

**INDEPENDENT ELDERLY HOUSING APPLICANTS  
PLEASE READ CAREFULLY  
P.O. BOX G, HUGO, OK. 74743  
877-326-0605      580-326-0600  
FAX: 580-326-0010**

Listed Below are the required items you must return in order for your application to be complete.

- **Application – Dated and signed**
- **All household income listed and verified --- Printouts from these offices and Awards letters are acceptable as proof of income. Copies of neither checks nor check stubs will be accepted as proof of income. All income will have to be verified so if you receive more than one type of benefit please make sure that all benefits are verified.**
- **All Documents enclosed signed and dated**
- **Copies of Social Security Cards for each household member**
- **Copies of CDIB and Choctaw Tribal Membership cards**
- **Section 214 Declaration of U.S. citizenship for each family member**
- **Criminal Background check completed --- This form must be signed before a notary and notarized**
- **OSBI Criminal Background Check—Complete subject information box then return with your application Choctaw Housing will submit the form to OSBI**
- **Two previous landlord references or two 3<sup>rd</sup> part statements from someone other than a relative**

All documents must be completed in order for your application to be processed.

If you have any questions please feel free to call our office

Thank you,

Independent Elderly Housing Staff

# HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA

**P.O. Box G, Hugo, OK 74743**

877-326-0605, 580-326-0600, Fax: 580-326-0010  
**Independent Elderly Rental Assistance Program**

\_\_\_\_\_ **Application**

\_\_\_\_\_ **Recertification**

\_\_\_\_\_ First Name Middle Name Last Name Social Security #

Mailing Address Phone #'s  
 Address Line 1 \_\_\_\_\_ Home \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_ Work \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Cell \_\_\_\_\_

Degree of Indian Blood \_\_\_\_\_ Tribe \_\_\_\_\_

Marital Status  Married  Single  Divorced  Widowed  Separated

Desired location of assisted housing (specify SITE): \_\_\_\_\_

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 \_\_\_\_\_

1. Have you or any member of your household ever been charged with a crime other than traffic violations?  Yes  No If yes, please explain \_\_\_\_\_.
2. Are you or anyone in your household an employee of Choctaw Nation of Oklahoma? \_\_\_\_\_. If yes which Department are you employed in and list your immediate supervisor \_\_\_\_\_.
3. Are you or anyone in your household related to an employee of the Choctaw Housing Authority? \_\_\_\_\_, if yes, please state to whom and the relationship \_\_\_\_\_.

**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, valid CDIB cards, and Tribal Membership cards.**

| Name: Last, First MI | SSN | Birth Date | Sex | Relationship to Applicant | Occupation or Student |
|----------------------|-----|------------|-----|---------------------------|-----------------------|
| 1.                   |     |            |     | Applicant                 |                       |
| 2.                   |     |            |     |                           |                       |
| 3.                   |     |            |     |                           |                       |
| 4.                   |     |            |     |                           |                       |
| 5.                   |     |            |     |                           |                       |
| 6.                   |     |            |     |                           |                       |

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

**FAMILY INCOME**

| Family Member with income | Annual Wages | SS | Supplemental Security Income | Veterans Benefits | TANF | Old Age Assist. | Aid to the Disabled | Other |
|---------------------------|--------------|----|------------------------------|-------------------|------|-----------------|---------------------|-------|
|                           |              |    |                              |                   |      |                 |                     |       |
|                           |              |    |                              |                   |      |                 |                     |       |
|                           |              |    |                              |                   |      |                 |                     |       |
|                           |              |    |                              |                   |      |                 |                     |       |

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



**CHOCTAW HOUSING AUTHORITY  
DEPARTMENT OF IEHP  
P.O. BOX G  
HUGO, OK 74743**

**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. 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.                  |               |                                   |     | 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)

II. Total Household Income: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

| Household Member | Employer | Total Weekly Wages | AFDC | Child Support Monthly | Social Security Benefits | Unemployment Benefits | All Other Income |
|------------------|----------|--------------------|------|-----------------------|--------------------------|-----------------------|------------------|
|                  |          |                    |      |                       |                          |                       |                  |
|                  |          |                    |      |                       |                          |                       |                  |
|                  |          |                    |      |                       |                          |                       |                  |
|                  |          |                    |      |                       |                          |                       |                  |

III. Assets: If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? \_\_\_ Have you sold any real estate in the last two years? \_\_\_ Do you own any stock or bonds? \_\_\_ Do you have savings accounts? \_\_\_ If yes, give bank, account numbers, and amounts.

\_\_\_\_\_ Do you own a car? \_\_\_  
 Model/Year \_\_\_\_\_ Tag No. \_\_\_\_\_ Do you own a second car? \_\_\_  
 Model/Year \_\_\_\_\_ Tag No. \_\_\_\_\_

1. Does anyone outside your household pay any of your bills or give you money? \_\_\_ If yes, please explain \_\_\_\_\_

2. Have you or any other adult members ever used any name(s) or Social Security Number(s) other than the one you are currently using? \_\_\_ If yes, please explain \_\_\_\_\_

3. Have you or any member lived in any assisted housing? \_\_\_ If yes, list where and when \_\_\_\_\_

4. Have you or anyone in your household ever been convicted of any crime other than traffic violations? \_\_\_ If yes, please explain \_\_\_\_\_

5. Have you ever committed any fraud in a Federal Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs? \_\_\_ If yes, please explain \_\_\_\_\_

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

\_\_\_\_\_  
 Signature of Head of Household      Date      Signature of Spouse      Date

\_\_\_\_\_  
 Signature of Other Adult      Date      Signature of Other Adult      Date

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

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 Independent Elderly Staff will not release any information to any other person(s) not listed below.

Please print names of those person(s) you authorize below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I must notify the Independent Elderly Staff in writing of any changes I may wish to make in the future.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

P.O. Box "G"  
Hugo, Oklahoma 74743

**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) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

PLEASE TAKE THIS FORM TO YOUR PREVIOUS/PRESENT LANDLORD, HAVE THEM TO:  
COMPLETE IT AND RETURN TO YOU, FOR YOU TO PUT WITH OTHER FORMS FOR SUBMISSION.

DATE : \_\_\_\_\_

TO : \_\_\_\_\_

\_\_\_\_\_ has/have applied for residency for assistance in our Independent Elderly Housing program. Your name and address were given by the applicant as a Person/Landlord reference.

Please fill out the questionnaire below and return it as soon as possible in the envelope provided, so we can process this applicant in a reasonable period of time. ALL INFORMATION IS HELD IN STRICT CONFIDENCE.

Thank you for your cooperation and prompt reply.

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MANAGEMENT COORDINATOR

IEHP PROGRAM

LANDLORD

1. HOW LONG DID THE TENANT RENT FROM YOU? \_\_\_\_\_
2. WHAT WAS THE MONTHLY RENT? \_\_\_\_\_
3. DID THIS TENANT PAY PROMPTLY? \_\_\_\_\_
4. DID THIS TENANT LEAVE THE PROPERTY IN SATISFACTORY CONDITION? \_\_\_\_\_
5. WAS THERE A DEPOSIT? \_\_\_\_\_ WAS IT RETURNED? \_\_\_\_\_
6. DID THE TENANT MAINTAIN DESIRABLE LIVING CONDITIONS: A WELL KEPT HOUSE? \_\_\_\_\_
7. DID THE TENANT GET ALONG WITH THE OTHER TENANTS, NEIGHBORS? \_\_\_\_\_
8. WERE THE CHILDREN ADEQUATELY SUPERVISE? \_\_\_\_\_
9. WHAT WAS THE REASON FOR THE APPLICANT LEAVING YOUR APARTMENT? \_\_\_\_\_
10. DID THE TENANT GIVE PROPER NOTICE TO MOVE? \_\_\_\_\_
11. WOULD YOU RENT TO THE APPLICANT IN THE FUTURE? \_\_\_\_\_
12. ADDITIONAL COMMENTS(USE BACK OF PAPER IF NECESSARY) \_\_\_\_\_

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SIGNATURE OF LANDLORD/DATE

PHONE #

Return to:  
Choctaw Housing  
ATTN: IEHP  
P.O. Box G  
Hugo, OK 74743

PLEASE TAKE THIS FORM TO YOUR PREVIOUS/PRESENT LANDLORD, HAVE THEM TO: COMPLETE IT AND RETURN TO YOU, FOR YOU TO PUT WITH OTHER FORMS FOR SUBMISSION.

DATE : \_\_\_\_\_

TO : \_\_\_\_\_

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4. DID THIS TENANT LEAVE THE PROPERTY IN SATISFACTORY CONDITION? \_\_\_\_\_
5. WAS THERE A DEPOSIT? \_\_\_\_\_ WAS IT RETURNED? \_\_\_\_\_
6. DID THE TENANT MAINTAIN DESIRABLE LIVING CONDITIONS: A WELL KEPT HOUSE? \_\_\_\_\_
7. DID THE TENANT GET ALONG WITH THE OTHER TENANTS, NEIGHBORS? \_\_\_\_\_
8. WERE THE CHILDREN ADEQUATELY SUPERVISE? \_\_\_\_\_
9. WHAT WAS THE REASON FOR THE APPLICANT LEAVING YOUR APARTMENT? \_\_\_\_\_
10. DID THE TENANT GIVE PROPER NOTICE TO MOVE? \_\_\_\_\_
11. WOULD YOU RENT TO THE APPLICANT IN THE FUTURE? \_\_\_\_\_
12. ADDITIONAL COMMENTS(USE BACK OF PAPER IF NECESSARY) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF LANDLORD/DATE

PHONE #

Return to:  
Choctaw Housing  
ATTN: IEHP  
P.O. Box G  
Hugo, OK 74743

**HOUSING AUTHORITY OF THE CHOCTAW NATION  
RULES FOR PETS**

The following rules are established to govern the keeping of pets in and on properties owned and operated by the Choctaw Nation Housing Authority.

All pets must be registered with the Housing Authority. Tenants must receive a written permit to keep any animal on or about the premises. This privilege may be revoked at any time subject to the Housing Authority's grievance procedure if the animal becomes destructive or a nuisance to others, or if the tenant/owner fails to comply with the following:

1. A maximum number of one pet is allowed for elderly families or handicap families with a doctor's statement.
2. Permitted pets are domesticated dogs, cats, birds, and fish aquariums. Dogs and cats weight must be less than 25 pounds.
3. Dogs are to be licensed yearly with the proper authorities, and tenants must show proof of yearly distemper also. No vicious or intimidating dogs are to be kept.
4. All female cats and dogs are to be spayed. If such animals are not spayed and have offspring, the tenant is in violation of this rule.
5. No pet may be kept in violation of humane or health laws.
6. Dogs and Cats shall remain inside a tenants unit unless they are on a leash. Birds must be confined to a cage at all times.
7. Cats are to use litter boxes kept in tenant's premises. Tenant is not allowed to let waste accumulate.
8. Tenants are responsible for promptly cleaning up pet droppings, if any, outside of unit, and properly disposing of said droppings.
9. Tenants shall take adequate precautions to eliminate any pet odors within or around unit and maintain unit in a sanitary condition at all times.
10. Tenant shall not permit any disturbance by their pet which would interfere with the quite enjoyment of the other tenants, whether by loud barking, howling, biting, scratching, chirping, or other such activities.
11. If pets are left unattended for 24 hrs or more, the Housing Authority may enter the unit to remove the pet and transfer it to the proper authorities.
12. Tenants shall not alter their unit, patio, or unit area to create an enclosure for an animal.
13. Tenant is responsible for all damages caused by their pets.
14. Tenants are prohibited from feeding stray animals. The feeding of stray animals shall constitute having a pet without permission from the Housing Authority.
15. Tenant shall pay a damage deposit for each pet as follows: dog, \$100.00; cat, \$100.00; fish or bird, none. The tenant shall pay this deposit in advance or on the acceptance of said pet. This deposit is refundable if no damages are done, as verified by the Housing Authority, after tenant no longer has pet, or moves.
16. Tenants who violate these rules are subject to (A) loss of deposit (b) being required to get rid of the pet within 30 of notice by the Housing Authority; and/or (C) eviction.

**I HAVE READ AND UNDERSTAND THE ABOVE REGULATIONS REGARDING PETS AND AGREE TO CONFORM TO THE SAME.**

\_\_\_\_\_  
**TENANTS SIGNATURE**

\_\_\_\_\_  
**DATE**



## Family Summary Sheet

| <b>Member No.</b> | <b>Last Name</b> | <b>First Name</b> | <b>Relationship to HOH</b> | <b>Sex</b> | <b>Date of Birth</b> |
|-------------------|------------------|-------------------|----------------------------|------------|----------------------|
| <b>HOH</b>        |                  |                   |                            |            |                      |
| <b>2</b>          |                  |                   |                            |            |                      |
| <b>3</b>          |                  |                   |                            |            |                      |
| <b>4</b>          |                  |                   |                            |            |                      |
| <b>5</b>          |                  |                   |                            |            |                      |
| <b>6</b>          |                  |                   |                            |            |                      |
| <b>7</b>          |                  |                   |                            |            |                      |
| <b>8</b>          |                  |                   |                            |            |                      |
| <b>9</b>          |                  |                   |                            |            |                      |
| <b>10</b>         |                  |                   |                            |            |                      |
| <b>11</b>         |                  |                   |                            |            |                      |
| <b>12</b>         |                  |                   |                            |            |                      |
| <b>13</b>         |                  |                   |                            |            |                      |
| <b>14</b>         |                  |                   |                            |            |                      |
| <b>15</b>         |                  |                   |                            |            |                      |

EMPLOYMENT INCOME RELEASE OF INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ S.S # \_\_\_\_\_ The Housing Authority of the Choctaw Nation of Oklahoma is required by the Department of Housing and urban Development (HUD) to verify the income all tenants, or prospective tenants. The person identified above has been informed that he/she is now or has been, within the last twelve- (12) months, employed by your firm. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

IEHP HOUSING STAFF

THIS PORTION TO BE COMPLETED BY TENANT OR PROSPECTIVE TENANT

I authorize \_\_\_\_\_ to give Choctaw Housing  
Name of source of Income

\_\_\_\_\_  
Address

Information they need in regard to employment. I release the above named agency from all liability in relation to the release of such information.

**Employee's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**This portion to be completed by Employer Only. Please return to employee after completion.**

Employed from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

Occupation/Title \_\_\_\_\_ Employment is: Permanent( ) Temporary ( ) Seasonal ( )

Current rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_ Employee is pd. Weekly ( ) Monthly ( ) Other ( ) explain other

Average number of hours per week, if not full time employee: \_\_\_\_\_

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- (12) months. \$ \_\_\_\_\_

If pay is not consistent weekly or monthly please estimate projected earnings for the year.

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

Firm Name: \_\_\_\_\_

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

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

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

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

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ANY FALSE OR INCORRECT INFORMATION SHALL BE GROUNDS FOR AUTOMATIC AND IMMEDIATE DISQUALIFICATION

**Return forms to Choctaw Housing IEHP : P.O. Box G Hugo, OK. 74743**

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**“OTHER” INCOME RELEASE OF INFORMATION**  
**THIS FORM IS TO BE USED IF YOU RECEIVE SOCIAL SECURITY, SSI OR ASSISTANCE FROM DHS**

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NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOURCE OF INCOME \_\_\_\_\_

ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

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Choctaw Housing Independent Elderly Program is required by Housing and Urban Development to verify the income of all participants or potential participants. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

IEHP HOUSING STAFF

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**This portion to be completed by participant or prospective participant**

I authorize \_\_\_\_\_ to give Choctaw Housing information they need in regard to my income. I release the above named agency from all liability in relation to the release of such information.

Client Signature \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Welfare Case # \_\_\_\_\_

VA Claim # \_\_\_\_\_ Civil Service # \_\_\_\_\_

Child Support # \_\_\_\_\_ S S I # \_\_\_\_\_

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**THIS PORTION TO BE COMPLETED BY SOURCE OF INCOME ONLY, THEN RETURN TO CLIENT.**

TYPE OF BENEFITS \_\_\_\_\_

AMOUNT RECEIVED PER MONTH: SSA \_\_\_\_\_ SSI \_\_\_\_\_ OAA \_\_\_\_\_ TANF \_\_\_\_\_

AD \_\_\_\_\_ VA \_\_\_\_\_ CS \_\_\_\_\_ OTHER \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

COMPLETED BY \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE \_\_\_\_\_

---

**Any false or incorrect information shall be grounds for automatic and immediate disqualification.**

Please return all forms to Choctaw Housing IEHP, P.O. Box G Hugo, OK. 74743

---

**“OTHER” INCOME RELEASE OF INFORMATION**  
**THIS FORM IS TO BE USED IF YOU RECEIVE SOCIAL SECURITY, SSI OR ASSISTANCE FROM DHS**

---

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOURCE OF INCOME \_\_\_\_\_

ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

---

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AMOUNT RECEIVED PER MONTH: SSA \_\_\_\_\_ SSI \_\_\_\_\_ OAA \_\_\_\_\_ TANF \_\_\_\_\_

AD \_\_\_\_\_ VA \_\_\_\_\_ CS \_\_\_\_\_ OTHER \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

\_\_\_\_\_  
PHONE NUMBER

COMPLETED BY \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE \_\_\_\_\_

---

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Please return all forms to Choctaw Housing IEHP, P.O. Box G Hugo, OK. 74743

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**NO INCOME STATEMENT**

I testify to the Housing Authority of the Choctaw Nation of Oklahoma, a federally funded organization, that I do not have any income, or receive any type of assistance. I further state that when I start receiving an income I will contact your office immediately. I realize the assistance that is subsidizing my rent is federal funds and that if discovered that I have made any fraudulent statements the information will be referred to the HUD Area Office.

\_\_\_\_\_  
Signature

State Of Oklahoma )

)

County of \_\_\_\_\_)

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

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

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_

# OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request  
6600 North Harvey Place  
Oklahoma City, OK 73116  
(405) 848-6724  
(405) 879-2503 FAX  
[http://www.ok.gov/osbi/Criminal\\_History/](http://www.ok.gov/osbi/Criminal_History/)

### Type Of Search Requested:

- Name Based - \$15.00
- State Fingerprint-based - \$19.00
  - Must Provide Fingerprint Card
  - Includes Name Based Search
- Sex Offender - \$2.00
- Mary Rippe Violent Offender - \$2.00

*Fees Are Effective August 1, 2009.*

DATE \_\_\_\_\_

Request Submitted via:

- Fax  Mail  In Person

**Requests will be returned in the manner received.**

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:

( ) \_\_\_\_\_

**ACCEPTABLE FORMS OF PAYMENT:**     CASH     CASHIER'S CHECK     MONEY ORDER

- BUSINESS CHECK     VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS
- No Personal Checks Accepted.*    *For Visa, MasterCard and Discover, Security Code is 3 digits on back of card.*    *For AMEX, security code is 4 digits on front.*

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_  
(PLEASE PRINT)

CARD HOLDER SIGNATURE (REQUIRED) \_\_\_\_\_

### REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME \_\_\_\_\_ SIGNATURE OF REQUESTING PARTY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_

PURPOSE OF REQUEST \_\_\_\_\_

### SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

*Forms with corrections done with white out or by striking through the fields in this section will not be processed.*

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

### SEARCH RESULTS:

Oklahoma State Bureau of Investigation  
Computerized Criminal History

Oklahoma Department of Corrections  
Sex Offender

Oklahoma Department of Corrections  
Violent Offender

*Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.*

*For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.*

OSBI CHRU 07/09

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.**

[See reverse side for footnotes and instructions]

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.