



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

New Construction Homeownership Program

This program is an approach to developing and providing housing opportunities for Cherokee families. The program is designed to provide a set payment option allowing the family to rent to own the home. Houses are based on a basic floor plan of a modest size. In order to qualify:

- The Head of household and/or spouse must be a Cherokee Tribal Citizen,
- The monthly payment will not change, if the family's income level changes; therefore, must be financially able to support a fixed monthly payment,
- A criminal background check will be conducted,
- Preference will be given to families that have land that can be deeded to the HACN that is suitable to construct a home;
- Must not currently own a home or currently owned home must be in a substandard condition. Inspection will be required. For purposes of this program, a single wide mobile home would be considered sub-standard.

The HACN will own the land, thereby making it eligible for tax incentives to schools. Title to donated property must be free and clear of any liens or mortgages. When the home is paid in full, the HACN will deed the home to the family. The term of the rent to own agreement shall be 30 years unless a shorter term is agreed to between the parties. The monthly payment amount will include costs for taxes and insurance. To the greatest extent feasible; homes will be evenly distributed across all of the Cherokee Nation.

The following items are required during the application process:

1. Verification of Cherokee Nation Tribal Citizenship (blue card),
2. Copies of Social Security card(s) for each household member over 5 years of age,
3. Copies of government issued photo identification cards for Head of household and spouse,
4. Income verification for every household member over the age of 18 years of age,
5. Documentation to show financial ability to support a fixed monthly payment. Verification of current rental or mortgage payments, may suffice,
6. Copies of Warranty Deed (if currently own land), and/or Title to Mobile Home,
7. Verification of Disability if requesting a handicap accessible unit.

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 Ave
Warner, OK 74469

Nowata County
Wauhillau Court
115 Wauhillau Court
Nowata, OK 74048

Sequoyah County

Sallisaw HACN Office
2260 W. Cherokee
PO Box 469
Sallisaw, OK 74955

Rogers County

Claremore HACN Office
23205 S. HWY 66
PO Box 1325
Claremore, OK 74018

Will Rogers Sr Complex
202 Stuart Roosa
Claremore, OK 74017

Cherokee Village
310 Chief Stand Watie
Catoosa, OK 74015

Washington County

Keeler Heights
1003 S. Virginia
Bartlesville, OK 74003



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 ___

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

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

NEW HOME CONSTRUCTION –Choose **ONE** of the following:

I am interested in having a home built:

on land owned or that family will donate located at (community/nearest town) _____
in the above county.

on property owned by HACN located in the above county of choice.

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 QUALIFY BY MEETING 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 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. 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.