



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***

COLLEGE HOUSING ASSISTANCE PROGRAM

The College Housing Assistance Program assists low-income Native American full-time students secure safe and affordable housing while seeking a degree at an accredited institute of higher education. The College Housing Assistance Program will provide eligible students with up to \$1,000 per semester for housing costs.

Eligibility

- Applicant must be member of a federally recognized tribe. Priority will be given to Cherokee Nation tribal citizens.
- Applicant must be a resident of the Cherokee Nation reservation.
- Applicant must meet all eligibility requirements for the College Housing Assistance Program, including NAHASDA income guidelines.
- Applicant must be a full-time student and be in good standing with the educational institution.
- Priority given to students who were assisted the previous semester with College Housing Assistance Program funding.
- Assistance is limited to eight (8) semesters.
- Other eligibility requirements may apply according to the College Housing Assistance Program policy.

NAHASDA Median Family Income Limits effective May 5, 2025

| Family Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| 80% | \$58,352 | \$66,688 | \$75,024 | \$83,360 | \$90,029 | \$96,698 | \$103,366 | \$110,035 |

*Monetary assistance is contingent upon available funding.

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 Avenue
Warner, OK 74469

Nowata County

Wauhillau Court

115 Wauhillau Court
Nowata, OK 74048

Sequoyah County

Sallisaw HACN Office

2260 West Cherokee
PO Box 469
Sallisaw, OK 74955

Rogers County

Claremore HACN Office

23205 South HWY 66
PO Box 1325
Claremore, OK 74017

Will Rogers Sr Complex

202 Stuart Roosa
Claremore, OK 74017

Cherokee Village

310 Chief Stand Watie
Catoosa, OK 74015

Washington County

Keeler Heights

1003 South Virginia
Bartlesville, OK 74003

REQUIRED DOCUMENTS FOR NEW CHAP APPLICANTS

Complete these documents using only black or blue ink, no pencil or white-out

- _____ Family Composition Form – include family members you will reside with while in school
- _____ Employment/Income verification – all household members
 - a. Employment Form or the No Income – Odd Jobs Form – one form required for each household member 18 & over
 - b. Asset Information – for each household member 18 & over
 - c. Income Assistance Verification Form – signed by each household member 18 & over
- _____ Authorization for a Criminal Background Check – must be notarized – student only
- _____ NAHASDA Public Disclosure form

Additional Documents Required

- _____ Government Issued Driver's License or ID, Social Security Card, and Tribal Citizenship card
- _____ Fall 2025 Class Schedule
- _____ High School Transcript and/or College Transcript, must show previous semester grades
- _____ Verification of permanent physical address

* Completing and submitting the required documents does not guarantee assistance for college housing. Additional documentation may be required from the applicant.

HOUSING AUTHORITY OF THE CHEROKEE NATION
FAMILY COMPOSITION AND OCCUPANCY FORM

Name

Mailing Address

City, State, Zip Code

Two Phone Numbers

Do you consent to the use of text messages to communicate HACN program information? ☐ YES ☐ NO

OFFICE USE:

HOUSEHOLD COMPOSITION:

| Full Name(s) of all Household Last, First, Middle | Relation to Head | Sex M/F | Date of Birth | Indian Y/N | List Tribe | Social Security Number |
|--|---------------------|------------|------------------|---------------|---------------|---------------------------|
| 1. | Head | | | | | |
| 2. | Spouse | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

INCOME/ASSETS

| Household Member(s) Type of income (Wages/Social Security, etc.) | MONTHLY AMOUNT | Office Use Only |
|--|-------------------|---------------------------|
| | | Annual Verified Amount |
| 1. Head | \$ | \$ |
| 2. Spouse | \$ | \$ |
| 3. Other | \$ | \$ |
| 4. Other | \$ | \$ |

DEDUCTIONS

| Type of Deduction: | Monthly Amt. | Office Use Only |
|-----------------------------|--------------|-----------------|
| | | Annual Verified |
| 1. Child Care (12 & under) | \$ | \$ |
| 2. Medical (Elderly family) | \$ | \$ |
| 3. Handicapped Allowances | \$ | \$ |

Are any family members temporarily absent? ☐ YES ☐ NO If so, whom: _____
Where do they reside? _____ When are they expected to return? _____

I/We certify the information given to the Housing Authority of the Cherokee Nation in reference to household composition, income, net family assets, allowances and deductions 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 termination of tenancy.

Head of Household Signature

Date

Spouse Signature

Date



Employment Form

Complete the top half of this form by listing your employer's name and mailing address. Print your name, list your social security number and list your employer's phone number.

Name of Company/Employer

Print Employee's Name

Mailing Address

Social Security Number

City, State, and Zip Code

Employer's Phone Number

I hereby authorize you to furnish all of the information requested on this inquiry.

Signature of Participant/Applicant

Date

Applicant/Participant – Have Employer Complete

Anticipated Gross Earnings for the next 12 month period \$ _____

Average number of hours per pay period _____

Average number of hours per week _____

Current Base Pay Rate (Gross)\$ _____

Year to Date: _____

\$ _____ Hour

\$ _____ Week

\$ _____ Bi-weekly

\$ _____ Bi-monthly

\$ _____ Month

\$ _____ Other

Regular _____

Part Time _____

Temporary/Seasonal _____

If temporary/seasonal, indicate lay off periods: _____

Title or Position _____

Date of hire: _____

Signature of Authorized Personnel

Date

Mailing Address:

Phone & Fax Number



No Income – Odd Jobs – Monetary Gifts

IF YOU HAVE NO INCOME, COMPLETE THIS SECTION

This statement is to certify that I am not receiving income from any source. I am not:

- Employed through any public or private employer,
- Receiving any cash payouts for any service performed,
- Receiving any type of unemployment or worker's compensation benefits,
- Receiving TANF, Social Security, Veterans or any other governmental/tribal benefits,
- Receiving a pension, retirement, per capita or any annuity benefits,
- Receiving child support, family assistance, aid from charity/church or monetary benefits,
- Receiving any income from babysitting, cutting wood, selling household/metal goods or any other odd job/source.

I understand I must report any changes in income immediately. I understand that I must furnish all of the information requested on this inquiry.

Signature of Participant/Applicant _____ Date _____

Social Security Number _____

Print Name of Participant/Applicant _____

IF YOU DO ODD JOBS, COMPLETE THIS SECTION

I do odd jobs and receive \$_____ weekly or monthly (circle one or agency will assume weekly)

The odd jobs I perform are: (explain) _____

Signature of Participant/Applicant _____ Date _____

Social Security Number _____

Print Name of Participant/Applicant _____

IF YOU RECEIVE MONETARY GIFTS, COMPLETE THIS SECTION

LIST the name of your provider, address and telephone number in order to verify your monetary gifts:

PLEASE HAVE MONETARY GIFT PROVIDER COMPLETE THE FOLLOWING:

The applicant/participant has indicated to us that he/she received monetary gifts from you. We are required to complete our determinations within a specified time period, and therefore, your prompt reply would be appreciated.

I certify that I provide the following monetary gifts to _____ in the amount(s) of \$_____ (circle one) monthly weekly bi-weekly

(If you do not actually give the person above money, but buy goods/necessities for them, estimate the cost of the items.) OTHER: (explain) _____

Signature of Provider: _____

Date: _____

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.



Asset Information

Please check and complete if you have any of the accounts listed below.

| | | | |
|----------------------------------|------------|----------------|-----------|
| ___Checking | Balance \$ | Account Number | Bank Name |
| ___Checking | Balance \$ | Account Number | Bank Name |
| ___Savings | Balance \$ | Account Number | Bank Name |
| ___Savings | Balance \$ | Account Number | Bank Name |
| ___Certificate of Deposit (CD's) | Balance \$ | Account Number | Bank Name |
| ___IRA'S | Balance \$ | Account Number | Bank Name |
| ___Mutual Funds | Balance \$ | Account Number | Bank Name |
| ___Stocks/Bonds | Balance \$ | Account Number | Bank Name |
| ___Money Markets | Balance \$ | Account Number | Bank Name |
| ___Annuities | Balance \$ | Account Number | Bank Name |
| ___Other | Balance \$ | Account Number | Bank Name |

Type: _____
___I/We have no account(s) listed above

- 1. Real Property (land, house, etc.):** Do you own or are you listed as a co-owner (trust, joint, co-signer, etc.) of any Real Property? ___YES ___NO If so, TYPE (house, land, etc.): _____
- 2. If yes,** where is the property located? Please give tax status: taxable, trust property, restricted, etc. _____
- 3. Real Property Disposed (land, house, etc.):** Have you owned or disposed of any Real Property within the past 3 years by sale, gift or other transfer? ___Yes ___No
If Yes, how was the property disposed of?
___SALE – provide contract of sale
___Assignment/Transfer/Gift – provide warranty deed or legal document to verify and tax assessor's statement
___Foreclosure – provide foreclosure documents and tax assessor's statement of property at foreclosure
___Other – provide documents to explain and provide value of property at the time of disposition
- 4. Other Assets:** List RV's, vehicles, livestock, farm machinery, equipment, livestock, jewelry, etc. List any interest bearing accounts, dividends, retirement accounts, stock/bond accounts or other net income from savings accounts or any lump sum payments (inheritances, lottery winnings, insurance settlements, social security benefits, unemployment compensation) within the last two years. Please provide verification. _____

Signature of Head of Household Date

Signature of Spouse Date



Income Assistance Verification Form

Complete this form by having the head of the household, spouse and anyone that is 18 years of age or older to sign their name and list their social security number. **COMPLETE EVEN IF YOU DO NOT RECEIVE BENEFITS.**

You are authorized to furnish all information requested on this inquiry.

Signature _____ SSN _____

Signature _____ SSN _____

Signature _____ SSN _____

Signature _____ SSN _____

If you draw from a different social security number, list the number _____

V.A. Claim Number _____

PARTICIPANT/APPLCIANT—To be completed by DHS or Tribal Social Service Department

| BENEFIT | AMOUNT | PERSON RECEIVING BENEFIT |
|-------------------------|----------|--------------------------|
| SSA..... | \$ _____ | _____ |
| SSI..... | \$ _____ | _____ |
| VA..... | \$ _____ | _____ |
| TANF..... | \$ _____ | _____ |
| CHILD SUPPORT..... | \$ _____ | _____ |
| AID TO DISABLED..... | \$ _____ | _____ |
| AID TO ELDERLY..... | \$ _____ | _____ |
| GENERAL ASSISTANCE..... | \$ _____ | _____ |
| TRIBAL WORK EXPERIENCE | \$ _____ | _____ |
| OTHER..... | \$ _____ | _____ |
| Explain other _____ | | |

Does the state pay supplemental insurance/Medicare? No _____ If YES, amount \$ _____

Signature of Authorized Personnel _____ Date _____

Mailing Address: _____ Phone/Fax Number _____



Authorization for a Criminal Background Check

I, _____, DO HEREBY AUTHORIZE the Housing Authority of the Cherokee Nation (HACN) to conduct a Criminal Background Check (CBC) with any Federal, State, Tribal, or Local Law Enforcement Agency. I further agree upon this written consent that I will not file, or cause to be filed on my behalf, any lawsuit against any Law Enforcement Agency, HACN, or their designee, due to the results of said CBC.

I further agree that I am aware that due to HACN's special tenant selection standards that my application can be denied and/or my participation in a program terminated due to any criminal activity, specifically those criminal activities involving crimes or physical violence to persons or property, drug related, or other violent crimes or criminal activity which would adversely affect the health, safety, or welfare of the HACN or their participants.

I further agree that my failure to provide full and complete information as to my identity, aliases, previously used names, or previous places of residences is grounds for immediate termination of my application or tenancy with the HACN.

| Signature | Birth Date | Social Security Number |
|--|-------------|--|
| Name: <i>(Please print all information legibly.)</i> | | |
| (Print) First Name | Middle Name | Last Name Maiden |
| Please list other names or aliases used since the age of 18. | | |
| Previous Residence (s): <i>(Indicate all cities, counties, states, and countries, other than Oklahoma, in which you resided for any length of time since the age of 18.)</i> | | |
| (Print) City | County | State Country Dates Resided Name(s) Used |
| (Print) City | County | State Country Dates Resided Name(s) Used |
| (Print) City | County | State Country Dates Resided Name(s) Used |

State of _____)
County of _____) §

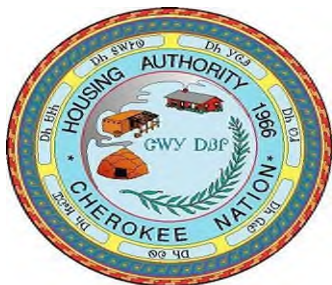
THIS FORM IS TO BE NOTARIZED

On this _____ day of _____, 20____, before me, a Notary Public in and for the above State and County, personally appeared and acknowledged to me that they executed the same as their free and voluntary act and deed.

Notary Public

My Commission Expires: _____

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.



Housing Authority of the Cherokee Nation

NAHASDA Public Disclosures

As required by 24 CFR part 1000.30, services provided to Cherokee Nation employees and employee relatives from funds received pursuant to the Native American Housing Assistance and Self-Determination Act of 1996 shall be publically disclosed.

Please indicate below if you are currently an employee of the Cherokee Nation, or have a relative who is an employee of the Cherokee Nation or is a Cherokee Nation elected official. Applicants who fall in this category may be publically disclosed at the Cherokee Nation Tribal Council Committee Meeting, posted at area Housing Authority of the Cherokee Nation offices, and sent to the Office of Housing and Urban Development (HUD) in Oklahoma City.

Student's Name _____

_____ No, I am not an employee of the Cherokee Nation or Cherokee Nation entity nor do I have relatives who are employees of the Cherokee Nation or entity of Cherokee Nation or elected officials of the Cherokee Nation.

_____ Yes, I am employee of the Cherokee Nation or Cherokee Nation entity.

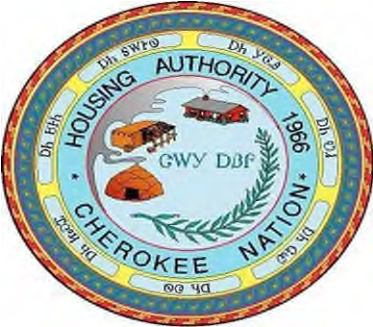
Department / Program: _____

_____ Yes, I have relatives who are employees of Cherokee Nation or a Cherokee Nation entity or Cherokee Nation elected officials.

| <u>Name of Relative</u> | <u>Relation to Student</u> | <u>Department/Program</u> |
|-------------------------|----------------------------|---------------------------|
|-------------------------|----------------------------|---------------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

COLLEGE HOUSING ASSISTANCE PROGRAM APPLICATION

| LEGAL NAME - LAST FIRST MI | | | SOCIAL SECURITY NUMBER | | OTHER NAME(S) UNDER WHICH YOUR RECORDS MAY APPEAR | | | | |
|--|--|---|--|---|---|---|---------------------------|-----|------|
| | | | | | | | | | |
| PERMANENT PHYSICAL RESIDENCE | | | CITY, STATE ZIP | | COUNTY NAME | | DATE OF BIRTH | | SEX |
| | | | | | | | Mo | Day | Year |
| MAILING ADDRESS | | | CITY, STATE ZIP | | HIGH SCHOOL NAME | | TRIBAL CITIZENSHIP NUMBER | | |
| | | | | | | | CO | | |
| TWO CONTACT NUMBERS | | | | EMAIL ADDRESS | | | | | |
| | | | | | | | | | |
| HAVE YOU APPLIED FOR THE CN UNDERGRADUATE SCHOLARSHIP? | | | HAVE YOU APPLIED FOR THE CHEROKEE PROMISE SCHOLARSHIP? | | | HOUSING PLANS | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> ON CAMPUS <input type="checkbox"/> OFF CAMPUS | | | |
| COLLEGE YOU PLAN TO ATTEND (No abbreviations please) | | | | CLASSIFICATION (Check One) | | | | | |
| | | | | <input type="checkbox"/> FRESHMAN (0-29 HRS) <input type="checkbox"/> SOPHOMORE (30-59 HRS) <input type="checkbox"/> JUNIOR (60-89 HRS) <input type="checkbox"/> SENIOR (90-140 HRS) | | | | | |
| DO YOU HAVE ANY SIBLINGS CURRENTLY RECEIVING ASSISTANCE OR WHO ARE APPLYING FOR THE COLLEGE HOUSING ASSISTANCE PROGRAM? IF YES, LIST NAMES | | | | ARE YOU A VETERAN OR DISABLED? | | | | | |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| INTENDED MAJOR | | HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR NO CONTEST, TO ANY DRUG RELATED OR VIOLENT CRIMINAL ACTIVITY? | | | | | | | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide details: | | | | | | | |
|  | | <p>This application contains no falsification and all items are true and correct. I understand that any false statement made herein will result in a voided application. I, the undersigned, understand any and all personally identifiable information maintained by any educational institution concerning my financial and academic records is protected under FERPA. I agree to waive my rights under FERPA and allow the Housing Authority of the Cherokee Nation access to any and all of my financial and academic records from any educational institution. This consent further allows officials from any educational institution to discuss my financial and academic records with the Housing Authority of the Cherokee Nation. I understand I can revoke this release at any time by notifying the Housing Authority of the Cherokee Nation in writing at the address listed above. Any modifications I wish to make to this Release of Information Agreement must be described in writing by a document bearing my signature and attached to this application.</p> <p>SEE REQUIRED DOCUMENTS LIST TO COMPLETE APPLICATION</p> <p>STUDENT SIGNATURE: _____ DATE: _____</p> | | | | | | | |
| ****FOR OFFICE USE ONLY**** | | | | | | | | | |
| DATE RECEIVED: | | TIME: | | STAFF SIGNATURE: | | | | | |