COLLEGE HOUSING ASSISTANCE PROGRAM

Application Guidelines

Purpose

The purpose of the College Housing Assistance Program, a NAHASDA funded program administered by the Housing Authority of the Cherokee Nation, is to assist low income Native American students to secure safe and affordable housing while seeking a first-time Bachelor’s degree and maintaining full-time student status at an accredited institute of higher education. The College Housing Assistance Program will provide students with up to $1000 per semester for housing costs only.

Eligibility

- Applicant must be member of a federally recognized tribe. Priority will be given to Cherokee Nation tribal citizens.
- Applicant must be a resident of the Cherokee Nation.
- Applicant family must meet all eligibility requirements for the College Housing Assistance Program, including NAHASDA income guidelines.
- Applicant must be seeking a first-time Bachelor’s degree at an accredited institute of higher education.
- Must participate in the Cherokee Cultural Curriculum while on the program.
- Priority will be given to students who were assisted the previous semester on the College Housing Assistance Program.
- Assistance is limited to eight (8) semesters.
- Other eligibility requirements may apply according to the College Housing Assistance Program policy.

For more information, please contact:
918-456-5482

Spring 2020 Application Dates
January 2 – 17, 2020

*Applications will only be accepted during these dates. Any early applications received will be returned.
College Housing Assistance Program
Area Contact Information

Applications will be processed in the following office locations according to your permanent physical address.

**Adair County**
Dora Waite, Housing Counselor
918-456-5482, ext. 1201

Alyene Hogner Heights
160 Alyene Drive
Stilwell, OK 74960

**Cherokee & Wagoner Counties**
Cynthia Scott, Housing Counselor
918-456-5482, ext. 1199

Leon Daniel Heights
701 W. Fox St.
PO Box 1007
Tahlequah, OK 74465

**Craig, Nowata, Rogers, Tulsa & Washington Counties**
Sharon Snell, Housing Counselor
918-456-5482, ext. 1188

Claremore HACN Office
23205 S. Hwy 66
PO Box 1325
Claremore, OK 74018

**Delaware, Mayes & Ottawa Counties**
Annie Loy, Housing Counselor
918-456-5482, ext. 1161

Jay HACN Office
109 13th St
PO Box 328
Jay, OK 74346

Willard Stone Heights
300 Willard Stone Circle
PO Box 1240
Locust Grove, OK 74352

**Muskogee, McIntosh & Sequoyah Counties**
Cody Fullbright, Housing Counselor
918-456-5482, ext. 1219

Sallisaw HACN Office
2260 W. Cherokee
PO Box 469
Sallisaw, OK 74955
Housing Authority of the Cherokee Nation

REQUIRED DOCUMENTS FOR CHAP NEW APPLICANTS

Application may be made inactive if failure to submit all necessary documentation by the application deadline date. Please note that information on all household members will be required. The household composition must be the same that is reported on your 2019-2020 FAFSA and is indicated on the Student Aid Report (SAR).

**Included in Packet – Use Black or Blue Ink Only – No Pencil – No White-Out**

____ Family Composition Form – include entire household as indicated on the SAR

____ Employment / Income verification – entire household
   a. Employment Form / No Income – Odd Job Form – one form required for each household member 18 & over
   b. Asset Information – for entire household
   c. Income Assistance Verification Form – signed by each household member 18 & over, take to DHS for verification

____ Authorization for a Criminal Background Check – must be notarized – student only

____ NAHASDA Public Disclosure form

**Additional Documents Required**

____ Gov’t Issued Driver’s License or ID, Social Security Card, and Tribal Membership card

____ 2019-2020 Student Aid Report (SAR) – must show annual income & EFC score

____ 2019-2020 Financial Aid Award Letter

____ Spring 2020 Class Schedule

____ High School Transcript and/or College Transcript, must show previous semester grades

____ Verification of permanent physical address

Please be advised: Completing the required documentation does not guarantee assistance for college housing. Additional documentation may be required and requested from the applicant.
### HOUSEHOLD COMPOSITION:

<table>
<thead>
<tr>
<th>Full Name(s) of all Household</th>
<th>Relation to Head</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Indian Y/N</th>
<th>List Tribe</th>
<th>Social Security Number</th>
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<tr>
<td>1.</td>
<td>Head</td>
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<td>2.</td>
<td>Spouse</td>
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### INCOME/ASSETS

<table>
<thead>
<tr>
<th>Household Member(s) Type of income (Wages/Social Security, etc)</th>
<th>MONTHLY AMOUNT</th>
<th>Annual Verified Amount</th>
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<tbody>
<tr>
<td>1. Head</td>
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<tr>
<td>2. Spouse</td>
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<tr>
<td>3. Other</td>
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<tr>
<td>4. Other</td>
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</tbody>
</table>

### DEDUCTIONS

<table>
<thead>
<tr>
<th>Type of Deduction:</th>
<th>Monthly Amt.</th>
<th>Annual Verified</th>
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<tbody>
<tr>
<td>1. Child Care (12 &amp; under)</td>
<td>$</td>
<td>$</td>
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<td>2. Medical (Elderly family)</td>
<td>$</td>
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<td>3. Handicapped Allowances</td>
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<td>$</td>
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</table>

Are there family members temporarily absent? _____ YES _____ NO If so, whom: 
Where are they residing? ____________________________ When are they expected to return? 

I/We certify the information given to the Housing Authority of the Cherokee Nation in reference to household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household / Date

Signature of Spouse / Date
Employment Form

Complete the top half of this form by listing your employer's name and mailing address. Print your name, list your social security number and list your employer’s phone number.

Name of Company/Employer

Mailing Address

City, State, and Zip Code

Print Employee’s Name

Social Security Number

Employer’s Phone Number

I hereby authorize you to furnish all of the information requested on this inquiry.

Signature of Participant/Applicant

Date

Applicant/Participant – Have Employer Complete

Anticipated Gross Earnings for the next 12 month period $

Average number of hours per pay period $ Hour

Average number of hours per week $ Week

Current Base Pay Rate (Gross)$ Bi-weekly

Year to Date: $ Bi-monthly

Regular $ Month

Part Time $ Other

Temporary/Seasonal

If temporary/seasonal, indicate lay off periods:

Title or Position Date of hire:

Signature of Authorized Personnel

Date

Mailing Address:

Phone & Fax Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of Misrepresentation to any Department or Agency of the U.S. to any matter within its jurisdiction.

Rev 06/2014
No Income – Odd Jobs – Monetary Gifts

IF YOU HAVE NO INCOME, COMPLETE THIS SECTION
This statement is to certify that I am not receiving income from any source. I am not:
➢ Employed through any public or private employer,
➢ Receiving any cash payouts for any service performed,
➢ Receiving any type of unemployment or worker’s compensation benefits,
➢ Receiving TANF, Social Security, Veterans or any other governmental/tribal benefits,
➢ Receiving a pension, retirement, per capita or any annuity benefits,
➢ Receiving child support, family assistance, aid from charity/church or monetary benefits,
➢ Receiving any income from babysitting, cutting wood, selling household/metal goods or any other odd job/source.

I understand I must report any changes in income immediately. I understand that I must furnish all of the information requested on this inquiry.

Signature of Participant/Applicant Date Social Security Number
Print Name of Participant/Applicant

IF YOU DO ODD JOBS, COMPLETE THIS SECTION
I do odd jobs and receive $_________ weekly or monthly (circle one or agency will assume weekly)
The odd jobs I perform are: (explain)

Signature of Participant/Applicant Date Social Security Number
Print Name of Participant/Applicant

IF YOU RECEIVE MONETARY GIFTS, COMPLETE THIS SECTION
LIST the name of your provider, address and telephone number in order to verify your monetary gifts:

PLEASE HAVE MONETARY GIFT PROVIDER COMPLETE THE FOLLOWING:
The applicant/participant has indicated to us that he/she received monetary gifts from you. We are required to complete our determinations within a specified time period, and therefore, your prompt reply would be appreciated.

I certify that I provide the following monetary gifts to ___________________________ in the amount(s) of $_________ (circle one) monthly weekly bi-weekly
(If you do not actually give the person above money, but buy goods/necessities for them, estimate the cost of the items.) OTHER: (explain)

Signature of Provider: Date:

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Rev 06/2014
### Asset Information

Please check and complete if you have any of the accounts listed below.

<table>
<thead>
<tr>
<th>Account Type</th>
<th>Balance</th>
<th>Account Number</th>
<th>Bank Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking</td>
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<tr>
<td>Checking</td>
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<td>Savings</td>
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<tr>
<td>Savings</td>
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<td></td>
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<tr>
<td>Certificate of</td>
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<td></td>
<td></td>
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<tr>
<td>Deposit (CD’s)</td>
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<td>IRA’S</td>
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<td>Mutual Funds</td>
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<td>Stocks/Bonds</td>
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<td>Money Markets</td>
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<td>Annuities</td>
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<tr>
<td>Other</td>
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Type: __________________________

I/We have no account(s) listed above.

1. **Real Property (land, house, etc.):** Do you own or are you listed as a co-owner (trust, joint, co-signer, etc.) of any Real Property? ___YES ___NO If so, TYPE (house, land, etc.): _______________________

2. **If yes,** where is the property located? Please give tax status: taxable, trust property, restricted, etc.

3. **Real Property Disposed (land, house, etc.):** Have you owned or disposed of any Real Property within the past 3 years by sale, gift or other transfer? ___Yes ___No
   **If Yes,** how was the property disposed of?
   - **SALE** – provide contract of sale
   - **Assignment/Transfer/Gift** – provide warranty deed or legal document to verify and tax assessor’s statement
   - **Foreclosure** – provide foreclosure documents and tax assessor’s statement of property at foreclosure
   - **Other** – provide documents to explain and provide value of property at the time of disposition

4. **Other Assets:** List RV’s, vehicles, livestock, farm machinery, equipment, livestock, jewelry, etc. List any interest bearing accounts, dividends, retirement accounts, stock/bond accounts or other net income from savings accounts or any lump sum payments (Inheritances, lottery winnings, insurance settlements, social security benefits, unemployment compensation) within the last two years. Please provide verification. __________________________

Signature of Head of Household ___________________  Date ________________

Signature of Spouse ___________________  Date ________________

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Rev 06/2014
Authorization for a Criminal Background Check

I, ________________________________, DO HEREBY AUTHORIZE the Housing Authority of the Cherokee Nation (HACN) to conduct a Criminal Background Check (CBC) with any Federal, State, Tribal, or Local Law Enforcement Agency. I further agree upon this written consent that I will not file, or cause to be filed on my behalf, any lawsuit against any Law Enforcement Agency, HACN, or their designee, due to the results of said CBC.

I further agree that I am aware that due to HACN’s special tenant selection standards that my application can be denied and/or my participation in a program terminated due to any criminal activity, specifically those criminal activities involving crimes or physical violence to persons or property, drug related, or other violent crimes or criminal activity which would adversely affect the health, safety, or welfare of the HACN or their participants.

I further agree that my failure to provide full and complete information as to my identity, aliases, previously used names, or previous places of residences is grounds for immediate termination of my application or tenancy with the HACN.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Birth Date</th>
<th>Social Security Number</th>
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Name: (Please print all information legibly.)

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<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Maiden</th>
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Please list other names or aliases used since the age of 18.

Previous Residence (s): (Indicate all cities, counties, states, and countries, other than Oklahoma, in which you resided for any length of time since the age of 18.)

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<tr>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Country</th>
<th>Dates Resided</th>
<th>Name(s) Used</th>
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<tr>
<td>City</td>
<td>County</td>
<td>State</td>
<td>Country</td>
<td>Dates Resided</td>
<td>Name(s) Used</td>
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State of ________________________________  )
County of ________________________________  )

On this ______ day of __________________, 20____, before me, a Notary Public in and for the above State and County, personally appeared and acknowledged to me that they executed the same as their free and voluntary act and deed.

Notary Public

My Commission Expires: ________________________

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Rev 06/2014
NAHASDA Public Disclosures

As required by 24 CFR part 1000.30, services provided to Cherokee Nation employees and employee relatives from funds received pursuant to the Native American Housing Assistance and Self-Determination Act of 1996 shall be publicly disclosed.

Please indicate below if you are currently an employee of the Cherokee Nation, or have a relative who is an employee of the Cherokee Nation or is a Cherokee Nation elected official. Applicants who fall in this category may be publically disclosed at the Cherokee Nation Tribal Council Committee Meeting, posted at area Housing Authority of the Cherokee Nation offices, and sent to the Office of Housing and Urban Development (HUD) in Oklahoma City.

Student’s Name

☐ No, I am not an employee of the Cherokee Nation or Cherokee Nation entity nor do I have relatives who are employees of the Cherokee Nation or entity of Cherokee Nation or elected officials of the Cherokee Nation.

☐ Yes, I am employee of the Cherokee Nation or Cherokee Nation entity.

Department / Program:

☐ Yes, I have relatives who are employees of Cherokee Nation or a Cherokee Nation entity or Cherokee Nation elected officials.

<table>
<thead>
<tr>
<th>Name of Relative</th>
<th>Relation to Student</th>
<th>Department/Program</th>
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