The housing assistance programs currently being offered by the Housing Authority of the Cherokee Nation are listed below. Please see any of our staff if you have any questions or need assistance in determining which program will fit your needs.

**RENTAL PROPERTIES PROGRAM:** Units the HACN maintains and manages. Waiting lists are maintained. Income guidelines are 80% of median income or below.
- The family is required to pay a portion of rent based upon 30% of their monthly adjusted income to HACN.
- Unit size is based upon family size.
- No term limit applies as long as program requirements are not violated.
- Criminal background check conducted.
- A household member must be a member of a federally recognized tribe.
- Preference: Cherokee Tribal member and Working Head/Spouse.

**RENTAL ASSISTANCE PROGRAM:** NAHASDA funded program designed to assist Native Americans with decent, safe, and sanitary housing within Cherokee Nation jurisdictional boundaries. Income guidelines are 80% of Median Income or below. Once approved, families must find their own unit, unit must be approved and landlord must be willing to enter contract.
- A household member must be a member of a federally recognized tribe.
- Preference: Cherokee Tribal Member who are elderly, disabled or handicapped, head/spouse full-time students, head/spouse working.
- Must have adequate income to support a rental payment.
- HACN will supplement a portion of rent to the owner.
- Single person may apply.
- Families are encouraged to gain self-sufficiency.
- Criminal background check is conducted.
- Tenant is responsible for all security and utility deposits.
- Must enter into a one-year lease.

**TEMPORARY ASSISTANCE PROGRAM:** NAHASDA funded program designed to assist Native Americans who are in an emergency situation with decent, safe, and sanitary housing within Cherokee Nation jurisdictional boundaries on a temporary basis. Income guidelines are 80% of Median Income or below.
- All TAP applications must be completed with HACN staff in office. No exceptions.
- A household member must be a member of a federally recognized tribe. Preference will be given to Cherokee tribal citizens.
- Must be homeless & living in a shelter, displaced due to domestic violence or natural disaster, or have a financial or medical hardship. All hardships must be verified.
- Must have adequate income to support a rental payment.
- Criminal background check is conducted.
Staff is available in the following offices to accept applications and provide assistance.

**Adair County**

Alyene Hogner Heights  
160 Alyene Drive  
Stilwell, OK 74960

Bushyhead Heights  
150 Goingsnake Rd  
Westville, OK 74965

**Cherokee County**

Housing Management  
110 McSpadden Ct  
PO Box 1007  
Tahlequah, OK 74465

Leon Daniel Heights  
107 W. Fox St.  
Tahlequah, OK 74464

Proctor Heights  
900 Bassham  
PO Box 627  
Hulbert, OK 74441

**Craig County**

Tom Buffington Heights  
900 Mc Nelis #31-B  
Vinita, OK 74301

**Delaware County**

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

Chopper Heights  
434 Chopper Court  
Grove, OK 74344

**Mayes County**

Cherokee Heights  
100 Cherokee Heights  
Pryor, OK 74361

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

**Muskogee County**

Houston Johnson Heights  
North 6th Ave  
Warner, OK 74469

**Nowata County**

Wauhilla Court  
115 Wauhilla Court  
Nowata, OK 74048

**Sequoyah County**

Sallisaw HACN Office  
2260 W. Cherokee  
Sallisaw, OK 74955

**Rogers County**

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

Will Rogers Sr Complex  
202 Stuart Roosa  
Claremore, OK 74017

Cherokee Village  
310 Chief Stand Watie  
Catoosa, OK 74015

**Washington County**

Keeler Heights  
1003 S. Virginia  
Bartlesville, OK 74003
APPLICATION PACKET

COMPLETE IN BLACK OR BLUE INK ONLY (NO PENCIL/NO WHITE-OUT)

______________________________________________________________
NAME

______________________________________________________________
MAILING ADDRESS

______________________________________________________________
CITY               STATE                               ZIP CODE

______________________________________________________________
WORK PHONE                       HOME PHONE/CELL

______________________________________________________________
EMERGENCY CONTACT NAME:______________________________PHONE____________

ADDRESS:

_______________________________

Do you request an interpreter for communication purposes? ______ If so, explain: __________________________

HOUSEHOLD COMPOSITION:

| FULL NAME(S) of all             | Relation to | Sex | Date of Birth | Native American | Social Security Number |
| Household Members               | Head        | M/F | Y/N           | Y/N             | ***REQUIRED***         |
| Last, First, Middle            |             |     |               |                 |                     |
| 1.                               | Head        |     |               |                 |                     |
| 2.                               | Spouse      |     |               |                 |                     |
| 3.                               |             |     |               |                 |                     |
| 4.                               |             |     |               |                 |                     |
| 5.                               |             |     |               |                 |                     |
| 6.                               |             |     |               |                 |                     |
| 7.                               |             |     |               |                 |                     |
| 8.                               |             |     |               |                 |                     |

Are there family members temporarily absent? _____Yes _____No If so, whom: __________________________

Where are they residing? __________________________ When are they expected to return? __________________

TOTAL HOUSEHOLD INCOME:

<table>
<thead>
<tr>
<th>Household Member(s)</th>
<th>Employer</th>
<th>Gross Weekly Wages</th>
<th>Welfare TANF</th>
<th>Child Support Received</th>
<th>Social Security Benefits</th>
<th>Unemployment Benefits</th>
<th>All Other Income</th>
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</table>
Housing Status: *Check all that apply to the head of household or spouse*
- _____ 62 or older
- _____ Disabled
- _____ Full-time Student
- _____ Employed / Self-employed

Is the head of household or spouse currently receiving disability benefits from the Social Security Administration or the Veteran’s Administration? _____ Yes _____ No

Do you currently own your home? _____ Yes _____ No

If NO, do you _____ Rent _____ Make a Mortgage/Bank Payment  If so how much? ________

If you do not own, please provide the name(s) of owner(s) __________________________________________

Have you or any other person named on the application as intending to reside in the unit, ever been convicted for using, dealing, manufacturing illegal drugs, or violent criminal activity? _____ Yes _____ No

Do you or any other person named on the application use any Schedule I drug as classified by the Controlled Substances Act, including marijuana regardless of medical or recreational use under any state law? _____ Yes _____ No

**COUNTY PREFERENCE**

Check the county in which you want assistance. *(CHECK ONLY ONE COUNTY)*

- _____ Adair
- _____ Cherokee
- _____ Craig
- _____ Delaware
- _____ McIntosh
- _____ Mayes
- _____ Muskogee
- _____ Nowata
- _____ Ottawa
- _____ Rogers
- _____ Sequoyah
- _____ Tulsa
- _____ Wagoner
- _____ Washington

**TYPES OF HOUSING ASSISTANCE SERVICES AVAILABLE**

*(CHECK THE TYPE OF ASSISTANCE NEEDED)*

_____ LOW RENT APARTMENTS - DIRECT HOUSING PROGRAM

If you would like to live in a low rent apartment owned & operated by the Housing Authority of the Cherokee Nation, please choose one of the cities listed below where a low rent complex is located:

- Bartlesville
- Catoosa
- Grove
- Hulbert
- Jay
- Locust Grove
- Nowata
- Pryor
- Porum
- Stilwell
- Tahlequah
- Vinita
- Warner
- Westville

**Claremore (Elderly, 55 years of age & older, only) _____**

_____ RENTAL ASSISTANCE  - This is a tenant based rental assistance program. The applicant will be responsible for locating their own housing unit to rent.
PREVIOUS PARTICIPATION

Have you or any member of the household ever received housing services from another Tribe/Tribal Housing Authority, Public Housing Authority or Cherokee Nation Housing Services Department, Housing Authority of the Cherokee Nation?

_____YES      _____NO

If you have had a home before please provide information as to when the home was given up and list the name of the agency who built it, state the reason why and which project (if known) and the name of person(s) to whom it was assigned (if known). Also, state the condition of the house and if there was a delinquent balance.

____________________________________________________________________________________

____________________________________________________________________________________

Have you or any member of the household ever received assistance from one or more of the following programs?

a. Rehab to Home       _____Yes _____No  e. Mortgage Assistance       _____Yes _____No
b. HACN Homeownership   _____Yes _____No  f. Rental Assistance Program   _____Yes _____No
c. Water and Sanitation  _____Yes _____No  g. Low Rent (Direct Housing)   _____Yes _____No
d. Self-Help Housing (SIP) _____Yes _____No  h. HIP       _____Yes _____No

If you are participating or have participated in any of the programs, please provide information as to when and what county/city you resided.

____________________________________________________________________________________

____________________________________________________________________________________

Do you or your spouse have any relative(s) presently working for, or holding office in the Cherokee Nation, or one of its entities? _____Yes _____No If yes, give the name(s) of relative(s), relation and entity and program.

____________________________________________________________________________________

PLEASE READ BEFORE SIGNING APPLICATION PACKET. IN ORDER TO RECEIVE SERVICES, YOU MUST QUALIFY BY MEETING ALL ELIGIBILITY REQUIREMENTS AND PROGRAM FUNDING MUST BE AVAILABLE.

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.
APPLICANT CERTIFICATION

I/We certify that the answers/information given on this application 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. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. This application will not be valid unless completely filled out. INCOMPLETE APPLICATIONS WILL BE RETURNED.

I hereby authorize the release of account information to and from other financial institutions I have supplied to the Housing Authority of the Cherokee Nation in connection with such evaluation. I understand the processing of this application will require providing my information to the Housing Authority of the Cherokee Nation.

Consent: I consent to allow the Housing Authority of the Cherokee Nation 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/HACN’s assisted housing programs. I understand that 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.

___________________________________________________________________________________________________________

Signature of Head of Household Date Social Security Number Signature of 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

PRIVATE ACT NOTICE: THIS INFORMATION IS TO BE USED BY THE AGENCY COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PROSPECTIVE PARTICIPANT OR BORROWER UNDER THE AGENCY’S PROGRAM(S). IT WILL NOT BE DISCLOSED OUTSIDE THIS AGENCY EXCEPT AS REQUIRED AND PERMITTED BY LAW. You do not have to provide this information, but if you do not, your application for approval as a prospective participant or borrower may be delayed or rejected, the information requested in this form is authorized by TITLE 38, USC, Chapter 37 (if VA by 12 USC, Section 1701 BT.SEQ;(if USDA/FmHA)