

## **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

					DA	TE:					
NAME				FOR OFFICE USE ONLY:							
MAILING ADDRESS				RI	ECEIVE	D BY:					
CITY STATE ZIP CODE				D	DATE/TIME:						
CITY STATE ZIP CODE					, <b>_,</b>						
TWO CONTACT PHONE NUMBE	RS			F	ORWAR	D TO:					
E-MAIL ADDRESS:				L							
HOUSEHOLD COMPOSITION	ON:										
FULL NAME(S) of all					Nat	ive					
Household Members	Relation to	Sex	Date	of			١		So	ocial Security Number	
LAST, FIRST, MI	Head	M/F	Birt				List Tribe		***REQUIRED***		
	Head	,			, ,						
2.	Spouse										
3.	<u> </u>										
1. 2. 3. 4. 5. 6.											
5.											
6.											
7.											
8.											
Are there family members to											
Where are they residing?				_Wh	en are	they e	expect	ed to ret	urn?		
TOTAL HOUSEHOLD INCO	ME:										
		Gro	oss			Ch	ild	Socia	al	Unemploy-	
		Wee	,		lfare		port	Securi	-	ment	All Other
Household Member(s)	Employer	Wag	ges	TA	ANF	Rece	ived	Benef	its	Benefits	Income
1. 2.											
3.											
4.											
Do you currently own your h	omo? Va	. NI	o lt re	, da			nt or	N A a L	00 0	Aortana /Dan	k Daymart
How Much?		S IN	o ii no	), do	you _	re	nt or _	IVIAK	ean	nortgage/Ban	k Payment
		Ve	) C	N	0						
Will you need a handicap accessible home? Yes Which size home do you prefer? 2 bedroom											
Have you or any other person named on the application as intend										for using.	
dealing, manufacturing illega					_					No	

## **COUNTY PREFERENCE**

(Choose **ONE COUNTY** in which you are requesting assistance)

<u>-</u>	Adair	_ Cherokee	Craig	_ Delaware	_ McIntosh	Mayes _	Muskogee
	Nowata _	Ottawa	Rogers _	Sequoyah _	Tulsa	_ Wagoner	Washington
I am intereste	ed in having a	home built on	land that I	own or land tha	t family will	donate in the f	olowing community:
		•					
Have you or ar	ny member o	of your house	hold ever p	articipated in	a homeowr	nership progra	am or received a
home from the	e Housing Au	uthority of the	e Cherokee	Nation or Che	rokee Natio	on? Y	es No
	2 1 10 000 11 15						
D'alaanna Da				-1-1	l.:	la a lalia a .	- (C)
	•	•	•		_		office in the Cherokee
Nation or one	of its entitie	es?Yes_	No	If yes, give	the name(s	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.							
MIEET ALL ELI	GIBILITY KE	<u> ZUIKEMEN 13</u>	AND PRO	GRAM FUNDIN	IQ MO21 RI	E 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 Oth	er 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.

App _	RAP	LR
MN/MH	/MF	NCHOP

HOUSING AUTHORITY OF THE CHEROKEE NATION	

Keys to a brighter future

Date Mailed:	
Staff Initials:	

## **New Construction Homeownership Program Land Donation**

You have indicated land will be donated (deeded) to the Housing Authority of the Cherokee Nation (HACN) by you or by another person on your behalf in order for HACN to construct a home as part of the New Construction Homeownership Program. **A copy of the property deed must be included with this application.** 

TO BE COMPLETED BY	THE LAND OWNER:	
I/We, am/are owners of prope	rty located at (physical and Legal Description):	
I/XV-1	land) a mandan af land da da Hanain a Andranida.	of the Charalter (HACN) an
	leed) a portion of land to the Housing Authority (	of the Cherokee (HACN) on
	nstruct a home for the New Construction Homeo	wnershin Program
and to unow the in tervito con	istract a nome for the few construction fromeo	whership i rogram.
I/We understand the HACN s	hall retain ownership of said property until the ap	oplicant has paid the agreed
purchase price in full as defin	ed in the Occupancy Agreement. Upon the recei	pt of the said amount, the
Housing Authority of the Che	rokee Nation will deed the land to the Applicant(	(s), then Homebuyer(s).
Fee Simple (Taxab	ole)Restricted or Trust Land	
_		
Print Name	Signature	Date
Print Name	Signature	Date
i iiit ivanic	Signature	Date
To be completed by Notary	Public	
State of	)	
	) 8	
County of	)	
	, 20, before me, a Notary Public in and for the a	
	and neir free and voluntary act and deed.	acknowledging to
me mai mey executed the same as the	ion nee and voluntary act and deed.	
	Notary Public	r.
	My Commiss	

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