Housing assistance programs offered by the Housing Authority of the Cherokee Nation are listed below. Please see any of our staff if you have questions or need assistance determining which program fits your needs.

**RENTAL PROPERTIES PROGRAM:** Units the HACN maintains and manages; a waiting list is maintained; household income may not exceed 80% of the National Median Income.
- The family is required to pay a portion of rent equaling 30% of their monthly adjusted income to HACN.
- Rental unit size is based upon family size.
- No term limit applies as long as program requirements are not violated.
- Criminal background check conducted.
- A household member must be a member of a federally recognized tribe.
- Preference: Cherokee Tribal citizen and Working Head of household/Spouse.

**RENTAL ASSISTANCE PROGRAM:** NAHASDA funded program designed to assist Native Americans with decent, safe, and sanitary housing within Cherokee Nation’s reservation. Household income may not exceed 80% of the National Median Income. Once approved, families must find a rental unit, unit must be approved by HACN and the landlord must be willing to enter into a one year agreement with the tenant and HACN.
- A household member must be a member of a federally recognized tribe.
- Preference: Cherokee Tribal citizens who are elderly, disabled or handicapped, households with a disabled Cherokee citizen dependent, head of household/spouse full-time students, head of household/spouse working.
- Must have adequate income to support a rental payment.
- HACN will supplement a portion of rent to the owner.
- Households are encouraged to gain self-sufficiency.
- Criminal background check is conducted.
- Tenant is responsible for all security and utility deposits.
- Must enter into a one-year lease with the landlord.

**TEMPORARY ASSISTANCE PROGRAM:** NAHASDA funded program designed to assist Native Americans suffering from a temporary financial hardship with decent, safe, and sanitary housing within Cherokee Nation’s reservation on a temporary basis. Income guidelines are 80% of Median Income or below.
- All TAP applications must be completed with HACN staff in office.
- A household member must be a member of a federally recognized tribe. Preference will be given to Cherokee tribal citizens.
- Must meet all eligibility requirements for the Rental Assistance Program and be experiencing a temporary financial hardship.
- Criminal background check is conducted.
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

**Cherokee Village**
310 Chief Stand Watie
Catoosa, OK 74015

**Washington County**

**Keeler Heights**
1003 S. Virginia
Bartlesville, OK 74003
APPLICATION PACKET

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

---

**NAME**

**MAILING ADDRESS**

CITY STATE ZIP CODE

**TWO CONTACT PHONE NUMBERS**

**E-MAIL ADDRESS:**

May we text you to communicate program information?  **YES  NO**

**HOUSEHOLD COMPOSITION:**

<table>
<thead>
<tr>
<th>FULL NAME(S) of all Household Members</th>
<th>Relation to Head</th>
<th>Sex M/F</th>
<th>Date of Birth</th>
<th>Native American Y/N</th>
<th>List Tribe</th>
<th>Social Security Number <em><strong>REQUIRED</strong></em></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Head</td>
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Are there family members temporarily absent?  ____Yes  ____No  If so, whom:  

Where are they residing?  

When are they expected to return?  

**TOTAL HOUSEHOLD INCOME:**

<table>
<thead>
<tr>
<th>Household Member(s)</th>
<th>Employer</th>
<th>Gross Weekly Wages</th>
<th>Welfare TANF</th>
<th>Child Support Received</th>
<th>Social Security Benefits</th>
<th>Unemployment Benefits</th>
<th>All Other Income</th>
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Rev 10/24/2022
Housing Status: Check all that apply to the head of household or spouse

- 62 or older
- Disabled
- Full-time Student
- Employed / Self-employed
- Veteran

Is the head of household or spouse currently receiving disability benefits from the Social Security Administration or the Veteran’s Administration?  Yes No

Is a Cherokee citizen dependent currently receiving disability benefits from the Social Security Administration?  Yes No

Do you currently own your home?  Yes No

If No, do you Rent Make a Mortgage/Bank Payment If you make a payment, how much? $

If you do not own, please provide the name(s) of owner(s) __________________________

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

COUNTY PREFERENCE
Check the county in which you want assistance. (CHECK ONLY ONE COUNTY)

Adair Cherokee Craig Delaware McIntosh Mayes Muskogee
Nowata Ottawa Rogers Sequoyah Tulsa Wagoner Washington

TYPES OF HOUSING ASSISTANCE SERVICES AVAILABLE
CHECK THE TYPE OF ASSISTANCE NEEDED

LOW RENT APARTMENTS - DIRECT HOUSING PROGRAM
If you would like to live in a low rent apartment owned and operated by the Housing Authority of the Cherokee Nation, please choose one of the cities listed below where a low rent complex is located:

Bartlesville Catoosa Grove Hulbert Jay Locust Grove Nowata Pryor Porum Stilwell Tahlequah Vinita Warner Westville

**Claremore (Elderly, 55 years of age & older, only)**

RENTAL ASSISTANCE
This is a tenant based rental assistance program. The applicant will be responsible for locating their own housing unit to rent.

Rev 10/24/2022
Housing Status: **Check all that apply to the head of household or spouse**

- _____ 62 or older
- _____ Disabled
- _____ Full-time Student
- _____ Employed / Self-employed
- _____ Veteran

Is the head of household or spouse currently receiving disability benefits from the Social Security Administration or the Veteran’s Administration? _____ Yes _____ No

Is a Cherokee citizen dependent currently receiving disability benefits from the Social Security Administration? _____ Yes _____ No

Do you currently own your home? _____ Yes _____ No

If No, do you _____ Rent _____ Make a Mortgage/Bank Payment

If you make a payment, how much? $____

If you do not own, please provide the name(s) of owner(s)________________________________________

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

**COUNTY PREFERENCE**

Check the county in which you want assistance. (CHECK ONLY ONE COUNTY)

- _____ Adair
- _____ Cherokee
- _____ Craig
- _____ Delaware
- _____ McIntosh
- _____ Mayes
- _____ Muskogee
- _____ Nowata
- _____ Ottawa
- _____ Rogers
- _____ Sequoyah
- _____ Tulsa
- _____ Wagoner
- _____ Washington

**TYPES OF HOUSING ASSISTANCE SERVICES AVAILABLE**

**CHECK THE TYPE OF ASSISTANCE NEEDED**

_____ LOW RENT APARTMENTS - DIRECT HOUSING PROGRAM

If you would like to live in a low rent apartment owned and operated by the Housing Authority of the Cherokee Nation, please choose one of the cities listed below where a low rent complex is located:

- _____ Bartlesville
- _____ Catoosa
- _____ Grove
- _____ Hulbert
- _____ Jay
- _____ Locust Grove
- _____ Nowata
- _____ Pryor
- _____ Porum
- _____ Stilwell
- _____ Tahlequah
- _____ Vinita
- _____ Warner
- _____ Westville

**Claremore (Elderly, 55 years of age & older, only) _____**

_____ RENTAL ASSISTANCE

This is a tenant based rental assistance program. The applicant will be responsible for locating their own housing unit to rent.
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 Housing Services Department or the Housing Authority of the Cherokee Nation? _____YES _____NO

If you have had a home before, please provide this information if known:
Agency who provided the home: __________________ Project number: ________
Delinquent balance owed to the agency who provided the home? ______________
Why do you no longer own it? __________________ Who was the home assigned to? ______________
Condition of the home at the time of your departure? ________________

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
- b. HACN Homeownership ___Yes ___No
- c. Water and Sanitation ___Yes ___No
- d. Self Help Housing (SIP) ___Yes ___No
- e. Mortgage Assistance ___Yes ___No
- f. Rental Assistance Program ___Yes ___No
- g. Low Rent (Direct Housing) ___Yes ___No
- h. HIP ___Yes ___No

If you are participating or have participated in any of the programs, please list the city and county in which you received services: __________________________________________

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, list the name(s) of relative(s), relation, 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 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. I/We understand false statements or information are punishable under Federal Law. I/we also understand 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 the Housing Authority of the Cherokee Nation’s requesting and obtaining 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 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.

<table>
<thead>
<tr>
<th>Head of Household Signature</th>
<th>Date</th>
<th>Social Security Number</th>
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<th>Signature of Spouse</th>
<th>Date</th>
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<th>Other Family Member over age 18</th>
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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)