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.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>$50,400</td>
<td>$57,600</td>
<td>$64,800</td>
<td>$72,000</td>
<td>$77,760</td>
<td>$83,520</td>
<td>$89,280</td>
<td>$95,040</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>LEGAL NAME - LAST</th>
<th>FIRST</th>
<th>MI</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>OTHER NAME(S) UNDER WHICH YOUR RECORDS MAY APPEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERMANENT PHYSICAL RESIDENCE</th>
<th>CITY, STATE ZIP</th>
<th>COUNTY NAME</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mo</td>
<td>Day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>CITY, STATE ZIP</th>
<th>HIGH SCHOOL NAME</th>
<th>TRIBAL CITIZENSHIP NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TWO CONTACT NUMBERS</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>HAVE YOU APPLIED FOR THE CN UNDERGRADUATE SCHOLARSHIP?</th>
<th>HAVE YOU APPLIED FOR THE CHEROKEE PROMISE SCHOLARSHIP?</th>
<th>HOUSING PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES ☐ NO</td>
<td>☐ YES ☐ NO</td>
<td>☐ ON CAMPUS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ OFF CAMPUS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COLLEGE YOU PLAN TO ATTEND (No abbreviations please)</th>
</tr>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASSIFICATION (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ FRESHMAN (0-29 HRS)</td>
</tr>
<tr>
<td>☐ SOPHOMORE (30-59 HRS)</td>
</tr>
<tr>
<td>☐ JUNIOR (60-89 HRS)</td>
</tr>
<tr>
<td>☐ SENIOR (90-140 HRS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DO YOU HAVE ANY SIBLINGS CURRENTLY RECEIVING ASSISTANCE OR WHO ARE APPLYING FOR THE COLLEGE HOUSING ASSISTANCE PROGRAM? IF YES, LIST NAMES</th>
<th>ARE YOU A VETERAN OR DISABLED?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ YES ☐ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTENDED MAJOR</th>
<th>HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR NO CONTEST, TO ANY DRUG RELATED OR VIOLENT CRIMINAL ACTIVITY?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td></td>
<td>If Yes, provide details:</td>
</tr>
</tbody>
</table>

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.

SEE REQUIRED DOCUMENTS LIST TO COMPLETE APPLICATION

STUDENT SIGNATURE: ___________________________ DATE: __________

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

**HOUSEHOLD COMPOSITION:**

<table>
<thead>
<tr>
<th>Full Name(s) of all Household</th>
<th>Relation to Head</th>
<th>Sex M/F</th>
<th>Date of Birth</th>
<th>Indian Y/N</th>
<th>List Tribe</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>3.</td>
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</tbody>
</table>

**INCOME/ASSETS**

<table>
<thead>
<tr>
<th>Household Member(s) Type of income (Wages/Social Security, etc.)</th>
<th>MONTHLY AMOUNT</th>
<th>Annual Verified Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2. Spouse</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3. Other</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4. Other</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**DEDUCTIONS**

<table>
<thead>
<tr>
<th>Type of Deduction:</th>
<th>Monthly Amt.</th>
<th>Annual Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child Care (12 &amp; under)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2. Medical (Elderly family)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3. Handicapped Allowances</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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 _________________

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:

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 06/2014
Asset Information

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

____Checking Balance $______ Account Number________________ Bank Name_______________
____Checking Balance $______ Account Number________________ Bank Name_______________
____Savings Balance $______ Account Number________________ Bank Name_______________
____Savings Balance $______ Account Number________________ Bank Name_______________
____Certificate of Deposit (CDs) Balance $______ Account Number________________ Bank Name_______________
____IRAs Balance $______ Account Number________________ Bank Name_______________
____Mutual Funds Balance $______ Account Number________________ Bank Name_______________
____Stocks/Bonds Balance $______ Account Number________________ Bank Name_______________
____Money Markets Balance $______ Account Number________________ Bank Name_______________
____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

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 06/2014
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

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>AMOUNT</th>
<th>PERSON RECEIVING BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSA</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>VA</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>TANF</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>CHILD SUPPORT</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>AID TO DISABLED</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>AID TO ELDERLY</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>GENERAL ASSISTANCE</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>TRIBAL WORK EXPERIENCE</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Explain other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the state pay supplemental insurance/Medicare? No_______ If YES, amount $___________________

Signature of Authorized Personnel____________________________________ Date____________________

Mailing Address:________________________________________________________ Phone/Fax Number__________

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 06/2014
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: (Please print all information legibly.)

First Name __________________________  Middle Name __________________________  Last Name __________________________  Maiden __________________________

Please list other names or aliases used since the age of 18.

Previous Residence(s): (Indicate all cities, counties, states, and countries, other than Oklahoma, in which you resided for any length of time since the age of 18.)

(____) (____) (____) (____) (____) (____) (____)

State of __________________________  )  §  County of __________________________  )

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: __________________________

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 06/2014
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 __________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________