



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

Cherokee Military Housing Program Description

The Cherokee Military Housing Program provides affordable rental housing to eligible Cherokee Nation veterans, active-duty service members and part-time Reserve or National Guard members. Eligibility criteria is below.

A household member must be a Cherokee Nation citizen and meet one of the following criteria:

- A veteran who was discharged or released from service under any condition other than dishonorable
- An active-duty service member
- A part-time Reserve or National Guard service member

Applications will be prioritized based on the date and time of completed applications and preference will be given to the following applicants:

- Applicants 65 years of age and older
- Veterans with a verified service-connected disability
- Households with income less than 80% of the National Median Income as established by HUD

The following documents must be submitted:

- | | |
|--|---|
| <input type="checkbox"/> Cherokee Military Housing Program application | <input type="checkbox"/> Veteran Affairs award letter, if applicable |
| <input type="checkbox"/> Copy of state or Cherokee Nation issued photo ID for service member | <input type="checkbox"/> DD214 Certificate of Discharge or Release, if applicable |
| <input type="checkbox"/> Copy of Military ID if applicant is active-duty | |

Application Submission

Mail Application to:
HACN
Cherokee Military Housing Program
PO Box 1007
Tahlequah, OK 74465

For Information Please Call:
918-456-5482

If you prefer, you may drop off the application at any Housing Authority office:

- 23205 S. Hwy 66, Claremore, OK 74018
- 2260 W. Cherokee, Sallisaw, OK 74955
- 109 13th St., Jay, OK 74346
- 1500 Hensley Dr., Tahlequah, OK 74464



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| STAMP |
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Cherokee Military Housing Program

APPLICANT INFORMATION

| | | | |
|---|-----------------|--|----------------------|
| <i>Service Member's Full Legal Name</i> | | <i>Date</i> | <i>Email Address</i> |
| <i>Mailing Address</i> | | For Office Use Only: RECEIVED BY: | |
| <i>City and State</i> | <i>Zip Code</i> | FORWARD TO: | |
| <i>Primary Contact Phone Number</i> | | Do you consent to the use of text messages to communicate program information or appointment reminders? YES NO | |
| <i>Alternate Phone Number</i> | | | |

| FULL NAME(S) — All Household Members including yourself: Last, First, Middle | Relation | Sex M/F | Date of Birth | Native American Y/N | Social Security Number ***REQUIRED*** | Service Member Y/N |
|--|----------|---------|---------------|---------------------|---------------------------------------|--------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
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Do/Does the service member(s) have a Service-Connected Disability? YES NO If yes, please list the household member(s) name(s) _____

Are there family members temporarily absent? YES NO If YES, whom? _____ When are they expected to return? _____

Have you or any person listed above ever been convicted of violent criminal activity or using, dealing, or manufacturing illegal drugs? YES NO

TOTAL HOUSEHOLD INCOME

| HOUSEHOLD MEMBER | EMPLOYER | GROSS WEEKLY WAGES | WELFARE TANF | CHILD SUPPORT RECEIVED | SOCIAL SECURITY BENEFITS | UNEMPLOYMENT BENEFITS | ALL OTHER INCOME |
|------------------|----------|--------------------|--------------|------------------------|--------------------------|-----------------------|------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
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| 4 | | | | | | | |
| 5 | | | | | | | |

I/We certify the information given on this application is accurate and complete to the best of my/our knowledge. I/We understand false statements or information are punishable under Federal Law and are grounds for termination of housing assistance and/or tenancy.

Service Member Signature / Date

Spouse Signature / Date