



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

COLLEGE HOUSING ASSISTANCE PROGRAM

The College Housing Assistance Program assists low-income Native American full-time students secure safe and affordable housing while seeking a degree at an accredited institute of higher education. The College Housing Assistance Program will provide eligible students with up to \$1,000 per semester for housing costs.

Eligibility

- Applicant must be member of a federally recognized tribe. Priority will be given to Cherokee Nation tribal citizens.
- Applicant must be a resident of the Cherokee Nation.
- Applicant must meet all eligibility requirements for the College Housing Assistance Program, including NAHASDA income guidelines.
- Applicant must be a full-time student and be in good standing with the educational institution.
- Priority given to students who were assisted the previous semester with College Housing Assistance Program funding.
- Assistance is limited to eight (8) semesters.
- Other eligibility requirements may apply according to the College Housing Assistance Program policy.

NAHASDA Median Family Income Limits effective June 14, 2022

Family Size	1	2	3	4	5	6	7	8
80%	\$50,400	\$57,600	\$64,800	\$72,000	\$77,760	\$83,520	\$89,280	\$95,040

*Monetary assistance is contingent upon available funding.

**College Housing Assistance Program
Contact Information**

Applications will be processed in the following HACN offices based on the applicant's permanent physical address.

Adair County

Alyene Hogner Heights
160 Alyene Drive
Stilwell, OK 74960

Dora Waite
918-456-5482 ext. 1201

Cherokee and Wagoner Counties

Leon Daniel Heights
701 W. Fox Street
Tahlequah, OK 74465

Cynthia Scott
918-456-5482

Craig, Nowata, Rogers, Tulsa and Washington Counties

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

Linda Luper
918-456-5482

Delaware, Mayes and Ottawa Counties

Jay HACN Office
109 13th Street
PO Box 328
Jay, OK 74346

Annie Loy
918-456-5482

Muskogee, McIntosh and Sequoyah Counties

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

Cody Fullbright
918-456-5482

REQUIRED DOCUMENTS FOR NEW CHAP APPLICANTS

Complete these documents using only black or blue ink, no pencil or white-out


- _____ Family Composition Form – include family members you will reside with while in school
- _____ Employment/Income verification – all household members
 - a. Employment Form or the No Income – Odd Jobs Form – one form required for each household member 18 & over
 - b. Asset Information – for entire household
 - c. Income Assistance Verification Form – signed by each household member 18 & over
- _____ Authorization for a Criminal Background Check – must be notarized – student only
- _____ NAHASDA Public Disclosure form

Additional Documents Required

- _____ Government Issued Driver’s License or ID, Social Security Card, and Tribal Citizenship card
- _____ Fall 2022 Class Schedule
- _____ High School Transcript and/or College Transcript, must show previous semester grades
- _____ Verification of permanent physical address

* Completing and submitting the required documents does not guarantee assistance for college housing. Additional documentation may be required from the applicant.

COLLEGE HOUSING ASSISTANCE PROGRAM APPLICATION

LEGAL NAME - LAST	FIRST	MI	SOCIAL SECURITY NUMBER	OTHER NAME(S) UNDER WHICH YOUR RECORDS MAY APPEAR						
PERMANENT PHYSICAL RESIDENCE			CITY, STATE ZIP		COUNTY NAME		DATE OF BIRTH		SEX	
							Mo	Day	Year	
MAILING ADDRESS			CITY, STATE ZIP		HIGH SCHOOL NAME			TRIBAL CITIZENSHIP NUMBER		
								CO		
TWO CONTACT NUMBERS					EMAIL ADDRESS					
HAVE YOU APPLIED FOR THE CN UNDERGRADUATE SCHOLARSHIP?			HAVE YOU APPLIED FOR THE CHEROKEE PROMISE SCHOLARSHIP?			HOUSING PLANS				
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> ON CAMPUS <input type="checkbox"/> OFF CAMPUS				
COLLEGE YOU PLAN TO ATTEND (No abbreviations please)					CLASSIFICATION (Check One)					
					<input type="checkbox"/> FRESHMAN (0-29 HRS) <input type="checkbox"/> SOPHOMORE (30-59 HRS) <input type="checkbox"/> JUNIOR (60-89 HRS) <input type="checkbox"/> SENIOR (90-140 HRS)					
DO YOU HAVE ANY SIBLINGS CURRENTLY RECEIVING ASSISTANCE OR WHO ARE APPLYING FOR THE COLLEGE HOUSING ASSISTANCE PROGRAM? IF YES, LIST NAMES					ARE YOU A VETERAN OR DISABLED?					
					<input type="checkbox"/> YES <input type="checkbox"/> NO					
INTENDED MAJOR			HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR NO CONTEST, TO ANY DRUG RELATED OR VIOLENT CRIMINAL ACTIVITY?							
			<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide details:							
 <p>HOUSING AUTHORITY OF THE CHEROKEE NATION <i>Keys to a brighter future</i></p>			<p>This application contains no falsification and all items are true and correct. I understand that any false statement made herein will result in a voided application. I, the undersigned, understand any and all personally identifiable information maintained by any educational institution concerning my financial and academic records is protected under FERPA. I agree to waive my rights under FERPA and allow the Housing Authority of the Cherokee Nation access to any and all of my financial and academic records from any educational institution. This consent further allows officials from any educational institution to discuss my financial and academic records with the Housing Authority of the Cherokee Nation. I understand I can revoke this release at any time by notifying the Housing Authority of the Cherokee Nation in writing at the address listed above. Any modifications I wish to make to this Release of Information Agreement must be described in writing by a document bearing my signature and attached to this application.</p> <p>SEE REQUIRED DOCUMENTS LIST TO COMPLETE APPLICATION</p> <p>STUDENT SIGNATURE: _____ DATE: _____</p>							
****FOR OFFICE USE ONLY****										
DATE RECEIVED: _____			TIME: _____			STAFF SIGNATURE: _____				

**HOUSING AUTHORITY OF THE CHEROKEE NATION
FAMILY COMPOSITION AND OCCUPANCY FORM**

Name _____

Mailing Address _____

City, State, Zip Code _____

Two Phone Numbers _____

OFFICE USE:

Do you consent to the use of text messages to communicate HACN program information? YES NO

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.)	MONTHLY AMOUNT	Office Use Only
		Annual Verified Amount
1. Head	\$	\$
2. Spouse	\$	\$
3. Other	\$	\$
4. Other	\$	\$

DEDUCTIONS

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

Are any family members temporarily absent? YES NO If so, whom: _____
Where do they reside? _____ When are they expected to return? _____

I/We certify the information given to the Housing Authority of 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. I/We understand false statements or information are punishable under Federal Law and are grounds for termination of housing assistance and termination of tenancy.

Head of Household Signature _____ Date _____

Spouse Signature _____ Date _____



Employment Form

Complete the top half of this form by listing your employer's name and mailing address. Print your name, your social security number and your employer's phone number.

Name of Company/Employer

Mailing Address

City, State, and Zip Code

Print Employee's Name

Social Security Number

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: _____
Regular _____
Part Time _____
Temporary/Seasonal _____
\$ _____ Hour
\$ _____ Week
\$ _____ Bi-weekly
\$ _____ Bi-monthly
\$ _____ Month
\$ _____ Other

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 certifies

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 of the 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 with their address and telephone number in order to verify your monetary gifts:

PLEASE HAVE MONETARY GIFT PROVIDER COMPLETE THE FOLLOWING:

The applicant/participant has indicated to us that he/she received monetary gifts from you. We are required to complete our determinations within a specified time period, and therefore, your prompt reply is appreciated.

I certify that I provide the following 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:



Asset Information

Please check and complete if you have any of the accounts listed below.

<input type="checkbox"/> Checking	Balance \$ _____	Account Number _____	Bank Name _____
<input type="checkbox"/> Checking	Balance \$ _____	Account Number _____	Bank Name _____
<input type="checkbox"/> Savings	Balance \$ _____	Account Number _____	Bank Name _____
<input type="checkbox"/> Savings	Balance \$ _____	Account Number _____	Bank Name _____
<input type="checkbox"/> Certificate of Deposit (CDs)	Balance \$ _____	Account Number _____	Bank Name _____
<input type="checkbox"/> IRAs	Balance \$ _____	Account Number _____	Bank Name _____
<input type="checkbox"/> Mutual Funds	Balance \$ _____	Account Number _____	Bank Name _____
<input type="checkbox"/> Stocks/Bonds	Balance \$ _____	Account Number _____	Bank Name _____
<input type="checkbox"/> Money Markets	Balance \$ _____	Account Number _____	Bank Name _____
<input type="checkbox"/> Annuities	Balance \$ _____	Account Number _____	Bank Name _____
<input type="checkbox"/> Other	Balance \$ _____	Account Number _____	Bank Name _____

Type: _____

I/We have no account(s) listed above

1. **Real Property (land, house, etc.):** Do you own or are you listed as a co-owner (trust, joint, co-signer, etc.) of any Real Property? YES NO If yes, TYPE (house, land, etc.): _____

2. **If yes,** where is the property located? Please give tax status: taxable, trust property, restricted, etc.

3. **Real Property Disposed (land, house, etc.):** Have you owned or disposed of any Real Property within the past 3 years by sale, gift or other transfer? Yes No

If Yes, how was the property disposed of?

SALE – provide contract of sale

Assignment/Transfer/Gift – provide warranty deed or legal document to verify and tax assessor’s statement

Foreclosure – provide foreclosure documents and tax assessor’s statement of property at foreclosure

Other – provide documents to explain and provide value of property at the time of disposition

4. **Other Assets:** List RVs, vehicles, livestock, farm machinery, equipment, livestock, jewelry, etc. List any interest bearing accounts, dividends, retirement accounts, stock/bond accounts or other net income from savings accounts or any lump sum payments (**inheritances, lottery winnings, insurance settlements, social security benefits, unemployment compensation**) within the last two years. Please provide verification. _____

Head of Household Signature

Date

Signature of Spouse

Date



Income Assistance Verification Form

The head of household, spouse and anyone that is 18 years of age or older must sign their name and list their social security number.

COMPLETE EVEN IF YOU DO NOT RECEIVE BENEFITS.

You are authorized to furnish all information requested on this inquiry.

Signature _____ SSN _____

Signature _____ SSN _____

Signature _____ SSN _____

Signature _____ SSN _____

If you draw benefits from a different social security number, list the number _____
V.A. Claim Number _____

Office Use Only— Verified by DHS or Tribal Social Service Department

BENEFIT	AMOUNT	PERSON RECEIVING BENEFIT
SSA.....	\$ _____	_____
SSI.....	\$ _____	_____
VA.....	\$ _____	_____
TANF.....	\$ _____	_____
CHILD SUPPORT.....	\$ _____	_____
AID TO DISABLED.....	\$ _____	_____
AID TO ELDERLY.....	\$ _____	_____
GENERAL ASSISTANCE.....	\$ _____	_____
TRIBAL WORK EXPERIENCE	\$ _____	_____
OTHER.....	\$ _____	_____
Explain other _____		

Does the state pay supplemental insurance/Medicare? No _____ If YES, amount \$ _____

Signature of Authorized Personnel

Date

Mailing Address:

Phone/Fax Number



Authorization for a Criminal Background Check

I, _____, DO HEREBY AUTHORIZE the Housing Authority of the Cherokee Nation (HACN) to conduct a Criminal Background Check (CBC) with any Federal, State, Tribal, or Local Law Enforcement Agency. I further agree upon this written consent that I will not file, or cause to be filed on my behalf, any lawsuit against any Law Enforcement Agency, HACN, or their designee, due to the results of said CBC.

I further agree that I am aware that due to HACN’s special tenant selection standards that my application can be denied and/or my participation in a program terminated due to any criminal activity, specifically those criminal activities involving crimes or physical violence to persons or property, drug related, or other violent crimes or criminal activity which would adversely affect the health, safety, or welfare of the HACN or their participants.

I further agree that my failure to provide full and complete information as to my identity, aliases, previously used names, or previous places of residences is grounds for immediate termination of my application or tenancy with the HACN.

Signature	Birth Date	Social Security Number
Name: <i>(Please print all information legibly.)</i>		
First Name	Middle Name	Last Name
Maiden		
Please list other names or aliases used since the age of 18.		
Previous Residence(s): <i>(Indicate all cities, counties, states, and countries, other than Oklahoma, in which you resided for any length of time since the age of 18.)</i>		
(Print) City	County	State
		Country
		Dates Resided
		Name(s) Used
(Print) City	County	State
		Country
		Dates Resided
		Name(s) Used
(Print) City	County	State
		Country
		Dates Resided
		Name(s) Used

State of _____)
County of _____) §

THIS FORM IS TO BE NOTARIZED

On this _____ day of _____, 20____, before me, a Notary Public in and for the above State and County, personally appeared and acknowledged to me that they executed the same as their free and voluntary act and deed.

Notary Public
My Commission Expires: _____



NAHASDA Public Disclosures

As required by 24 CFR part 1000.30, services provided to Cherokee Nation employees and employee relatives from funds received pursuant to the Native American Housing Assistance and Self-Determination Act of 1996 shall be publicly disclosed.

Please indicate below if you are currently an employee of the Cherokee Nation or have a relative who is an employee of the Cherokee Nation or is a Cherokee Nation elected official. Applicants who fall into this category may be publicly disclosed at the Cherokee Nation Tribal Council Committee Meeting, posted at area Housing Authority of the Cherokee Nation offices, and sent to the Office of Housing and Urban Development (HUD) in Oklahoma City.

Student's Name _____

___ No, I am not an employee of the Cherokee Nation or any of its entities nor do I have relatives who are employees of the Cherokee Nation, any of its entities, or elected officials of the Cherokee Nation.

___ Yes, I am an employee of the Cherokee Nation or a Cherokee Nation entity.

Department / Program: _____

___ Yes, I have relatives who are employees of Cherokee Nation, one of its entities or are Cherokee Nation elected officials.

Name of Relative	Relation to Student	Department/Program