



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

NAME _____

MAILING ADDRESS _____

CITY STATE ZIP CODE _____

TWO CONTACT PHONE NUMBERS _____

E-MAIL ADDRESS: _____

DATE: _____

FOR OFFICE USE ONLY:

RECEIVED BY: _____

DATE/TIME: _____

FORWARD TO: _____

HOUSEHOLD COMPOSITION:

FULL NAME(S) of all Household Members LAST, FIRST, MI	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.							

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

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 ___

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

I am interested in having a home built on land that I own or land that family will donate in the following community:

_____.

Have you or any member of your household ever participated in a homeownership program or received a home from the Housing Authority of the Cherokee Nation or Cherokee Nation? Yes No

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 MEET 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 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 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. **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 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.

