



Housing Authority of the Cherokee Nation

1500 Hensley Drive

P.O. Box 1007

Tahlequah, OK 74465-1007

Phone 918-456-5482

www.HACN.org

iSave Program

The iSave Program is designed to help working Native Americans save money to achieve their financial goals. For every \$1 you save, Housing Authority of the Cherokee Nation (HACN) will match it with \$3.

iSave participants must save at least \$100 at a designated financial institution and save for a minimum of 6 months to access matching funds. Housing Authority of the Cherokee Nation will match up to \$1,000 of your iSave deposits.

iSave matching funds may be used for the rehabilitation or improvement of your primary residence located within Cherokee Nation's reservation.

Applicant Qualifications:

1. Must be at least 18 years of age
2. Must be a citizen of a federally recognized tribe, Cherokee Nation citizenship preference
3. Household income may not exceed 80% of the National Median Income as established by HUD
4. Must own the primary residence and it must be located within Cherokee Nation's reservation or the property must be owned by the Housing Authority of the Cherokee Nation

NAHASDA Median Family Income Guidelines effective April 26, 2024, income guidelines updated annually.

Family Size	1	2	3	4	5	6	7	8
80%	\$54,768	\$62,592	\$70,416	\$78,240	\$84,499	\$90,758	\$97,018	\$103,277

*Monetary assistance is contingent upon available funding.

FREQUENTLY ASKED QUESTIONS

How does the program work?

- After your iSave application is approved, you will open a savings account with a participating financial institution.
- iSave accounts must be opened with a \$30 deposit.
- Housing Authority of the Cherokee Nation iSave Program will match up to \$1,000 of your deposits with \$3 for every \$1 saved.
- You can access match funds 6 months after your savings account is open as long as you have saved at least \$100 and completed financial education requirements.
- You have 2 years from enrollment in the program to save the maximum amount of \$1,000.
- Participants must use their matching funds within 3 years of program enrollment; match funds unused after 3 years are forfeited.
- A copy of your warranty deed must be submitted with your iSave application for proof of home ownership.

What if I have bad credit?

Results of credit reports are not used to determine program eligibility.

Can I take money out any time?

Yes. You always have complete control over your savings. HACN does not put money into your savings account and does not withdraw money from your savings account.

How will my iSave account be managed?

Your savings account will be held at a financial institution participating in HACN's iSave Program. You may make deposits at any bank branch and you will receive regular savings statements from the bank. You are the owner of the savings account, not HACN.

Can I save more than \$1,000 in the account?

Participants are encouraged to save as much as possible, however HACN will only match deposits up to \$1,000.

What are the financial education requirements?

Participant may choose any one of the following to meet the financial education requirements: attend a 1 hour Financial Empowerment class offered by Housing Authority of the Cherokee Nation, complete two modules of Money Smart's online financial education classes, meet one on one with a Housing Authority of the Cherokee Nation Self Sufficiency Counselor, or complete Homebuyers Education Training conducted by Housing Authority of the Cherokee Nation in the two years preceding the iSave withdrawal.

Under what conditions would I be removed from the iSave Program?

Participants may be removed for the following reasons:

- Providing false or fraudulent information on the iSave application
- Failure to attend all courses specified for completion of program
- Failure to respond to mail, email and or phone communication
- Failure to keep the designated savings account open during the iSave enrollment period

APPLICATION CHECKLIST

Please ensure the following are complete and turned in with your application:

- ☐ iSave Program Application
- ☐ iSave Program Letter of Agreement
- ☐ Signed iSave Release of Information Agreement
- ☐ Employment Form for all household members over 18
- ☐ Signed Income Assistance Affidavit for all household members over 18
- ☐ Signed No Income – Odd Jobs – Monetary Gifts form for all household members over 18 if applicable
- ☐ Signed Asset Information
- ☐ Signed Child Support Verification
- ☐ Declaration of 214 Status
- ☐ Copy of applicant's government issued photo ID, social security card, and proof of tribal citizenship
- ☐ Copy of co-applicant's government issued photo ID, social security card and proof of tribal citizenship
- ☐ Copy of Deed

Return completed application to:

Housing Authority of the Cherokee Nation
Attn: iSave Program
PO Box 1007
Tahlequah, OK 74465



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STAMP

ISAVE APPLICANT INFORMATION

Full Legal Name		Date	County	District Number
Mailing Address		For Office Use Only: RECEIVED BY:		
City and State		Zip Code		
Primary Contact Phone Number		Other Phone		E-mail for contact purposes:
Directions to home:		Do you consent to the use of text messages to communicate program information or appointment reminders? YES NO		

HOUSEHOLD COMPOSITION

FULL NAME(S) — All Household Members including yourself: Last, First, Middle	Relation	Sex M/F	Date of Birth	Native American Y/N	List Tribe	Social Security Number ***REQUIRED***
1	Head					
2						
3						
4						
5						
6						
7						

Are there family members temporarily absent? YES NO If yes, whom: Relation:

Where are they residing? When are they expected to return?

TOTAL HOUSEHOLD INCOME

HOUSEHOLD MEMBER	EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1							
2							
3							
4							

Household Member(s) Status: (Select all that apply): ___ 62 or older ___ Disabled ___ Veteran

Do not send any money with this application. You will receive a letter with instructions on how to open your account if you are approved for the program, along with Financial Education requirements. You are responsible for informing the iSave Coordinator of any changes, specifically contact information. Once you have completed the program requirements, you will contact the iSave Coordinator for withdrawal procedures.

APPLICANT CERTIFICATION

Please read before signing this application. In order to receive services, you must meet all eligibility requirements and program funding must be available.

Warning: Section 1001 of Title 18 of the US 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 US regarding any matter within its jurisdiction.

I/We certify the information given on this application is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal Law. I/We also understand false statements or information are grounds for termination of program assistance. 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 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/We certify that any changes in household income or household composition prior to eligibility confirmation will be reported to the iSave Program staff by contacting the iSave Program at 918-456-5482. Monetary assistance is contingent upon available funding.

My signature below also authorizes the release of account information to and from other financial institutions I have supplied to Housing Authority of the Cherokee Nation in connection with this program. I understand eligibility for iSave matching funds is contingent on all occupants meeting program criteria.

CONSENT: I consent to Housing Authority of the Cherokee Nation requesting and obtaining income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits for the iSave Program. 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.

Signature of Head of Household Date

Signature of Spouse Date

Other Family Member over the age 18 Date

Other Family Member over the 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 as a prospective participant or borrower may be delayed or rejected.



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iSave Program Letter of Agreement

Between Housing Authority of the Cherokee Nation iSave Program and the following Participant: _____

The Participant agrees to:

- Open an iSave account with a designated bank upon program eligibility confirmation.
- Complete all sessions of the financial education requirements.
- Participate in evaluation activities, which may include completing surveys, participating in focus groups and one-on-one interviews.
- Notify iSave Coordinator of any changes in contact information.
- Allow Housing Authority of the Cherokee Nation to obtain savings account information regarding the iSave account at the designated bank.

The Participant understands:

- The iSave deposits and match funds must be used within twelve (12) months after completion of the savings period (2 years). Failure to utilize the match funds within this time period may result in the forfeiture of match dollars (you always maintain control of deposits made to your iSave savings account).
- Current contact information must be maintained and the participant is responsible for ensuring mailing address, email address (if applicable), and contact numbers are accurate and updated.
- Homeownership must be maintained for a period of six months; failure to do so will result in the participant reimbursing Housing Authority of the Cherokee Nation a prorated amount of the match funds expended.
- A deed restriction will be executed and filed at the time of the first match funds disbursement.
- If the participant withdraws from the iSave program or fails to successfully meet savings and training requirements, no match funds will be awarded.
- If the participant fails to meet any of the conditions outlined in this letter of agreement, or provides false or misleading information, the participant may be removed from the program. All match funds will be forfeited and Housing Authority of the Cherokee Nation's iSave Program will notify bank holding the participant's savings account; at that time the savings account will be converted to a regular savings account. All money deposited by the participant remains the participant's property.

The Housing Authority of the Cherokee Nation iSave Program will provide:

- Match funds for up to \$1,000 of an individual's iSave deposits.
- Financial education classes.

I understand and agree to the terms and conditions of participating in the iSave Program.

Participant

Date

Housing Authority of the Cherokee Nation Representative

Date



Housing Authority of the Cherokee Nation

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iSave Release of Information Agreement

As a participant in the Housing Authority of the Cherokee Nation's iSave Program and owner of an iSave savings account, I authorize the bank to release information about my iSave savings account to Housing Authority of the Cherokee Nation for the purposes of monitoring my ability to remain in the program. If for any reason I am no longer participating in Housing Authority of the Cherokee Nation iSave Program, I understand this account will be transferred to a regular savings account that may incur monthly maintenance fees.

APPLICANT INFORMATION					
Legal Name:	LAST	FIRST	MIDDLE	MAIDEN	SUFFIX
Social Security Number		Date of Birth		Community	
Current Address (Street Address, City, State, Zip):					
If Less than 6 months, Previous Address (Street Address, City, State, Zip):					

iSave Account Owner

Date

Housing Authority of the Cherokee Nation Representative

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



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

Regular _____

\$ _____ Month

Part Time _____

\$ _____ Other

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 I must furnish all 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:

Name _____ Address _____ Phone Number _____

PLEASE HAVE MONETARY GIFT PROVIDER COMPLETE THE FOLLOWING SECTION

The applicant/participant has indicated to HACN that he/she receives monetary gifts from you.

I certify that I provide the 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.

Rev 05/2024



Child Support Verification

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

Please mark the applicable boxes:

- ☐ Not Applicable, I certify I am not divorced or separated with children nor do I receive child support.
- ☐ I do hereby swear I am the sole custodial parent of the following children and know of no court custodial matters regarding said child/children, as listed below.
- ☐ I certify my household is presently receiving child support as listed in the table below.

CHILD IDENTIFICATION and SUPPORT				
NAME OF CHILD	DATE OF BIRTH	AGE	NAME OF NON-CUSTODIAL PARENT	Do you receive Child Support?
I DO HEREBY SWEAR AND AFFIRM I AM SEPARATED FROM:			(Name)	
<input type="checkbox"/> I HAVE or <input type="checkbox"/> I HAVE NOT FILED FOR A DIVORCE OR LEGAL SEPARATION FROM:			(Name)	
I AM DIVORCED FROM (Please submit Divorce Decree):			(Name)	
TOTAL AMOUNT OF CHILD SUPPORT OR ALIMONY RECEIVED MONTHLY:				\$

I understand that this affidavit is made as part of the qualification for a Housing Authority of the Cherokee Nation program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

APPLICANT SIGNATURE		
YOU ARE AUTHORIZED TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY		
SIGNATURE	DATE	SOCIAL SECURITY NUMBER
SIGNATURE	DATE	SOCIAL SECURITY NUMBER

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.



Declaration of Section 214 Status

NOTICE TO APPLICANTS AND TENANTS: 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; print your child's name and sign your name as parent or guardian. Instructions included on the following page.

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
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> 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: <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> 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.	NAME: SIGNATURE: DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> 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: <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> 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.	NAME: SIGNATURE: DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> 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: <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> 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.	NAME: SIGNATURE: DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> 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: <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> 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.	NAME: SIGNATURE: DATE:

Declaration of 214 Status Instructions

1. Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2. **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
3. **Immigrant status under §101(a)(1S) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
4. **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
5. **Refugee, asylum, or conditional entry status under §207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
6. **Parole status under §212(d)(5) of INA.** A noncitizen lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
7. **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
8. **Amnesty under §245(a) of INA.** A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].