New Construction Homeownership Program

This program is an approach to developing and providing housing opportunities for Cherokee families. The program is designed to provide a set payment option allowing the family to rent to own the home. Houses are based on a basic floor plan of a modest size. In order to qualify:

- The Head of household and/or spouse must be a Cherokee Tribal Citizen,
- The monthly payment will not change, if the family’s income level changes; therefore, must be financially able to support a fixed monthly payment,
- A criminal background check will be conducted,
- Preference will be given to families that: have land that can be deeded to the HACN that is suitable to construct a home;
- Must not currently own a home or currently owned home must be in a substandard condition. Inspection will be required. For purposes of this program, a single wide mobile home would be considered sub-standard.

The HACN will own the land, thereby making it eligible for tax incentives to schools. Title to donated property must be free and clear of any liens or mortgages. When the home is paid in full, the HACN will deed the home to the family. The term of the rent to own agreement shall be 30 years unless a shorter term is agreed to between the parties. The monthly payment amount will include costs for taxes and insurance. To the greatest extend feasible; homes will be evenly distributed across all of the Cherokee Nation.

The following items are required during the application process:

1. Verification of Cherokee Nation Tribal Citizenship (blue card),
2. Copies of Social Security card(s) for each household member over 5 years of age,
3. Copies of government issued photo identification cards for Head of household and spouse,
4. Income verification for every household member over the age of 18 years of age,
5. Documentation to show financial ability to support a fixed monthly payment. Verification of current rental or mortgage payments, may suffice,
6. Copies of Warranty Deed (if currently own land), and/or Title to Mobile Home,
7. Verification of Disability if requesting a handicap accessible unit.
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 McNelis #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**

**Wauhillau Court**
115 Wauhillau Court
Nowata, OK 74048

**Sequoyah County**

**Sallisaw HACN Office**
2260 W. Cherokee
PO Box 469
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
**DATE:** ____________________________

**NAME**

**MAILING ADDRESS**

**PHYSICAL ADDRESS (must be verified)**

**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:**

<table>
<thead>
<tr>
<th>FULL NAME(S) of all Household Members</th>
<th>Relation to Head</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Native American</th>
<th>List Tribe</th>
<th>Social Security Number <em><strong>REQUIRED</strong></em></th>
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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>

Do you currently own your home? _____ Yes _____ No If no, do you _____ rent or _____ Make a Mortgage/Bank Payment

How Much? ____________________________

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**Housing Authority of the Cherokee Nation**

1500 Hensley Drive

P.O. Box 1007

Tahlequah, OK 74465-1007

Phone 918-456-5482

Toll Free 800-837-2869

FOR OFFICE USE ONLY:

RECEIVED BY: ____________________________

DATE/TIME: ____________________________

FORWARD TO: ____________________________
Will you need a handicap accessible home? _____ Yes _____ No
Which size home do you prefer? _____ 2 bedroom _____ 3 bedroom _____ 4 bedroom
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, violent criminal activity or theft-related 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
(Choose ONE COUNTY in which you are requesting assistance)
___ Adair ___ Cherokee ___ Craig ___ Delaware ___ McIntosh ___ Mayes ___ Muskogee
___ Nowata ___ Ottawa ___ Rogers ___ Sequoyah ___ Tulsa ___ Wagoner ___ Washington

NEW HOME CONSTRUCTION – Choose ONE of the following:
I am interested in having a home built:
_____ on land owned or that family will donate located at (community/nearest town) _______________________
in the above county.
_____ on property owned by HACN located in the above county of choice.

Disclosure: 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.
__________________________________________________________________________________________

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.

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. I consent to allow the Housing Authority of the Cherokee Nation and/or Cherokee Nation to request and obtain income information for the purpose of verifying my eligibility and level of benefits under HUD/Housing Authority of the Cherokee Nation/Cherokee Nation'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. This application will not be valid unless completely filled out. INCOMPLETE APPLICATIONS WILL BE RETURNED.

_________________________ _____________________________
Signature of Head of Household Date Social Security Number

__________________________ ________________
Signature of Spouse Date

_______________________________ _____________________________
Other Family Member over age 18 Date Social Security Number Other Family Member over age 18 Date

PRIVACY 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)

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.