

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

Program Description

The MORTGAGE ASSISTANCE PROGRAM provides qualified Native Americans with down payment and closing cost assistance to purchase or construct a home. Eligibility criteria is below:

- Household income must not exceed 80% of the National Median Income as established by HUD
- Head of household or cohabitating partner must be a citizen of a federally recognized tribe; preference is given to Cherokee Nation citizens
- Head of household, cohabitating partner and anyone who will have an ownership interest in the home must be first-time
 homebuyers. A first time homebuyer is an individual who has had no ownership in a residence during the previous three years
 or who has only owned a property that was uninhabitable. Exceptions may be made for victims of documented domestic
 violence.
- Must purchase a home within Cherokee Nation reservation boundaries
- Mortgage loans must meet Housing Authority of the Cherokee Nation's non-predatory criteria
- A soft second mortgage will be placed on the home; if the home is not used as a primary residence a prorated payback will be required
- Home must pass an environmental review conducted by Cherokee Nation; if home is being constructed the environmental review must be completed before any dirt on the property is moved
- Home must be structurally sound as attested to by a State Certified Inspector
- The home purchased may not include more than 5 acres of land
- Applicant must attend the Housing Authority's Homebuyers Education classes provided at no cost to the applicant

The following documents must be submitted:

MAP Application Income Assistance Child Support Affidavit Divorce decree with custodial responsibility Asset Information Declaration of Section 214 Status for all household	Employment Form for all employed household members Copy of Social Security cards for applicant, cohabitating partner and anyone who will have an ownership interest Copy of state or tribally issued ID for head of household, cohabitating partner and anyone who will have an ownership interest
members	Copy of Tribal Citizenship card for applicant and/or co-
Income Declaration for all household members	applicant
over 18	

NAHASDA Median Family Income Guidelines effective July 6, 2023

Family Size	I	2	3	4	5	6	7	8
80%	\$53,850	\$61,550	\$69,250	\$77,000	\$83,100	\$89,250	\$95,450	\$101,600

^{*}Monetary assistance is contingent upon available funding.

Application Submission

Mail Application to:

HACN MAP PO Box 1007 Tahlequah, OK 74465 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

For Information Please Call: 918-456-5482



Mortgage Assistance Program

STAMP		

		APPI	LICANT	INFO	RMATI	ON					
Full Legal Name					Date			Community			
Mailing Address					For Office Use Only: RECEIVED BY:						
City and State			Zip Code		FORV	FORWARD TO:					
Main Contact Phone Number Home/Cell	Work Phon	e			E-mail	E-mail for I contact purposes:					
Closest Relative Not Living in Your Household	Relative's Phone Number				Do yo	Do you consent to the use of text messages to communicate program information or appointment reminders? YES NO					
Relative's Address					City / State Zip Code						
		HOHEE		COMP	OCITI	ON					
FULL NAME(S) — All Household Members			HOLD		Native			Social Securi	ty Number		
including yourself: Last, First, Middle	Relation	Sex M/F	Date o	of Birth	America Y/N	nn Li:	st Tribe	***REQUI	RED***		
2											
3											
4											
5											
6											
7											
8											
Are there family members temporarily absent?	YES	NO	If yes, whon	1:			Relation:				
Where are they residing?			When are th	ey expecte	d to return	?					
	TO	TAL H	OUSEH	OLD II	NCOM				T		
HOUSEHOLD MEMBER	EMPLOYER	GROSS WA	WEEKLY	WELF/ TAN	ARE IF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOY- MENT BENEFITS	ALL OTHER INCOME		
1											
2											
3											
5											
	VEQ. NO										
Do you currently own your home? If NO, do you: Rent	YES NO Live with Family		D.	ent Payı	mon t :						
ii NO, do you. Rent	Live with raffilly	// i THE NU	Κŧ	ant Payl	nent						

	BREVIOUS	PARTICIPATION	
Have you or any member of the househo		ce from one or more of the following program	IS.
Rehab to Home	☐ Yes ☐ No	Self-Help Housing (SIP)	☐ Yes ☐ No
Mutual Help (Indian Home)	☐ Yes ☐ No	Mortgage Assistance (MAP)	☐ Yes ☐ No
Water and Sanitation	☐ Yes ☐ No	Rural Rental Home	☐ Yes ☐ No
HIP	☐ Yes ☐ No	Other	
· · · · · · · · · · · · · · · · · · ·		or holding office in the Cherokee Nation, or	one of its entities?
	APPLICAN	T CERTIFICATION	
Please read before signing this application. In available.	order to receive services, you	ı must meet all eligibility requirements and prograr	n funding must be
Warning: Section 1001 of Title 18 of the US Co statements to any department of agency of the		se to conceal information from or knowingly and winhin its jurisdiction.	illfully make false or fraudulent
statements or information are punishable un housing assistance. No record will be com	nder Federal Law. I/We also municated to anyone or an Federal agency requiring i	and complete to the best of my/our knowledge understand that false statements or information a agency unless requested in writing, either by t in the performance of their duties. This applic	are grounds for termination of the applicant or an officer or
Program staff in accordance with NAHASDA household's income must meet eligibility s	A regulations Part 24 of the standards at the time of put	osition prior to the home purchase will be reporte Code of Federal Regulations Subsection 1000.14 richase or construction contract is entered. Char Program at 918-456-5482. Monetary assistance	77 (a)2 and (a)4 which state a nges in household income or
of account information to and from other file	nancial institutions I have s this application will require	in and review my credit report. My signature beloupplied to Housing Authority of the Cherokee N providing my information to the Housing Authorants meeting program criteria.	ation in connection with such
Lender/Broker to provide any and all information	ation requested by the Hous employment verifications, cr	quest any information needed from my Lender/E ing Authority of the Cherokee Nation, including b edit references (including landlord reference), cop e loan.	out not limited to a copy of my
The information obtained from the Lender/B	roker is only to be used in th	e determination of eligibility for Housing Authorit	y programs.
the purpose of verifying my eligibility and lev under this consent form cannot be used to d	el of benefits under HUD/Ho deny, reduce, or terminate a	esting and obtaining income information from the using Authority's assisted housing programs. I usistance without first independently verifying whaddition, I must be given an opportunity to contes	understand income information nat the amount was, whether I
Signature of Head of Household	Date	Signature of Spouse or Cohabitating Partner	Date
Other Family Member over the age 18	Date	Other Family Member over the age 18	 Date
Caron I anning Michibel Over the age 10	Dale	Outer I diffing Mentiber over the age 10	Dale

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.



Income Assistance Affidavit

I certify my household is NOT presently receiving income assistance from the Department of Human Services or Tribal Services, provided by a Native

This form must be completed and signed by all household members 18 year of age or older even if no benefits are received.

American tribe.

SIGNATURE:

SIGNATURE:

SIGNATURE:

V.A. CLAIM NUMBER(S):

IF YOU DRAW BENEFITS FROM A DIFFERENT SOCIAL SECURITY NUMBER, LIST THE NUMBER:

AID TO DISABLED \$ AID TO ELDERLY \$ GENERAL ASSISTANCE \$ TRIBAL WORK EXPERIENCE \$ UNEMPLOYMENT BENEFIT \$ OTHER: \$ EXPLAIN OTHER TYPE OF BENEFIT: DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? YES NO IF YES, LIST AMOUNT: \$ Inderstand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. U			NCOME AS	SISTANC	E
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	TYPE OF BENEFIT	AMOUNT		LIST PERSON(S) RECEIVING BENEFIT AS INDICATED
A VA - VETERANS \$ TANF \$ CHILD SUPPORT \$ AID TO DISABLED \$ AID TO ELDERLY \$ GENERAL ASSISTANCE \$ ITRIBAL WORK EXPERIENCE \$ JINEMPLOYMENT BENEFIT \$ OTHER: \$ EXPLAIN OTHER TYPE OF BENEFIT: DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? YES NO IF YES, LIST AMOUNT: \$ Inderstand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Unity, I certify the above representations to be true as of the date shown below in signing the affidavit.	SSA	\$			
CHILD SUPPORT \$ AND TO DISABLED \$ AND TO ELDERLY \$ SENERAL ASSISTANCE \$ UNEMPLOYMENT BENEFIT \$ OTHER: \$ EXPLAIN OTHER TYPE OF BENEFIT: DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? YES NO IF YES, LIST AMOUNT: \$ Inderstand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Unjury, I certify the above representations to be true as of the date shown below in signing the affidavit.	SSI	\$			
CHILD SUPPORT \$ AID TO DISABLED \$ AID TO ELDERLY \$ GENERAL ASSISTANCE \$ TRIBAL WORK EXPERIENCE \$ JUMEMPLOYMENT BENEFIT \$ DITHER: \$ EXPLAIN OTHER TYPE OF BENEFIT: DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? YES NO IF YES, LIST AMOUNT: \$ Inderstand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Urjury, I certify the above representations to be true as of the date shown below in signing the affidavit.	/A - VETERANS	\$			
AID TO DISABLED \$ AID TO ELDERLY \$ GENERAL ASSISTANCE \$ TRIBAL WORK EXPERIENCE \$ JNEMPLOYMENT BENEFIT \$ OTHER: \$ EXPLAIN OTHER TYPE OF BENEFIT: DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? YES NO IF YES, LIST AMOUNT: \$ Inderstand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Uniformly, I certify the above representations to be true as of the date shown below in signing the affidavit.	TANF	\$			
AID TO ELDERLY \$ GENERAL ASSISTANCE \$ TRIBAL WORK EXPERIENCE \$ UNEMPLOYMENT BENEFIT \$ OTHER: \$ EXPLAIN OTHER TYPE OF BENEFIT: DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? YES NO IF YES, LIST AMOUNT: \$ understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Uniqury, I certify the above representations to be true as of the date shown below in signing the affidavit.	CHILD SUPPORT	\$			
GENERAL ASSISTANCE \$ TRIBAL WORK EXPERIENCE \$ UNEMPLOYMENT BENEFIT \$ OTHER: \$ EXPLAIN OTHER TYPE OF BENEFIT: DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? YES NO IF YES, LIST AMOUNT: \$ Inderstand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Unity, I certify the above representations to be true as of the date shown below in signing the affidavit.	AID TO DISABLED	\$			
TRIBAL WORK EXPERIENCE \$ UNEMPLOYMENT BENEFIT \$ OTHER: \$ EXPLAIN OTHER TYPE OF BENEFIT: DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? YES NO IF YES, LIST AMOUNT: \$ Inderstand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Uniquely, I certify the above representations to be true as of the date shown below in signing the affidavit.	AID TO ELDERLY	\$			
UNEMPLOYMENT BENEFIT \$ OTHER: \$ EXPLAIN OTHER TYPE OF BENEFIT: DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? YES NO IF YES, LIST AMOUNT: \$ Inderstand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Unitary, I certify the above representations to be true as of the date shown below in signing the affidavit.	GENERAL ASSISTANCE	\$			
SEXPLAIN OTHER TYPE OF BENEFIT: DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? PRINCE THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? Inderstand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Uniquely, I certify the above representations to be true as of the date shown below in signing the affidavit.	TRIBAL WORK EXPERIENCE	\$			
EXPLAIN OTHER TYPE OF BENEFIT: DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? Understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Uniquely, I certify the above representations to be true as of the date shown below in signing the affidavit.	UNEMPLOYMENT BENEFIT	\$			
nderstand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Urgury, I certify the above representations to be true as of the date shown below in signing the affidavit.	OTHER:	\$			
nderstand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. User the standard of the cate of the date shown below in signing the affidavit.	EXPLAIN OTHER TYPE OF BENE	FIT:			
rjury, I certify the above representations to be true as of the date shown below in signing the affidavit.	DOES THE STATE PAY SUPPLEM	MENTAL INSURANCE / MEDICARE?	YES	NO	IF YES, LIST AMOUNT: \$
		ve representations to be tr	ue as of the	JRE ATTE	n below in signing the affidavit.
YOU ARE AUTHORIZED TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY SIGNATURE: DATE: I SOCIAL SECURITY NUMBER	CIONATUDE.	YOU ARE AUTHORIZED TO	FURNISH ALL		

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.

DATE:

DATE:

DATE:

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER



Asset Information

If you do not have any accounts, assets, own or have any interest in real property, please check the Not Applicable box and sign below: Not Applicable

			D	DESCRIPTION OF AS	SSETS			
CHECK			TYPE			ВА	LANCE \$	
	CHECKING							
	CHECKING							
	SAVINGS							
	SAVINGS							
	CERTIFICATE OF DEF	POSIT (CD)						
	IRAs							
	MUTUAL FUNDS							
	STOCKS / BONDS							
	MONEY MARKETS							
	ANNUITIES							
	OTHER TYPE:							
REAL ETC.)	PROPERTY (LAND,	HOUSE,	DO YOU OWN O	R CO-OWN (TRUST, JOINT)	ROPERTY? YES NO			
IF YE	S, WHERE IS THE PRO	PERTY LOC	ATED?			STATUS: (Taxable, Trust, Restricted)		
REAL DISPO	PROPERTY SED	HAVE YOU TRANSFEF	OWNED OR DISP	OSED OF ANY REAL PROPE NO	ERTY IN THE P	AST BY SALE, GIFT, OR	R	
IF YES,				CHECK ONE OF THE BOXE		OTHER		
Head of	Household Signature		Date	Spouse/Cohabitati	ng Partner Sigr	nature Date		



Employment Form Self-Employed (include 3 yr taxes)

Not Applicable

omplete the top half of this form by listing you nd your employer's phone number. Housing A erification.							
	APPLICA		RMATION				
NAME OF COMPANY / EMPLOYER		PRINT EMPLOYE	EE'S NAME				
MAILING ADDRESS OF EMPLOYER		SOCIAL SECU	RITY NUMBER				
CITY, STATE, AND ZIP CODE		EMPLOYER'S	PHONE NUMBER	and FAX NUN	MBER		
I HEREBY AUTHORIZ	ZE YOU TO FURNISH A	 ALL INFORM <i>A</i>	ATION REQUES	TED ON TH	S INQU	IRY:	
SIGNATURE OF APPLICANT					DATE		
This section	on to be co	-	-	mploy	er		
PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS F	OR THE NEXT 12 MONT	H PERIOD (YE	AR):		\$		
YEAR TO DATE TOTAL INCOME:					\$		
AVERAGE NUMBER OF HOURS PER PAY PERIOD:		HOURLY	WEEKLY	BI-WEE	(LY	BI-MONTHLY	MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:		AVERAGE O	VERTIME HOURS	RECEIVED A	NNUALL	Y:	
CURRENT HOURLY PAY RATE (GROSS)	\$						
REGULAR FULL TIME PART TIME	TEMPORARY	SEA	SONAL	CONTRAC	TUAL	OTHE	₹
NOTES:							
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:							
TITLE / POSITION:				С	ATE OF	HIRE:	
				•			
SIGNATURE OF AUTHORIZED PERSONNEL					DATE		
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NU	MBER		FAX	NUMBER	



Employment Form

Self-Employed (include 3 yr taxes)

Not Applicable

	APPLICA	NT INFORMATION				
NAME OF COMPANY / EMPLOYER	,	PRINT EMPLOYEE'S NAME				
MAILING ADDRESS OF EMPLOYER		SOCIAL SECURITY NUMBER				
CITY, STATE, AND ZIP CODE		EMPLOYER'S PHONE NUMBER and FAX NUMBER				
I HEREBY AUTH	IORIZE YOU TO FURNISH	 ALL INFORMATION REQUE	STED ON THIS IN	IQUIRY:		
SIGNATURE OF APPLICANT			DATE			
**************************************	*****	******	*****		******	
inis sec		ompleted by E	mpioye	<u> </u>		
		INFORMATION				
PLEASE PROVIDE THE ANTICIPATED GROSS EARNIN	GS FOR THE NEXT 12 MONT	TH PERIOD (YEAR) :	9	5		
		. ,				
YEAR TO DATE TOTAL INCOME:		, ,	;	\$		
		HOURLY WEEKLY	BI-WEEKLY	BI-MONTHLY	MONTHLY	
			BI-WEEKLY	BI-MONTHLY	MONTHLY	
AVERAGE NUMBER OF HOURS PER PAY PERIOD: AVERAGE NUMBER OF HOURS PER WEEK:	\$	HOURLY WEEKLY	BI-WEEKLY	BI-MONTHLY	MONTHLY	
YEAR TO DATE TOTAL INCOME: AVERAGE NUMBER OF HOURS PER PAY PERIOD: AVERAGE NUMBER OF HOURS PER WEEK: CURRENT HOURLY PAY RATE (GROSS) REGULAR FULL TIME PART TII		HOURLY WEEKLY	BI-WEEKLY	BI-MONTHLY JALLY:	MONTHLY	
AVERAGE NUMBER OF HOURS PER PAY PERIOD: AVERAGE NUMBER OF HOURS PER WEEK: CURRENT HOURLY PAY RATE (GROSS) REGULAR FULL TIME PART TII		HOURLY WEEKLY AVERAGE OVERTIME HOUR	BI-WEEKLY S RECEIVED ANNU	BI-MONTHLY JALLY:		
AVERAGE NUMBER OF HOURS PER PAY PERIOD: AVERAGE NUMBER OF HOURS PER WEEK: CURRENT HOURLY PAY RATE (GROSS) REGULAR FULL TIME PART TIL NOTES:		HOURLY WEEKLY AVERAGE OVERTIME HOUR	BI-WEEKLY S RECEIVED ANNU	BI-MONTHLY JALLY:		
AVERAGE NUMBER OF HOURS PER PAY PERIOD: AVERAGE NUMBER OF HOURS PER WEEK: CURRENT HOURLY PAY RATE (GROSS) REGULAR FULL TIME PART TIL NOTES: IF TEMPORARY/SEASONAL, INDICATE LAY OFF		HOURLY WEEKLY AVERAGE OVERTIME HOUR	BI-WEEKLY S RECEIVED ANNU	BI-MONTHLY JALLY:		
AVERAGE NUMBER OF HOURS PER PAY PERIOD: AVERAGE NUMBER OF HOURS PER WEEK: CURRENT HOURLY PAY RATE (GROSS) REGULAR FULL TIME PART TIL NOTES: IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:		HOURLY WEEKLY AVERAGE OVERTIME HOUR	BI-WEEKLY S RECEIVED ANNU CONTRACTUAL	BI-MONTHLY JALLY:		
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AVERAGE NUMBER OF HOURS PER PAY PERIOD: AVERAGE NUMBER OF HOURS PER WEEK: CURRENT HOURLY PAY RATE (GROSS)		HOURLY WEEKLY AVERAGE OVERTIME HOUR	BI-WEEKLY S RECEIVED ANNU CONTRACTUAL	BI-MONTHLY JALLY: - OTHE		



Income Declaration

This form must be completed by each household member over age 18. All income must be listed below. Please include monetary gifts, money earned from odd jobs (babysitting, mowing, cutting wood, etc.) and formal employment.

You must report any changes to	o income imme	diately and fur	nish all inform	nation requeste	ed in this affida	vit.
 ☐ I certify I receive no incom TANF, Social Security, Ve or contributions or gifts fro ☐ I certify I am not presen months. 	terans or other om anyone outside	governmental/trible the home.	pal benefit, pens	sion, retirement	or annuity benef	its, child support
☐ I certify I am not presently	employed but I	have accepted a	position with _	(voalde mand	hlv ofo\	which will begin
on I will be ea				(weeкіу, топі	nıy, etc.).	
☐ I certify all income I rec	eive is listed in	the table belo	W:			
EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOY- MENT BENEFITS	ALL OTHER INCOME
I understand that this affidavit in of perjury, I certify the above re						
Print Name				Signatu	ıre	
Social Security Number				Date		



Income Declaration

This form must be completed by each household member over age 18. All income must be listed below. Please include monetary gifts, money earned from odd jobs (babysitting, mowing, cutting wood, etc.) and formal employment.

You must report any changes to	o income imme	diately and fur	nish all inform	nation requeste	d in this affida	vit.
☐ I certify I receive no inc benefits, TANF, Social benefits, child support of I certify I am not presen months. ☐ I certify I am not presently on I will be ea	Security, Vete or contributions tly employed ir employed but I	rans or other g s or gifts from a n any capacity l have accepted a	overnmental/t anyone outside out anticipate position with	ribal benefit, p e the home. becoming emp	ension, retiren loyed within th	nent or annuity e next 12
☐ I certify all income I rec	eive is listed in	the table below	w:			
EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOY- MENT BENEFITS	ALL OTHER INCOME
I understand that this affidavit is of perjury, I certify the above re						
Print Name				Signati	ıre	
Social Security Number				Date		



This document must be signed, even if it's not applicable.

Not Applicable, I certify I am not divorced or separated with children.

Child Support Affidavit

Please mark the applicable boxes:

_						
I do hereby swear I am the sol regarding said child/children, a	•	of the fol	llowing children and know	of no	court custodial matte	ers
I do hereby swear I do NOT P		for a child	I			
rachiclesy swear rachier r	tr Orma Support	ioi a omic	••			
certify my household is or	is not presently	receiving	any child support as list	ed in th	e table below.	
	CHILD IDEN	ITIFICAT	TION and SUPPORT			
NAME OF CHILD	DATE OF BIRTH	AGE	NAME OF NON-	CUSTOD	IAL PARENT	Do you receive Child Support?
I DO HEREBY SWEAR AND AFFIRM I AM SEPARATED I	FROM:		(Name)			
☐ I HAVE or ☐ HAVE NOT FILED FOR A DIVORCE (OR LEGAL SEPARATION FF	ROM:	(Name)			
I AM DIVORCED FROM (Please submit Divorce Decree):			(Name)			
TOTAL AMOUNT OF CHILD SUPPORT OR ALIMONY RE	CEIVED MONTHLY:				\$	
understand that this affidavit is made ertify the above representations to be					ogram. Under penalt	y of perjury,
	APPL	LICANT	SIGNATURE			
YOU AI	RE AUTHORIZED TO F	URNISH AL	L INFORMATION REQUESTED	ON THIS	SINQUIRY	
SIGNATURE :			DATE:	S	OCIAL SECURITY NUMBER	
SIGNATURE :			DATE:	S	OCIAL SECURITY NUMBER	
L						



Declaration of Section 214 Status

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible for the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority of the Cherokee Nation. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A box must be completed for each member of the household. A parent or guardian must sign for family members under 18 years of age. Do not sign the child's name; sign your name as parent or guardian and print your child's name.

I certify under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (please check below):

DECLARATION	
PLEASE CHECK THE APPROPRIATE BOX	COMPLETE FOR EACH HOUSEHOLD MEMBER
 I am a citizen by birth, a naturalized citizen, or a national of the United States, or; I have eligible immigration status and I am 62 years of age or older (attach proof of age). OR - I have eligible immigration status as checked BELOW: Immigrant status under 101 (a or 1010(a)(20) of the INA/3), Parole status under 212(d)(5) of the INA/6, Permanent residence under 249 or INA/4, Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, 	NAME: SIGNATURE:
Threat to life or freedom under 243(h) of the INA/7; or Amnesty under 245A of the INA/8. Attach INS document(s) evidencing immigration status and signed verification consent form.	DATE:
 ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States, or; ☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age). OR - I have eligible immigration status as checked BELOW: ☐ Immigrant status under 101 (a or 1010(a)(20) of the INA/3), 	NAME:
 □ Parole status under 212(d)(5) of the INA/6, □ Permanent residence under 249 or INA/4, □ Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, □ Threat to life or freedom under 243(h) of the INA/7; or Amnesty under 245A of the INA/8. 	SIGNATURE:
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 □ Parole status under 212(d)(5) of the INA/6, □ Permanent residence under 249 or INA/4, □ Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, □ Threat to life or freedom under 243(h) of the INA/7; or Amnesty under 245A of the INA/8. 	SIGNATURE:
Attach INS document(s) evidencing immigration status and signed verification consent form.	DATE:
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