



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

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 a hardship 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
701 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
300 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



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APPLICATION PACKET

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

 NAME

 MAILING ADDRESS

 CITY STATE ZIP CODE

 TWO CONTACT PHONE NUMBERS

DATE: _____

FOR OFFICE USE ONLY:

RECEIVED BY: _____

DATE/TIME: _____

FORWARD TO: _____

E-MAIL ADDRESS: _____

HOUSEHOLD COMPOSITION:

FULL NAME(S) of all Household Members Last, First, Middle	Relation to Head	Sex M/F	Date of Birth	Native American Y/N	List Tribe	Social Security Number ***REQUIRED***
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:

Household Member(s)	Employer	Gross Weekly Wages	Welfare TANF	Child Support Received	Social Security Benefits	Unemployment Benefits	All Other Income
1.							
2.							
3.							
4.							

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? *(This question is applicable to federally funded programs only, as current federal law would preclude admission or assistance by answering yes. Does not apply to tribally funded programs.)* 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 be used 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
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Other Family Member over age 18	Date	Other Family Member over age 18	Date
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Other Family Member over age 18	Date	Other Family Member over age 18	Date
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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)