



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

Housing Rehabilitation Application

COMPLETE IN BLACK OR BLUE INK ONLY (NO PENCIL/NO WHITE-OUT)

DATE: _____

NAME _____

MAILING ADDRESS _____

CITY STATE ZIP CODE _____

TWO CONTACT PHONE NUMBERS _____

E-MAIL ADDRESS _____

COUNTY TRIBAL COUNCIL DISTRICT _____

Directions to Home: _____

FOR OFFICE USE ONLY:

RECEIVED BY: _____

DATE/TIME: _____

FORWARD TO: _____

HOUSEHOLD COMPOSITION:

FULL NAME(S) of all Household Members Last, First, Middle	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.						

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.							

Housing Status: (Check all that apply) _____ 62 or older _____ Disabled
 Is the head of household or spouse currently receiving disability benefits from the Social Security Administration or the Veteran's Administration? _____ Yes _____ No
 Do you currently own your home? _____ Yes _____ No
 If NO, do you _____ Rent _____ Make a Mortgage/Bank Payment If so how much? _____
 Are you the legal owner of the property? _____ Yes _____ No
 If you do not own, please provide the name(s) of owner(s) _____
 Type of Dwelling: _____ Frame Home _____ Mobile Home
 Number of Bedrooms: _____ Year Built: _____
 Do you have homeowner's insurance? _____ Yes _____ No Insurance Company: _____
 Water District: _____ Fair Cash Market Value: _____
 Land Status: _____ Fee Simple _____ Restricted _____ Trust
 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, or violent criminal activity? _____ Yes _____ No
 Do you or any other person named on the application use any Schedule I drug as classified by the Controlled Substances Act, including marijuana regardless of medical or recreational use under any state law? *(This question is applicable to federally funded programs only, as current federal law would preclude admission or assistance by answering yes. Does not apply to tribally funded programs.)* _____ Yes _____ No

TYPES OF HOUSING REHAB SERVICES AVAILABLE
(CHECK THE TYPE OF ASSISTANCE NEEDED)

EMERGENCY - Emergency home repairs are intended to protect, repair, or restore components of a home when there is an apparent threat to the life, health or safety of the occupants. **Emergency applications will only be accepted when completed with a HACN employee, preferably in office.**

_____ **HOUSING ACCESSIBILITY** - Provides accessibility ramps, structural modifications, structural assistive devices, roof & electrical repairs or other items needed to allow individuals better mobility and use of their home. **Homeowner's insurance and a doctor's statement with the requested handicap accommodations will be required.**

_____ **HOUSING REHABILITATION** – Major repairs that include health and safety items, such as: water, septic/sewer, electrical, plumbing, roof, heat & air, energy conservation, cabinets, termite treatment, and/or floor covering to prevent a safety/tripping hazard, etc. **Homeowner's insurance will be required.**

___ **STORM SHELTER** - Program will provide storm shelters to qualifying families. Program is for elderly and disabled Cherokee families only.

PREVIOUS PARTICIPATION

Have you or any member of the household ever received housing services from another Tribe/Tribal Housing Authority, Public Housing Authority, Cherokee Nation, or the Housing Authority of the Cherokee Nation?

___ YES ___ NO

If you have had a home before please provide information as to when the home was given up and list the name of the agency who built it, state the reason why and which project (if known) and the name of person(s) to whom it was assigned (if known). Also, state the condition of the house and if there was a delinquent balance.

Have you or any member of the household ever received assistance from one or more of the following programs?

- | | | | |
|------------------------------|----------------|------------------------|----------------|
| a. Rehab to Home | ___ Yes ___ No | e. Mortgage Assistance | ___ Yes ___ No |
| b. Mutual Help (Indian home) | ___ Yes ___ No | f. Rural Rental Home | ___ Yes ___ No |
| c. Water and Sanitation | ___ Yes ___ No | g. HIP | ___ Yes ___ No |
| d. Self-Help Housing (SIP) | ___ Yes ___ No | h. New Const Home | ___ Yes ___ No |

If you are participating or have participated in any of the programs, please provide information as to when and what county/city you resided.

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 and program.

PLEASE READ BEFORE SIGNING APPLICATION PACKET. IN ORDER TO RECEIVE SERVICES, YOU MUST QUALIFY BY MEETING ALL ELIGIBILITY REQUIREMENTS AND PROGRAM FUNDING MUST BE AVAILABLE.

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.

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 that 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. **This application will not be valid unless completely filled out. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

I hereby authorize the release of account information to and from other financial institutions I have supplied to the Housing Authority of the Cherokee Nation in connection with such evaluation. I understand the processing of this application will require providing my information to the Housing Authority of the Cherokee Nation.

Consent: I consent to allow the Housing Authority of the Cherokee Nation to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD/HACN'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.

Signature of Head of Household Date Social Security Number

Signature of Spouse

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)