

**HOUSING AUTHORITY OF THE CHOCTAW NATION
P.O. BOX G HUGO, OK 74743
800-235-3087 580-326-7521
FAX: 580-326-0318**

**RENTAL ASSISTANCE APPLICANTS
PLEASE READ CAREFULLY**

Choctaw Nation Rental Assistance means that Choctaws with Tribal Membership Cards have priority over "other" Indians with CDIB's. In addition to the above, the following list of required information or documents must accompany your application: However, in order to receive this preference you must submit a copy of your TRIBAL MEMBERSHIP card with your application. If you do not have a Tribal Membership card please contact Tribal Headquarters, Membership Dept., or the nearest Choctaw Nation Field Office for an application.

- ___ Application --- Dated and Signed
- ___ All household income must be listed
- ___ All documents enclosed must be dated & signed
- ___ Copy of Social Security cards for all family members
- ___ Copy of CDIB Card and Membership Card
- ___ Section 214 Declaration of U.S. Citizenship for each family member.
- ___ A Background Check form must be signed and notarized by each family member 18 years of age or older.

The Rental Assistance waiting list is maintained according to date of application, therefore, your application will be rejected and returned to you if you fail to submit all the items listed above. **You will not be placed on the waiting list until we receive a complete application.**

PLEASE ALLOW 5 TO 7 DAYS BEFORE CONTACTING OUR OFFICE CONCERNING YOUR PLACEMENT ON THE WAITING LIST.

Doris Ross – Program Supervisor ext. 273

Gina Nassar – Bryan, Latimer, McCurtain counties ext. 282

Marsha Magby – Atoka, Choctaw, Coal & Pittsburg counties ext. 277

Terry Karr – Haskell, Leflore, Pushmataha & Hughes counties ext. 274

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA
P.O. Box G • Hugo, OK 74743

1-800-235-3087

580/326-7521

FAX 1-580-326-0318

Application for **Rental Assistance Program**
 Recertification **Emergency Assistance Program**

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: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/> 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 _____ Recertification Date _____

Current Payment _____ Payment Adjusted to _____ Effective Date _____

Prepared by _____ Date _____

ELDERLY, HANDICAPPED, OR DISABLED FAMILIES ONLY

- 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. _____
- Do you have medical bills outstanding on which you are paying? yes no
- Do you anticipate any drug bills in the coming year? yes no
- 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. _____
- Does any member of your household receive child support? 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 _____

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

**HOUSING AUTHORITY OF THE CHOCTAW
NATION OF OKLAHOMA
Rental Assistance Department
P.O. Box "G"
Hugo, Oklahoma 74743**

APPLICANT/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 that I will not obtain duplicate Federal housing assistance while I am in 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 and completing and signing needed forms. I understand failure 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) _____

CRIMINAL BACKGROUND CHECK

I, _____ authorize the
(PLEASE PRINT FULL NAME)

Housing Authority of the Choctaw Nation to do a criminal background check with Law Enforcement Agencies. 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 my assistance.

Signature: _____

Maiden Name _____ Date of Birth _____

Social Security Number _____

NOTARY TO COMPLETE THIS SECTION.

Dated this _____ Day of _____ 20_____.

Seal

My commission expires

Signature of Notary

FILL IN YOUR SIGNATURE, DATE OF BIRTH & SOCIAL SECURITY NUMBER, HAVE NOTARIZED AND RETURN TO US WITH OTHER FORMS. WE WILL CONTACT THE LAW ENFORCEMENT AGENCY.

CRIMINAL BACKGROUND CHECK

I, _____ authorize the
(PLEASE PRINT FULL NAME)

Housing Authority of the Choctaw Nation to do a criminal background check with Law Enforcement Agencies. 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 my assistance.

Signature: _____

Maiden Name _____ Date of Birth _____

Social Security Number _____

NOTARY TO COMPLETE THIS SECTION.

Dated this _____ Day of _____ 20_____.

Seal

My commission expires

Signature of Notary

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Social Security Number _____

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Dated this _____ Day of _____ 20_____.

Seal

My commission expires

Signature of Notary

*****FILL IN YOUR SIGNATURE, DATE OF BIRTH & SOCIAL SECURITY NUMBER, HAVE NOTARIZED AND RETURN TO US WITH OTHER FORMS. WE WILL CONTACT THE LAW ENFORCEMENT AGENCY.*****

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(l)(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.

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.

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 HOH	SSN	Indicate if married (M), widowed (W), Separated (S), Divorced (D)
				Year
				Year
				Year
				Year

Children (name as it appears on SSC)	Date of Birth	Relationship to HOH	School Name	Absent Parent's Name	Absent Parent's Address

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

Name

Street Address

City, State, Zip

SSN (if known)

Name

Street Address

City, State, Zip

SSN (if known)

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 member of the household 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 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.