



Housing Authority of the Cherokee Nation
1500 Hensley Drive
P.O. Box 1007
Tahlequah, OK 74465-1007
Phone 918-456-5482
www.HACN.org

Community Shield Homeowners Insurance Program

The Community Shield Homeowners Insurance Program is a self-insured risk pool with coverage provided by AMERIND Risk, a Native American owned organization that provides coverage in Indian Country and is not state regulated. Policies issued will be an HO3 policy and will be provided based on current replacement cost of your home.

Eligibility Requirements Include:

- Cherokee Nation Tribal citizen
- Income cannot exceed 80% of national median income guidelines
- Home to be insured must be located within the 14-county Cherokee Nation reservation
- Home to be insured must be the homeowner's primary residence
- Home to be insured cannot exceed 2300 square feet
- Home to be insured must be or have been assisted on a NAHASDA program

Required Documents:

- Copy of Tribal Citizenship Card(s) for each household member who has one
- Copy of Government issued photo ID for each household member 18 years of age and older
- Copy of Social Security card(s) for each household member over 5 years old
- Income Verification for every household member 18 years of age and older
- Previous 3 months banking statements
- Copy of property deed and/or title
- Verification of current paid property taxes
- Other documents as requested

Please complete and mail the attached application and supporting documents to:
Housing Authority of the Cherokee Nation
PO Box 1007
Tahlequah, OK 74465

Once your application has been received and determined eligible, an inspection of the home will be completed. AMERIND Risk will have final determination of insurance eligibility of the unit.



AMERIND Risk

Community Shield Homeowners Application



Housing Authority of the Cherokee Nation

Please complete in blue or black ink only.

No Pencil – No White Out

Is the home to be insured your primary residence?

____ Yes ____ No

Primary Account Holder

Full Name (First MI Last)

Primary Account Holder's Email Address
()

Mailing Address (Line 1)

Home/Work Telephone Number
()

City, State, Zip

Cell Telephone Number

Name of Tribe where **Homeowner** is Enrolled

Tribal Registration Number

Secondary Account Holder

Full Name (First MI Last)

()
Home/Work Telephone Number

Secondary Account Holder's Email Address

Information About Residence

Physical Address of Home (**no PO Box**)

City

State

Zip

County Home is Located

Number of Bedrooms

Is the home located on: ☐ Restricted Land ☐ Indian Trust Land ☐ Indian Allotment Land ☐ Fee Simple Land

Year Home was Built: _____

Year Roof Replaced (if any) _____

Living Square Feet Area (Not including basement): _____

Number of Stories: ☐ 1 Story ☐ 1.5 Story ☐ 2 Story ☐ 2.5 Story

Type of Construction: ☐ Frame/Modular Home ☐ Masonry ☐ Masonry Veneer ☐ Mobile Home ☐ Other

Basement: ☐ Finished (_____) square feet ☐ Unfinished (_____) square feet ☐ None

Square feet of porches/decks (List separately):

Porch/Deck: _____ Length x _____ Width

Porch/Deck: _____ Length x _____ Width

Check all that apply: ☐ Central Station Burglar Alarm ☐ Central Station Fire Alarm ☐ Trampoline

☐ Swimming Pool (Photos are to include: Fence, Gate (include lock), and Pool)

Information About Residence Continued

Attached structures (check all that apply) ☐ 1 Car Garage ☐ 2 Car Garage ☐ 3 Car Garage ☐ Carport

Provide upgrade year for any of the following: ☐ Wiring _____ ☐ Plumbing _____ ☐ Heating _____

Do you run a business from your home? ☐ Yes ☐ No **If yes, what type of business?** _____

Do you have a Student living away from home? ☐ Yes ☐ No **If yes, Please provide:**

Name of School: _____ Address: _____

If your home is under renovation or is new construction, complete the following:

Date Project to be Completed: _____ ***ATTACH** copy of Renovation List or Contractor's Spec Sheet

If your home is a mobile home, complete the following:

Year, Make and Model: _____ Purchase Price: \$ _____

Size: _____ Length x _____ Width Skirting: ☐ Hardiboard ☐ Metal ☐ Vinyl ☐ Other: _____

Elected Coverage

Please provide limits for the coverage(s) below you would like.

Deductible Amounts ☐ \$1000

Other Structures Limit: \$ _____ **Note:** Up to 10% of the dwelling limit is included. Additional limits are available upon request.

Structure Type	Square Footage	Value
		\$

Personal Property Limit: \$ 10, 000

Loss of Use: None

Personal Liability Limit: None

Medical Payments: None

Mortgage Holder/Additional Insured

Name _____ Contact Person _____ () Telephone Number _____ Account/Loan No. _____

Mailing Address _____ City _____ State _____ Zip _____

Fax Number _____

☐ Mortgage Holder ☐ Loss Payee ☐ Additional Insured **Is this an escrow account?** ☐ Yes ☐ No

Is this a Residence Held in Trust? ☐ Yes ☐ No **If yes, please include copy of Estate Trust Documents**

Tribal Assistance

Are you currently receiving assistance from the Tribe/Housing Authority? (provide contact information of individual assisting you below)

Contact Name

Telephone Number

Has the unit to be insured ever been assisted on any of the below programs?

_____ HACN Homeownership Programs (paid off unit) – paid off date _____

_____ Housing Rehabilitation Program – date of assistance _____

_____ Mortgage Assistance Program – date of assistance _____

Prior Loss Information

Are you currently insured? ☐ Yes ☐ No Have you had any losses? ☐ Yes ☐ No

Previous Insurance Carrier

Policy Number

Date of Loss	Type of Loss	Reason for Loss	Amount Paid on Loss
			\$
			\$
			\$

Directions

Please provide driving directions to the unit to be insured. Please be as detailed as possible and include the starting point.

Certification

I affirm the information provided in this application is true and I have disclosed all known hazards that could give rise to a claim. A material misrepresentation of the facts relied on by AMERIND Risk in underwriting this request for coverage, will void this agreement. I agree to take any corrective action requested by AMERIND Risk to improve the condition of the property. I understand false statements or information are punishable under Federal Law. I understand false statements or information are grounds for termination of assistance. In order to receive services, I understand I must meet all eligibility requirements.

Printed Name of Primary Account Holder

Signature of Primary Account Holder

Date

Printed Name of Group Administrator

Signature of Group Administrator

Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA 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's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it 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 consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
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	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

HOUSING AUTHORITY OF THE CHEROKEE NATION
FAMILY COMPOSITION AND OCCUPANCY FORM

Name
Mailing Address
City, State, Zip Code
Two Phone Numbers

OFFICE USE:

HOUSEHOLD COMPOSITION:

Full Name(s) of all Household Last, First, Middle	Relation to Head	Sex M/F	Date of Birth	Indian Y/N	List Tribe	Social Security Number
1.	Head					
2.	Spouse					
3.						
4.						
5.						
6.						
7.						
8.						

INCOME/ASSETS

Household Member(s) Type of income (Wages/Social Security, etc)	Office Use Only	
	MONTHLY AMOUNT	Annual Verified Amount
1. Head	\$	\$
2. Spouse	\$	\$
3. Other	\$	\$
4. Other	\$	\$

DEDUCTIONS

Type of Deduction:	Office Use Only	
	Monthly Amt.	Annual Verified
1. Child Care (12 & under)	\$	\$
2. Medical (Elderly family)	\$	\$
3. Handicapped Allowances	\$	\$

Are there family members temporarily absent? ____ YES ____ NO If so, whom: _____
Where are they residing? _____ When are they expected to return? _____

I/We certify the information given to the Cherokee Nation 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.

Signature of Head of Household / Date

Signature of Spouse / Date