



**THE FOLLOWING IS REQUIRED IN ORDER TO DETERMINE
YOUR ELIGIBILITY FOR THE HOMEOWNERSHIP, LOW RENT
APARTMENTS, FAIR MARKET VALUE, AND RENTAL
ASSISTANCE PROGRAM.**

You must have ALL the relevant documentation below when returning the Information Packet before a housing application will be completed.

1. Membership Card from a federally recognized tribe of Indians.
2. Social Security Cards (ALL FAMILY MEMBERS).
3. State Birth Certificates (ALL FAMILY MEMBERS).
4. Income Verification (ALL FAMILY MEMBERS 18 AND OVER), including:
 - a. Income Verification Form signed by your Employer and previous month's check stubs, or
 - b. ***If unemployed***, letter from state employment office, or
 - c. Letter from the Department of Human Services, V.A., Social Security, and
 - d. Letter from Child Support Division and/or Divorce Decree, or notarized custody papers signed by the non-custodial parent, and/or
 - e. If a student, copy of current semester class schedule.
 - f. Copy of previous year's federal income tax filing.

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Wyandotte, OK 74370

Phone: (918) 666-1996

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Eastern Shawnee Tribal Housing Authority

Application for Assistance

Name: _____ **Date:** _____

Address: _____ **Time:** _____

City/State/Zip: _____ **Tribe:** _____

Telephone: _____

PART I. HOUSEHOLD COMPOSITION

LAST NAME	FIRST NAME	M.I.	SOC SEC #	D.O.B.	RELATIONSHIP
1.					
2.					
3.					
4.					
5.					
6.					
7.					

PART II. HOUSEHOLD INCOME

Sources of income include, but are not necessarily limited to: wages/salary, child support, alimony, interest on savings and checking accounts, social security benefits, VA benefits, overtime, commissions, tips and bonus payments, unemployment, pension/retirement benefits, disability benefits, annuities or stipends received.

Family Member	Wages/Salaries, etc.	Social Security, Pensions, etc.	Periodic Payments	Other Income	Basis (weekly, monthly, etc.)
1					
2					
3					
4					
5					
6					
7					
Totals					

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PART III. EMPLOYMENT

Family Member	Present Employer	Address	Phone
1			
2			
3			

If less than three years at present employer:

Family Member	Previous Employer	Address	Phone
1			
2			
3			

PART IV. LANDLORDS

List landlords for last three years:

Name	Address	Phone	How Long

PART V. PERSONAL REFERENCES

Name	Address	Phone	Relationship

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PART VI. CREDIT REFERENCES

Name	Phone	Type <small>(credit card, car loan, etc.)</small>	Account #

PART VII. BANK ACCOUNTS

Name of Bank	Type <small>(credit card, car loan, etc.)</small>	Account #	Amount
	Checking		\$
	Savings		\$
	IRA		\$
			\$

PART VIII. ASSETS

Type <small>(vehicles, investments, CDs, retirement plans, etc.)</small>	Value	Estimated Annual Income from Asset
	\$	\$
	\$	\$
	\$	\$
	\$	\$

PART IX. HOUSING CONDITIONS

A. Present Housing Conditions and Need:

1. Without Housing:

Yes

No

a. Reason: _____

b. Present living arrangements: _____

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2. About to be without housing: Yes No

a. Reason: _____

b. Type of notice and date: _____

3. Living under substandard housing conditions: Yes No

- (a) Dwelling structurally unsafe.....
- (b) No potable running water in dwelling unit.....
- (c) No useable flush toilet in dwelling unit.....
- (d) No installed useable tub or shower in dwelling unit.....
- (e) No operating sink or proper stove connections in kitchen.....
- (f) Inadequate or no electric wiring system in dwelling unit.....
- (g) Inadequate or unsafe heating facilities fro dwelling unit.....
- (h) Overcrowded: # BR_____, # persons_____
- (i) Single family unit occupied by 2 or more families.....

4. Other conditions (Specify): _____

B. Monthly amount now paid for rent\$_____

PART X. EXPENSES

1. Does your household have unreimbursed medial expenses in excess of 3% of your household annual income? Yes No

2. Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school? Yes No

If yes, please provide the following information:

Provider Name	Address	Phone	Amount Paid

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3. Does your household pay care expenses for the care of a family member to work? Yes No

If yes, please provide the following information:

Provider Name	Address	Phone	Amount Paid

PART XI. OTHER

1. Does any family member have a history of drug/alcohol abuse? Yes No

If yes, please explain.

2. Does any family member have a history of drug/alcohol crimes or any other criminal acts? Yes No

If yes, whom and for what?

I/We certify that the information provided on this form are true, accurate and complete to the best of my/our knowledge and belief and are given under the penalty of perjury. I/We understand that the above information is being collected to determine if I/We are eligible to receive housing assistance. I/We authorize the Eastern Shawnee Tribal Housing Authority to verify all information provided on this application.

Head of Household Date Spouse Date

Other Adult Date Other Adult Date

NOTE: If this application is not completed in full, it will be rejected and you will NOT be considered for housing assistance.

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.