 Road
Wyandotte, OK 74370
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For Use of Housing Staff Only	
Date Received:	_____
Application Points:	_____

**The Woodlands
Eastern Shawnee Independent Living
APPLICATION FOR HOUSING**

ALL QUESTIONS IN THIS APPLICATION MUST BE ANSWERED. CHECKLIST MUST BE COMPLETED

THIS APPLICATION IS SUBJECT TO THE PRIVACY ACT OF 1974, P.L. 93-579

READ THE CERTIFICATION CAREFULLY BEFORE YOU SIGN AND DATE THIS APPLICATION. SIGN IN BLUE OR BLACK INK.

Incomplete applications will NOT be considered.

APPLICATION INFORMATION

NAME: _____
Last First Middle

CURRENT ADDRESS: _____
CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER: () _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

NAME OF TRIBE: _____ ROLL NUMBER: _____

MARITAL STATUS: _____ MARRIED _____ SINGLE _____ WIDOWED _____ DIVORCED
_____ OTHER (Please explain) _____

SPOUSE'S NAME: _____
Last First Middle

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

TRIBAL AFFILIATION (IF ANY) _____ ROLL NUMBER: _____

SAMPLE BUDGET

The following Sample Budget is listed here to assist the applicant, and the Woodlands Committee, in determining if the applicant can meet the monthly rent obligations.

Total Income \$ _____

Total Estimated Expenses: \$ _____

(1) Rent \$ 400 _____

(2) Estimated Utilities:

(a) Estimated Electric \$ _____

(b) Estimated Water & Sewer \$ _____

(c) Estimated Trash \$ _____

(3) Car Payments \$ _____

(4) Auto Insurance \$ _____

(5) Other Insurance: (i.e. life, renters, & health) \$ _____

(6) Food \$ _____

(7) Gasoline \$ _____

(8) Other expenses \$ _____

(i.e. medical not covered by insurance, cable, satellite, internet, phone/cell, entertainment.)

MAXIMUM OCCUPANCY: 2

LIST ALL PERSONS WHO WILL RESIDE IN THE HOME ON A PERMANENT BASIS STARTING WITH YOURSELF

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP</u>	<u>SOCIAL SECURITY #</u>

The Woodlands is an independent living complex. It is not subsidized by the Eastern Shawnee Tribe of Oklahoma and all residents must show an ability to pay. Monthly rent is due on the 1st of every month, and becomes delinquent on the 15th (a \$25.00 late fee is attached to the renter's obligation). Thirty (30) days after the 15th, eviction process will begin if payment is not received.

PLEASE LIST **ALL** INCOME FOR THE 12-MONTH PERIOD FOR **EVERY MEMBER** OF THE HOUSEHOLD (INCLUDE FULL TIME, PART TIME, OR SEASONAL INCOME, EVEN IF COMPLETING THE APPLICATION DURING THE OFF-SEASON)

1. Wages, salaries (attach most recent tax return)	\$
2. Income earned from self-employment or job that pays in cash only	\$
3. Regular pay for member of the armed forces	\$
4. Public and/or Tribal Assistance	\$
5. Worker's compensation	\$
6. Unemployment benefits or severance pay	\$
7. Alimony/ Spousal Maintenance	\$
8. Social Security Income	\$
9. Disability benefits (including social security disability)	\$
10. Regular payments from pensions	\$
11. Regular payments from annuities or life insurance dividends	\$
12. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
13. Net income from rental property and/or other sources	\$
14. Regular cash and non-cash contributions (assistance with paying bills)	\$
15. Please complete the attached Sample Budget	
	TOTAL INCOME: \$

CURRENT HOUSING INFORMATION

1. Do you agree to allow The Woodlands to obtain a credit report? _____

2. Do you agree to allow The Woodlands to obtain a background check? _____

3. Do you (Check one) Own _____ Rent _____ the house in which you are presently living?
If renting, provide the Name, address, and telephone number of the owner(s).

NAME _____ ADDRESS _____
TELEPHONE NUM. _____ CITY _____ STATE _____ ZIP CODE _____

4. How long at present location? _____
(If less than five years - attach list of addresses of residence to include the last five years)

5. Have you filed Bankruptcy within the last seven years? YES NO

6. Does any adult member of the household have zero income? If yes, please list the name(s) and explain: _____

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

7. Does/will the household receive rental assistance?

8. Do you expect to continue to receive assistance?
Indicate source of assistance.

I CERTIFY THAT ALL OF THE INFORMATION GIVEN ABOVE IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS GIVEN IN GOOD FAITH, AND I/WE UNDERSTAND AND AGREE THAT ANY FALSE STATEMENTS GIVEN BY ME OR MY SPOUSE WILL BE JUSTIFICATION FOR DISAPPROVAL ACTION TO BE TAKEN ON THIS APPLICATION.

Applicant One's Signature

Date

Applicant Two's Signature

Date

**Please return completed application and checklist to address below.
Incomplete applications will NOT be considered.**

EASTERN SHAWNEE TRIBE OF OKLAHOMA
The Woodlands
69495 East 105 Road
Wyandotte, OK 74370

The Woodlands Application Checklist

Please return this checklist with your signed application. Each line should be initialed to indicate you have included each requested document. Applications will be considered incomplete until all requested documents are submitted to The Woodlands Eastern Shawnee Independent Living Elders Complex. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Initial

Requested Documents

Completed and signed **Application**

Completed **Sample Budget**

List of prior **Residence** for the past 5 years

Contact information for 3 **References**