



*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**

***The housing assistance programs currently being offered by the Housing Authority of the Cherokee Nation are listed below. Please see any of our staff if you have any questions or need assistance in determining which program will fit your needs.***

**RENTAL PROPERTIES PROGRAM:** Units the HACN maintains and manages. Waiting lists are maintained. Income guidelines are 80% of median income or below.

- The family is required to pay a portion of rent based upon 30% of their monthly adjusted income to HACN.
- 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 member and Working Head/Spouse.

**RENTAL ASSISTANCE PROGRAM:** NAHASDA funded program designed to assist Native Americans with decent, safe, and sanitary housing within Cherokee Nation jurisdictional boundaries. Income guidelines are 80% of Median Income or below. Once approved, families must find their own unit, unit must be approved and landlord must be willing to enter contract.

- A household member must be a member of a federally recognized tribe.
- Preference: Cherokee Tribal Member who are elderly, disabled or handicapped, head/spouse full-time students, head/spouse working.
- Must have adequate income to support a rental payment.
- HACN will supplement a portion of rent to the owner.
- Single person may apply.
- Families 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.

**TEMPORARY ASSISTANCE PROGRAM:** NAHASDA funded program designed to assist Native Americans who are in a hardship situation with decent, safe, and sanitary housing within Cherokee Nation jurisdictional boundaries on a temporary basis. Income guidelines are 80% of Median Income or below.

- **All TAP applications must be completed with HACN staff in office. No exceptions.**
- A household member must be a member of a federally recognized tribe. Preference will be given to Cherokee tribal citizens.
- Must be homeless & living in a shelter, displaced due to domestic violence or natural disaster, or have a financial or medical hardship. **All hardships must be verified.**
- Must have adequate income to support a rental payment.
- 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

**Leon Daniel Heights**  
701 W. Fox St.  
Tahlequah, OK 74464

**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**

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

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

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

**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)

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

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE \_\_\_\_\_

TWO CONTACT PHONE NUMBERS \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FOR OFFICE USE ONLY:
RECEIVED BY: _____
DATE/TIME: _____
FORWARD TO: _____

### 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 so 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

### TYPES OF HOUSING ASSISTANCE SERVICES AVAILABLE

(CHECK THE TYPE OF ASSISTANCE NEEDED)

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#### LOW RENT APARTMENTS - DIRECT HOUSING PROGRAM

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

Bartlesville  Catoosa  Grove  Hulbert

Jay  Locust Grove  Nowata  Pryor

Porum  Stilwell  Tahlequah  Vinita

Warner  Westville  \*\*Claremore (Elderly, 55 years of age & older, only)

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

**PREVIOUS PARTICIPATION**

Have you or any member of the household ever received housing services from another Tribe/Tribal Housing Authority, Public Housing Authority or Cherokee Nation Housing Services Department, Housing Authority of the Cherokee Nation?

\_\_\_\_\_YES \_\_\_\_\_NO

If you have had a home before please provide information as to when the home was given up and list the name of the agency who built it, state the reason why and which project (if known) and the name of person(s) to whom it was assigned (if known). Also, state the condition of the house and if there was a delinquent balance.

\_\_\_\_\_  
\_\_\_\_\_

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 provide information as to when and what county/city you resided.

\_\_\_\_\_  
\_\_\_\_\_

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, give the name(s) of relative(s), relation and 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 that 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 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. 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 allow the Housing Authority of the Cherokee Nation 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/HACN's assisted housing programs. I understand that 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.

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Signature of Head of Household	Date	Social Security Number	Signature of Spouse	Date
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Other Family Member over age 18	Date	Other Family Member over age 18	Date
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Other Family Member over age 18	Date	Other Family Member over age 18	Date
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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)