



**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 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: Head of household/spouse Cherokee Tribal citizen and a full-time student, Cherokee Tribal citizen head of household/spouse working, all other Cherokee households.
- 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

**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**

**Catoosa Office**  
2871 N HWY 167  
PO Box 40  
Catoosa, OK 74015

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

**Will Rogers Sr Complex**  
202 Stuart Roosa  
Claremore, OK 74017

**Washington County**

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



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## 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: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR OFFICE USE ONLY:

RECEIVED BY: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

FORWARD TO: \_\_\_\_\_

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

### 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.						
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.							

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

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

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**TYPES OF HOUSING ASSISTANCE SERVICES AVAILABLE**

**CHECK THE TYPE OF ASSISTANCE NEEDED**

**RENTAL PROPERTIES PROGRAM**

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

Bartlesville  Grove  Hulbert  Jay  Locust Grove  Nowata  Ochelata  
 Pryor  Porum  Sallisaw  Stilwell  Tahlequah  Vinita  Warner  Westville  
 **\*\*Claremore Senior (55+ only, preference given to ages 62 & up)**

**RENTAL ASSISTANCE**

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

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## 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 balanced 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       | e. Mortgage Assistance     ___Yes ___No   |
| b. HACN Homeownership ___Yes ___No      | f. Rental Assistance Program ___Yes ___No |
| c. Water and Sanitation ___Yes ___No    | g. Low Rent (Direct Housing) ___Yes ___No |
| d. Self Help Housing (SIP) ___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.

\_\_\_\_\_  
Head of Household Signature      Date      Social Security Number

\_\_\_\_\_  
Signature of Spouse      Date

\_\_\_\_\_  
Other Family Member over age 18      Date

\_\_\_\_\_  
Other Family Member over age 18      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)