

PLEASE READ CAREFULLY

Enclosed are the required forms needed to process your application for a Mutual Help Home. You must **return all forms completed**, along with the **copies of Social Security cards for every household member**, and a **copy of your CDIB and Tribal Membership**. If you do not have your CDIB or Membership card please contact Tribal Membership at 1-800-522-6170 or write to Choctaw Nation Tribal Membership at P.O. Drawer 1210, Durant, OK. 74702.

All applicants must also send a complete copy of last year's Federal Income Tax Return.

CRITERIA

1. You must be a legal resident within the Choctaw Nation Boundaries, and your building site must be located within the boundaries of the Choctaw Nation, we cover 10 ½ counties. The counties covered are: (ATOKA, BRYAN, CHOCTAW, COAL, HASKELL, LATIMER, LEFLORE, McCURTAIN, PITTSBURG, PUSHMATAHA, and the southern half only of HUGHES county.)
2. You must be within the income guidelines for your family size.
3. **You must verify all income for all of your family age 18 and over.**
4. **The employer must complete all employment verifications: all other sources of income verifications must be filled out by the source such as, S.S., S.S.I., V.A. or welfare.** If there is anyone in the household age 18 or over and does not receive any type of income, we must have a third party notarized statement, or a current copy of an unemployment card. **NOTE WE DO NOT ACCEPT CHECK STUBS OR CHECK COPIES AS PROOF OF INCOME.**
5. If you have access to a building site we must have a copy of the deed in your file, if there is no deed in your file you will not be considered when making selections for your county.
6. All household members age 18 and over must sign the Authorization of Release of information/privacy act notice. **(THIS WILL INCLUDE A CRIMINAL BACKGROUND CHECK for each adult household member, prior to placement in a house building project or placement in a repossessed house.)**
7. An Appendix C (Citizenship) form must be completed for every household member.

ALL FORMS MUST BE PROPERLY COMPLETED AND ALL REQUESTED ITEMS MUST BE SENT IN WITH APPLICATION FORMS, OTHERWISE YOUR APPLICATION WILL BE RETURNED TO YOU FOR COMPLETION!!!!

NEW MUTUAL HELP ADMISSION POLICY REQUIREMENT

DEAR APPLICANT:

IT IS NOW REQUIRED TO ALSO SUBMIT A COMPLETE COPY OF YOUR MOST RECENTLY FILED FEDERAL INCOME TAX RETURN, INCLUDING ALL ATTACHMENTS SUCH AS W-2 FORM, 1099 FORM, SCHEDULE "C", SCHEDULE "F", OR ANY OTHER SCHEDULE OR ATTACHMENT WHICH YOU SENT IN WITH YOUR TAX RETURN.

THIS IS REQUIRED EITHER IF YOU ARE SELF-EMPLOYED OR IF YOU ARE EMPLOYED BY SOMEONE ELSE.

ALL APPLICANTS MUST SUBMIT A COMPLETE COPY OF TAX RETURNS FOR EACH HOUSEHOLD MEMBER 18 YEARS OR OVER.

IF YOU DID NOT FILE A FEDERAL INCOME TAX RETURN, THEN SEND A STATEMENT AS TO WHY YOU DID NOT DO SO. IF YOU RECEIVE SOCIAL SECURITY, SEND A COPY OF THE "FORM SSA-1099 SOCIAL SECURITY BENEFIT STATEMENT" SHOWING TOTAL AMOUNT RECEIVED LAST YEAR, OR CALL SOCIAL SECURITY AND REQUEST A BENEFIT SUMMARY FOR LAST YEAR.

PLEASE SEND IN AS SOON AS POSSIBLE TO COMPLETE YOUR APPLICATION AND AVOID ANY EFFECT ON YOUR ELEGIBILITY FOR APPLYING FOR A MUTUAL HELP HOME.

The "EMPLOYMENT INCOME" FORM AND "OTHER INCOME" FORM MUST ALSO BE COMPLETED BY YOUR CURRENT EMPLOYER OR OTHER SOURCE OF INCOME.

SEND ALL REQUESTED INFORMATION TOGETHER AND PLEASE ADDRESS THE ENVELOPE TO "ATTN: ADMISSIONS" TO ASSURE THAT IT WILL COME TO THE CORRECT DEPARTMENT. THANK YOU.

MUTUAL HELP HOME ADMISSIONS PROCEDURES

NEW APPLICATION CHECKLIST

- (1) FIRST PAGE OF BASIC FAMILY INFORMATION MUST BE COMPLETE WITH ALL QUESTIONS ANSWERED AND SIGNATURE SPACES SIGNED.
- (2) "OTHER INCOME" FORMS MUST BE SIGNED BY THE PERSON RECEIVING THE BENEFITS AND COMPLETED BY THE SOURCE OF THE INCOME, (FOR SOCIAL SECURITY WE CAN ACCEPT A COMPUTER PRINTOUT OF BENEFITS OR IF THE INCOME IS FROM A PENSION OR RETIREMENT WE CAN ACCEPT THE ANNUAL AWARD LETTER THAT THEY ISSUE AT THE FIRST OF EACH YEAR. IF THE PERSON IS SELF EMPLOYED THEY MUST SIGN THE OTHER INCOME FORM AND ATTACH THEIR COMPLETE COPY OF MOST RECENT IRS FEDERAL INCOME TAX RETURN, INCLUDING THE SCHEDULE "C" OR "F")
- (3) "EMPLOYMENT INCOME" MUST BE SIGNED BY THE EMPLOYEE AND COMPLETED BY THE EMPLOYER, INCLUDING DETAILED INFORMATION AS TO THE RATE OF PAY PER WHAT TIME PERIOD OR IF PAY IS NOT CONSISTENT THEN ANTICIPATED EARNINGS FOR NEXT 12 MONTHS SHOULD BE ESTIMATED BY THE EMPLOYER. **(WE CANNOT ACCEPT CHECK STUBS)**
- (4) "UNEMPLOYMENT VERIFICATION" **THIRD PARTY FORM** MUST BE COMPLETED BY A NON-RELATIVE AND SIGNATURE MUST BE NOTARIZED.
- (5) "AUTHORIZATION FOR RELEASE OF INFORMATION" MUST BE SIGNED BY THE APPLICANT, AND IF THERE IS A SPOUSE OR OTHER FAMILY MEMBER, THEY MUST ALSO SIGN.
- (6) "FAMILY SUMMARY SHEET" MUST BE COMPLETED TO INCLUDE ALL MEMBERS OF HOUSEHOLD.
- (7) "APPENDIX C FORM" MUST HAVE NAME AT TOP, APPROPRIATE CLASSIFICATION BOX MUST BE MARKED AND PERSON MUST SIGN AT BOTTOM. IF FOR PERSON UNDER 18 YEARS OLD THEN CHILD'S NAME WILL GO AT TOP AND ADULT MUST SIGN THEIR OWN SIGNATURE AT BOTTOM AS THE ADULT RESPONSIBLE FOR THAT CHILD.
- (8) A COPY OF EACH HOUSEHOLD MEMBER'S SOCIAL SECURITY CARD MUST BE RECEIVED. IF FOR SOME REASON THEY DO NOT HAVE CARD (NEW BORN BABY, OR LOST CARD) AND THEY HAVE APPLIED FOR CARD THEN WE CAN ACCEPT THE COPY OF THE SOCIAL SECURITY CARD APPLICATION UNTIL THEY RECEIVE CARD, THEN THEY MUST SEND COPY OF REAL CARD.
- (9) A COPY OF THE CDIB AND TRIBAL MEMBERSHIP CARD FOR THE APPLICANTS MUST BE RECEIVED. (IF CDIB SHOWS THAT PERSON HAS TWO OR MORE TRIBAL ANCESTRY ORIGINS THEN WE MUST HAVE A COPY OF THEIR TRIBAL MEMBERSHIP TO SEE WHICH TRIBE THEY ARE REGISTERED WITH AS A VOTING MEMBER)

You are receiving assistance under one of the programs provided by the Housing Authority of the Choctaw Nation therefore, you are required to declare US Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are receiving housing assistance. To do this you should:

1. Complete a family Summary sheet, using the attached blank format (identified as attachment 5) to list all family members residing in the assisted unit.
2. Have a Declaration format (Appendix C) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy to follow instructions and explains what if any other forms and/or evidence must be submitted with each Declaration Format. Please note-the form for each minor child must be signed by the adult responsible for the child.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the Choctaw Housing Authority within ten days of this notice.

This section 214 review will be completed in conjunction with the verification of other aspects of eligibility for the assistance, if you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact Donna Courtwright at 800-235-3087 and you will be assisted.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status will result in the termination of your housing assistance.

If this section 214 review results in a declaration of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, the conditions and availability of other options will be discussed with you in detail.

Mutual Help Housing

Donna Courtwright
Admissions Clerk
Choctaw Housing Authority

THE FOLLOWING ITEMS DO NOT HAVE TO BE A PART OF THE APPLICATION:

- (1) TRIBAL MEMBERSHIP CARD COPY NEEDS TO BE REQUESTED TO BE SURE CHOCTAW APPLICANT IS REGISTERED AS A VOTING MEMBER AND WILL BE GIVEN PREFERENCE OVER SOMEONE WHO HAS A CHOCTAW CDIB BUT NO CHOCTAW TRIBAL MEMBERSHIP.
- (2) COPY OF WARRANTY DEED OR QUIT CLAIM DEED MUST BE RECEIVED IF APPLICANT IS APPLYING FOR A NEW HOUSE TO BE BUILT. THE DEED MUST BE A FILED DEED. IF THE DEED IS IN SOMEONE'S NAME OTHER THAN THE APPLICANT AND THE SPOUSE, THEN THE CURRENT OWNER MUST COMPLETE AND SIGN A NOTARIZED STATEMENT AGREEING TO TRANSFER THE ACRE OR CITY LOT TO THE APPLICANT WHENEVER THE HOUSE IS BUILT. THE LAND HAS TO BE AT LEAST ONE ACRE FOR A COUNTRY SITE OR IF IT IS A CITY LOT IT MUST BE AT LEAST 75 FT.X 100 FT. FOR AN INSIDE LOT OR IF IT IS A LOT ON THE CORNER IT MUST BE AT LEAST 85 FT. X 100 FT. IF A DEED IS SUBMITTED FOR LAND WHICH IS NOT AT LEAST THE MINIMUM SIZE REQUIRED, THEN WE MUST NOTIFY THE APPLICANT THAT THE LAND IS NOT OF ADEQUATE SIZE.

Dear Applicant,

If you are the divorced parent of a minor child we require proof of legal custody, such as a divorce decree.

If you were never married to the parent of your child write a statement explaining your situation.

If child support is ordered but you are not receiving it, send proof from the source of payment that you are not receiving payment.

All statements must be notarized.

If you have any questions please do not hesitate to call me at 1-800-235-3087 ext 271.

Sincerely,

Donna Courtwright
Admissions Clerk
Choctaw Nation Housing Authority

Russell Sossamon/dgc

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA

P.O. Box G • Hugo, OK 74743

1-800-235-3087

580-326-7521

FAX 1-580-326-4970

Application Mutual Help Development

Repossessed MH Home Mutual Help Recertification

First Name Middle Name Last Name Social Security No.

Mailing Address Physical Address Phones

Address Line 1: _____ Home: _____

Address Line 2: _____ Work: _____

City/State/Zip: _____ Spouse Work: _____

Deg 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 boundaries only):

Are you an employee of the Choctaw Housing Authority, Choctaw Nation or any of its Entities? If yes, please state which department and your immediate supervisor. _____

Are you related to an employee of the Choctaw Housing Authority? If yes, please state to whom and the relationship. _____

Have you or any member of your household ever been convicted of a crime other than traffic violations?
 yes no If yes, please explain _____

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, a Tribal Membership card or valid CDIB card.

Name: Last, First MI	Soc Sec Num	Birth Date	Sex	Relationship to Applicant	Occupation or Student
1.				<i>Applicant</i>	
2.					
3.					
4.					
5.					
6.					

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

FAMILY INCOME – Complete the information below for each household member with income.

Family Member with Income	Annual Wages	Soc Sec Income	Supplemental Security Income	Veterans 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 and checking accounts, bonds, real estate, etc. Do not list furniture, primary automobiles, etc.)

Type	Description	Current Value	Balance Owing

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

OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Date/Time Application Received _____

Prepared by _____ Date _____

ELDERLY, HANDICAPPED, OR DISABLED FAMILIES ONLY

1. Do you pay for medical insurance for yourself and/or other members of your household? ___ yes ___ no
If so, specify the amount of premium per month. _____
2. Do you have medical bills outstanding on which you are paying? ___ yes ___ no
3. Do you anticipate any drug bills in the coming year? ___ yes ___ no
4. 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

1. Does any member of your household receive educational grants and/or scholarships? ___ yes ___ no
If yes, specify amount of grants and/or scholarships. _____
 2. Does any member of your household receive cash contributions from individuals not living with you? ___ yes ___ no
If yes, specify amount. _____
 3. 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. _____
 4. Does any member of your household receive child support? ___ Yes ___ No If yes, specify amount. _____
-
5. 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 | _____ |

COMMENTS/ADDITIONAL INFORMATION:

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 released to appropriate federal, state, or local agencies.

I/We certify that the information/statements given in this 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 Adults

Date

Additional Adults

Date

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

Signature

Date

The determination for American Indian and Alaskan Native (AIAN) household is a household where the head of household and/or spouse or minor children are American Indian and/or Alaskan Native.

- 1.) Is this Family AIAN? Yes___NO___
- 2.) AIAN Households less than 30% of median family income? Yes___No___
Family of 4 \$16,950 Family of 2 \$13,556
Family of 3 \$15,263 Family of 1 \$11,868
- 3.) AIAN Households between 30%-50% of median family income? Yes___No___
Family of 4 \$16,951-\$28,250 Family of 2 \$13,557-\$22,594
Family of 3 \$15,264-\$25,438 Family of 1 \$11,860-\$15,825
- 4.) AIAN Households between 50%-80% of family median income? Yes___No___
Family of 4 \$28,251-\$45,200 Family of 2 \$22,595-\$36,150
Family of 3 \$25,439-\$40,700 Family of 1 \$15,826-\$31,650
- 5.) AIAN Households with more than 1 person per room? Yes___No___
- 6.) AIAN Household without Kitchene or Plumbing? Yes___No___
- 7.) AIAN Household with housing expenses greater than 50% of income
Yes___No___

PLEASE READ CAREFULLY!!

SEND THESE:

***ALL CHOCTAW HOUSING AUTHORITY PROGAMS REQUIRE COPIES OF TRIBAL MEMBERSHIP CARDS AND CDIB. COPIES OF SOCIAL SECURITY CARDS ARE REQUIRED FOR ALL PROGRAMS. ALL REQUIRED SUPPORTING DOCUMENTS MUST BE RETURNED COMPLETED.**

Mutual Help Development: For Indian Home (Send these Items)

1. Complete copy of last year's Federal Income Tax Return. Please send all pages of your most recent tax return.
2. Legal resident within Choctaw Nation Boundaries, the building site must be within the Choctaw Nation Boundaries.
3. All household members 18 and over must sign the Authorization of Release of Information/Privacy Act Notice.
4. An Appendix C (citizenship form must be completed for every household member).
5. If you have access to a building site you must provide a copy of the deed.

INFORMATION SPECIFIC TO MUTUAL HELP DEVELOPMENT APPLICATION

1. Do you own a home? ____Yes____No
Is the home decent, safe, sanitary and of adequate size for your family?
____Yes____No
2. Do you own or do you have access to a suitable building site close to public roads or streets, that has no liens or mortgages against it? ____Yes____No If Yes attach a copy of your deed. If you are updating and a copy is already in your file there is no need for another copy.
3. Have you ever received a grant for construction or home repair through another Federal Agency or the Choctaw Housing Authority? ____Yes____No
Explain:

NOTICE: ANYONE WHO HAS RECEIVED A MUTUAL HELP HOME IN THE PAST WILL NOT BE SERVED UNTIL ALL OTHER ELIGIBLE CHOCTAW APPLICANTS (NOW & IN THE FUTURE) HAVE BEEN SERVED.

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

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)

Housing Authority of the
Choctaw Nation of Oklahoma
PO Box G
Hugo, OK 74743

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
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 homeowners, or prospective homeowners. The person identified above has informed us that he/she is currently 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.

Sincerely,
CNHA Development Staff

THIS PORTION TO BE COMPLETED BY HOMEOWNER OR PROSPECTIVE HOMEOWNER

I authorize _____ to give the Housing Authority of the Choctaw Nation of Oklahoma
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:** _____

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

Employed from _____, 19____ 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: _____

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: _____

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

EMPLOYEE Return forms to Choctaw Nation Housing Authority: P.O. Box G Hugo, OK. 74743
ADMISSIONS DEPT.

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA
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 homeowners, or prospective homeowners. The person identified above has informed us that he/she is currently 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.

Sincerely,
CNHA Development Staff

THIS PORTION TO BE COMPLETED BY HOMEOWNER OR PROSPECTIVE HOMEOWNER

I authorize _____ to give the Housing Authority of the Choctaw Nation of Oklahoma
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:** _____

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

Employed from _____, 19____ 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: _____

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: _____

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

EMPLOYEE Return forms to Choctaw Nation Housing Authority: P.O. Box G Hugo, OK. 74743
ADMISSIONS DEPT.

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA

VERIFICATION OF UNEMPLOYMENT

FILE NAME: _____ SS # _____

STATEMENT BY UNBIASED PARTY

I _____, DO HEREBY STATE THAT I KNOW
_____ AND CAN VERIFY THE FACT THAT HE/SHE IS
UNEMPLOYED.

(SIGNATURE)

(ADDRESS)

(PHONE)

(DATE)

State of _____

County of _____

THIS DOCUMENT WAS SIGNED / ATTESTED BEFORE ME ON _____ (DATE)

BY _____
(Name of person making Statement)

(Signature of Notary Officer)

_____ (Seal/Stamp)
Title (and rank)

(My commission expires- _____)

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA

VERIFICATION OF UNEMPLOYMENT

FILE NAME: _____ SS # _____

STATEMENT BY UNBIASED PARTY

I _____, DO HEREBY STATE THAT I KNOW
_____ AND CAN VERIFY THE FACT THAT HE/SHE IS
UNEMPLOYED.

(SIGNATURE)

(ADDRESS)

(PHONE)

(DATE)

State of _____

County of _____

THIS DOCUMENT WAS SIGNED / ATTESTED BEFORE ME ON _____ (DATE)

BY _____
(Name of person making Statement)

(Signature of Notary Officer)

Title (and rank) (Seal/Stamp)

(My commission expires- _____)

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA
"OTHER" INCOME RELEASE OF INFORMATION

NAME _____ DATE _____
ADDRESS _____ SOURCE OF INCOME _____
_____ ADDRESS _____
BIRTHDATE _____ _____

The Housing Authority of the Choctaw Nation of Oklahoma is required by the Department of Housing and Urban Development to verify the income of all Homeowners, or potential Homeowners. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

Sincerely,
CNHA Development Staff

This portion to be completed by prospective homeowner.

I authorize _____ to give the Housing Authority of the Choctaw Nation of Oklahoma 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 # _____

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 _____ 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.

CLIENT-Please return all forms to Choctaw Nation Housing Authority, P.O. Box G Hugo, OK. 74743

ADMISSIONS DEPT.

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA
"OTHER" INCOME RELEASE OF INFORMATION

NAME _____ DATE _____
ADDRESS _____ SOURCE OF INCOME _____
_____ ADDRESS _____
BIRTHDATE _____ _____

The Housing Authority of the Choctaw Nation of Oklahoma is required by the Department of Housing and Urban Development to verify the income of all Homeowners, or potential Homeowners. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

Sincerely,
CNHA Development Staff

This portion to be completed by prospective homeowner.

I authorize _____ to give the Housing Authority of the Choctaw Nation of Oklahoma 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 # _____

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 _____ OTHER _____

AGENCY: _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER

COMPLETED BY _____

DATE: _____

TITLE _____

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ADMISSIONS DEPT.

DECLARATION OF SECTION 214 STATUS

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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.

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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.

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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].

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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)].

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FAMILY SUMMARY SHEET

MBR. NO.	LAST NAME OF FAMILY MEMBER	FIRST NAME	RELATIONSHIP TO HOH	SEX	DATE OF BIRTH
HEAD					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					