



## Housing Authority of the Cherokee Nation

1500 Hensley Drive

P.O. Box 1007

Tahlequah, OK 74465-1007

Phone 918-456-5482

[www.hacn.org](http://www.hacn.org)

## iSave Program

The iSave Program is designed to help working Native Americans save money to achieve their financial goals. iSave Home Rehabilitation matched funds may be used for the rehabilitation or improvement of your primary residence.

We will assist you in opening an iSave Account with an approved partner bank. iSave participants must save at least \$100 total and for a minimum of 6 months in order to access matching funds. The Housing Authority of the Cherokee Nation will match up to \$1,000 of your iSave deposits. For every \$1 you save, we will match with \$3. **(We do not deposit these funds into your account.** Please ask the Program Coordinator for details).

### Applicant Qualifications:

1. Must be at least 18 years of age
2. Must be a citizen of a federally recognized tribe, Cherokee Nation citizenship preference
3. Household income must not exceed 80% of the National Median Income as established by HUD
4. Must own the residence listed on the application, residence must be the primary residence of the applicant and be located within the Cherokee Nation reservation.

### NAHASDA Median Income Guidelines effective May 05, 2025

Annual Income	\$58,352	\$66,688	\$75,024	\$83,360	\$90,029	\$96,698	\$103,366	\$110,035

## ANSWERS TO COMMONLY ASKED QUESTIONS

### How does the program work?

- We assist you in opening an iSave account with a designated bank after your application is approved.
- iSave accounts must be opened with a minimum \$30 deposit.
- Housing Authority of the Cherokee Nation iSave will match up to \$1,000 of your deposits with \$3 for every \$1 saved.
- You can access match funds 6 months after your savings account is open if you have saved at least \$100.
- You have 2 years from approved enrollment in the program to save the maximum match amount of \$1,000.
- You have a maximum 3 years from approved enrollment to utilize your match funds. Funds unused after 3 years are forfeited.
- You must meet the Education Requirements before receiving Housing Authority of the Cherokee Nation match funds.
- You must submit a copy of your warranty deed for proof of home ownership with your application.

### What if I have bad credit?

Results of credit reports will not be used to determine eligibility.

### Can I take money out any time?

Yes. You always have complete control over your savings account.

## How will my iSave account be managed?

Your account will be held at a Housing Authority of the Cherokee Nation approved banking facility. You may make deposits at any bank branch. You are the owner of the savings account, not the Housing Authority of the Cherokee Nation. The Housing Authority of the Cherokee Nation does not put money into your savings account nor withdraw money from your savings account.

## Can I save more than \$1,000 in the account?

Participants are encouraged to save as much as possible, however Housing Authority of the Cherokee Nation will only match deposits up to \$1,000.

## Under what conditions would I be removed from the iSave Program?

Participants may be removed for the following reasons:

- Providing false or fraudulent information on the iSave Application.
- Failure to attend all courses specified for completion of program.
- Failure to respond to mail, email and or phone communication.
- Failure to maintain savings account per program requirements.

## APPLICATION CHECKLIST

**Please ensure the following forms / documents are included with your application (complete, sign, add ssn to required forms, for all household members 18+ years old) :**

- ☐ Signed iSave Program Application
- ☐ Signed iSave Program Letter of Agreement
- ☐ Signed iSave Release of Information Agreement
- ☐ Employment Form for all household members
- ☐ Signed Income Assistance Affidavit
- ☐ Signed Income Declaration
- ☐ Signed Asset Information
- ☐ Signed Child Support Affidavit
- ☐ Signed Declaration of 214 Status
- ☐ Copy of applicant's government issued photo ID, social security card, and proof of tribal citizenship
- ☐ Copy of Deed

Return completed application to:

Housing Authority of  
the Cherokee Nation  
Attn: iSave Program  
PO Box 1007  
Tahlequah, OK 74465

For more information contact: (918) 456-5482 or [Callie.Benoit@hacn.org](mailto:Callie.Benoit@hacn.org)



RECEIVED DATE:

## iSave Program Application

### APPLICANT INFORMATION

Legal Name: <b>LAST</b>				<b>FIRST</b>		<b>MIDDLE</b>		<b>MAIDEN</b>	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed						Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:	
Mailing Address (Street Address, City, State, Zip) :									
Physical Address (Street Address, City, State, Zip) :									
Email address (if applicable):									
Home area code & phone # (       )			Cellular area code & phone # or other contact # (       )			Social Security Number:			
HAVE YOU RECEIVED CNO / HACN DOWN PAYMENT ASSISTANCE? YES / NO      Date:			(IF APPLICABLE ) NAME OF COUNSELOR: CLAREMORE / JAY / SALLISAW / TAHLEQUAH			HOME LOCATED IN: _____, COUNTY			

### HOUSEHOLD COMPOSITION

FULL NAME(S) – All Household Members including yourself: Last, First, Middle Initial	Relation	Sex M/F	Date of Birth	Native American Y/N	List Tribe	Social Security Number ***REQUIRED***
1	SELF					
2						
3						
4						
5						
6						
7						
8						

### TOTAL HOUSEHOLD INCOME

HOUSEHOLD MEMBER	EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1							
2							
3							
4							
5							

Do not send any money with this application. You will receive a letter with instructions on how to open your account if you are approved for the program, along with Education Requirements. You are responsible for informing the iSave Coordinator of any changes, specifically contact information. Once you have completed the program requirements, you will contact the iSave Coordinator for withdrawal procedures.

### APPLICANT CERTIFICATION

Please read before signing this application. In order to receive services, you must meet all eligibility requirements and program funding must be available.

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any department of agency of the US regarding any matter within its jurisdiction.

I/We certify that the information given on this application is accurate and complete to the best of my/our knowledge. 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. 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/We certify that any changes in household income or household composition prior to eligibility confirmation will be reported to the iSave Program staff by contacting the iSave Program at 918-456-5482. Monetary assistance is contingent upon available funding.

My signature below also authorizes the release of account information to and from other financial institutions I have supplied to Housing Authority of the Cherokee Nation in connection with this program. I understand eligibility for iSave matching funds is contingent on all occupants meeting program criteria.

CONSENT: I consent to Housing Authority of the Cherokee Nation 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/Housing Authority's assisted iSave Program. 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.

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse / Partner \_\_\_\_\_ Date \_\_\_\_\_

Family Member over 18 \_\_\_\_\_ Date \_\_\_\_\_

Family Member over 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.





## iSave Program Letter of Agreement

Between, Housing Authority of the Cherokee Nation (HACN) iSave Program and the following Participant: \_\_\_\_\_.

### The Participant agrees to:

- Open an iSave account with a designated bank, after approval into the program.
- Complete all sessions of the financial education requirements.
- Participate in evaluation activities, which may include completing surveys, participating in focus groups and one-on-one interviews.
- Notify iSave Coordinator of any changes in contact information.
- Allow HACN to obtain savings account information regarding the iSave account at the designated bank.

### The Participant understands:

- The iSave and match funds must be used within twelve (12) months after completion of the savings period (2 years). Failure to utilize the match funds within this time period may result in forfeiture of match dollars (you always maintain control of deposits made to your iSave savings account).
- Current contact information must be maintained, and the participant is responsible for ensuring mailing address, email address (if applicable), and contact numbers are accurate and updated.
- Homeownership must be maintained for a period of five years; failure to do so will result in the participant reimbursing Housing Authority of the Cherokee Nation for match funds expended.
- A soft second mortgage will be executed and filed at the time of the first match funds disbursement.
- If the participant withdraws from the iSave program or fails to successfully meet savings and training requirements, no match funds will be awarded.
- If the participant fails to meet any of the conditions outlined in this letter of agreement, or provides false or misleading information, the participant may be removed from the program. All match funds will be forfeited and the Housing Authority of the Cherokee Nation's iSave Program will notify the designated bank where the participant's savings account will be moved to a regular savings account. All money deposited by the participant remains the participant's property.

### The Housing Authority of the Cherokee Nation iSave Program will provide:

- Match funds for up to \$1,000 of an individual's iSave deposits.
- Financial Education Classes.

I understand and agree to the terms and conditions of participating in the iSave Program.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HACN Representative

\_\_\_\_\_  
Date



## iSave Release of Information Agreement

As a participant in Housing Authority of the Cherokee Nation's iSave Program and an owner of an iSave Savings Account, I authorize the bank to release information on my iSave Savings Account to Housing Authority of the Cherokee Nation for the purposes of monitoring my eligibility to remain in the program. If for any reason I am no longer participating in the iSave Program, I understand that this account will be transferred to a regular savings account that may incur monthly maintenance fees.

APPLICANT INFORMATION				
Legal Name: <i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	<i>MAIDEN</i>	<i>SUFFIX</i>
Social Security Number		Date of Birth		County
Current Address (Street Address, City, State, Zip) :				
If Less than 6 months, Previous Address (Street Address, City, State, Zip) :				

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HACN Representative

\_\_\_\_\_  
Date



## Employment Form

☐ **Not Applicable**

☐ **Self-Employed** (include 3 yrs. taxes)

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

**If Unemployed** – select the Not Applicable box above, sign and date, turn in form with rest of application.

### IDENTIFICATION INFORMATION

NAME OF COMPANY / EMPLOYER	PRINT EMPLOYEE'S NAME
MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:	
<div style="display: flex; justify-content: space-between;"><div>_____ SIGNATURE OF APPLICANT</div><div>_____ DATE</div></div>	

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## This section to be completed by Employer

### EMPLOYER INFORMATION

PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS FOR THE NEXT 12 MONTH PERIOD (YEAR):		\$
YEAR TO DATE TOTAL INCOME:		\$
AVERAGE NUMBER OF HOURS PER PAY PERIOD:		<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:		AVERAGE OVERTIME HOURS RECEIVED ANNUALLY:
CURRENT HOURLY PAY RATE (GROSS)	\$	
REGULAR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER <input type="checkbox"/>		
NOTES:		
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:		
TITLE / POSITION:		DATE OF HIRE:
<div style="display: flex; justify-content: space-between;"><div>_____ SIGNATURE OF AUTHORIZED PERSONNEL</div><div>_____ DATE</div></div>		
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	FAX NUMBER

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.





## Employment Form

☐ **Not Applicable**

☐ **Self-Employed** (include 3 yr. taxes)

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

**If Unemployed** – select the Not Applicable box above, sign and date, turn in form with rest of application.

IDENTIFICATION INFORMATION	
NAME OF COMPANY / EMPLOYER	PRINT EMPLOYEE'S NAME
MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:	
<div style="display: flex; justify-content: space-between;"><div>_____ <b>SIGNATURE OF APPLICANT</b></div><div>_____ <b>DATE</b></div></div>	

\*\*\*\*\*

## This section to be completed by Employer

EMPLOYER INFORMATION		
PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS FOR THE NEXT 12 MONTH PERIOD (YEAR) :		\$
YEAR TO DATE TOTAL INCOME:		\$
AVERAGE NUMBER OF HOURS PER PAY PERIOD:		<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:		AVERAGE OVERTIME HOURS RECEIVED ANNUALLY:
CURRENT HOURLY PAY RATE (GROSS)	\$	
REGULAR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER <input type="checkbox"/>		
NOTES:		
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:		
TITLE / POSITION:		DATE OF HIRE:
_____ <b>SIGNATURE OF AUTHORIZED PERSONNEL</b>		
_____ <b>DATE</b>		
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	FAX NUMBER

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## Income Assistance Affidavit

This form must be completed and signed by all household members 18 year of age or older even if no benefits are received.

☐ I certify my household is NOT presently receiving income assistance from the Department of Human Services or Tribal Services provided by a Native American tribe.

☐ I certify that my household receives income assistance as indicated below:

INCOME ASSISTANCE		
TYPE OF BENEFIT	AMOUNT	LIST PERSON(S) RECEIVING BENEFIT AS INDICATED
SSA	\$	
SSI	\$	
VA – VETERANS	\$	
TANF	\$	
CHILD SUPPORT	\$	
AID TO DISABLED	\$	
AID TO ELDERLY	\$	
GENERAL ASSISTANCE	\$	
TRIBAL WORK EXPERIENCE	\$	
UNEMPLOYMENT BENEFIT	\$	
OTHER:	\$	
EXPLAIN OTHER TYPE OF BENEFIT:		
DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST AMOUNT: \$

**I understand that this affidavit is made as part of the qualification for the iSave Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.**

HOUSEHOLD SIGNATURE ATTESTATION		
YOU ARE AUTHORIZED TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY		
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
IF YOU DRAW BENEFITS FROM A DIFFERENT SOCIAL SECURITY NUMBER, LIST THE NUMBER:		
V.A. CLAIM NUMBER(S):		

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## Income Declaration

This form must be completed by each household member over age 18. All income must be listed below. Please include monetary gifts, money earned from odd jobs (babysitting, mowing, cutting wood, etc.) and formal employment.

You must report any changes to income immediately and furnish all information requested in this affidavit.

- ☐ I certify I receive no income from a private employer, odd jobs, unemployment or worker's compensation benefits, TANF, Social Security, Veterans or other governmental/tribal benefit, pension, retirement or annuity benefits, child support or contributions or gifts from anyone outside the home.
- ☐ I certify I am not presently employed in any capacity but anticipate becoming employed within the next 12 months.
- ☐ I certify I am not presently employed but I have accepted a position with \_\_\_\_\_ which will begin on \_\_\_\_\_. I will be earning \$\_\_\_\_\_ per \_\_\_\_\_ (weekly, monthly, etc.).
- ☐ I certify all income I receive is listed in the table below:

EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME

I understand that this affidavit is made as part of the qualification for the iSave Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

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## Income Declaration

This form must be completed by each household member over age 18. All income must be listed below. Please include monetary gifts, money earned from odd jobs (babysitting, mowing, cutting wood, etc.) and formal employment.

You must report any changes to income immediately and furnish all information requested in this affidavit.

- ☐ I certify I receive no income from a private employer, odd jobs, unemployment or worker's compensation benefits, TANF, Social Security, Veterans or other governmental/tribal benefit, pension, retirement or annuity benefits, child support or contributions or gifts from anyone outside the home.
- ☐ I certify I am not presently employed in any capacity but anticipate becoming employed within the next 12 months.
- ☐ I certify I am not presently employed but I have accepted a position with \_\_\_\_\_ which will begin on \_\_\_\_\_. I will be earning \$ \_\_\_\_\_ per \_\_\_\_\_ (weekly, monthly, etc.).
- ☐ I certify all income I receive is listed in the table below:

EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME

I understand that this affidavit is made as part of the qualification for the iSave Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

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## Asset Information

If you do not have any accounts, assets, own or have any interest in real property, please check the Not Applicable box and sign below: ☐ **Not Applicable**

DESCRIPTION OF ASSETS			
CHECK	TYPE	BALANCE \$	
	CHECKING		
	CHECKING		
	SAVINGS		
	SAVINGS		
	CERTIFICATE OF DEPOSIT (CD)		
	IRAs		
	MUTUAL FUNDS		
	STOCKS / BONDS		
	MONEY MARKETS		
	ANNUITIES		
	OTHER TYPE:		

<b>REAL PROPERTY (LAND, HOUSE, ETC.)</b>	DO YOU OWN OR CO-OWN (TRUST, JOINT) ANY REAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHERE IS THE PROPERTY LOCATED?		STATUS: (Taxable, Trust, Restricted)	

<b>REAL PROPERTY DISPOSED</b>	HAVE YOU OWNED OR DISPOSED OF ANY REAL PROPERTY IN THE PAST 3 YEARS BY SALE, GIFT, OR TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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IF YES, HOW WAS THE PROPERTY DISPOSED OF? PLEASE CHECK ONE OF THE BOXES BELOW.

☐ SALE    ☐ ASSIGNMENT/TRANSFER/GIFT    ☐ FORECLOSURE    ☐ OTHER

Signature, Head of Household	Date	Spouse Signature	Date
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## Child Support Affidavit

This document must be signed, even if it's not applicable.

Please mark the applicable boxes:

☐ Not Applicable, I certify I do not receive child support. I am not divorced or separated with children.

☐ I do hereby swear I am the sole / primary custodial parent of the following children and know of no court custodial matters regarding said child / children, as listed below. (Please provide documentation to support this statement).

I certify that my household ☐ is or ☐ is not presently receiving any child support as listed in the table below.

### CHILD IDENTIFICATION and SUPPORT

NAME OF CHILD	DATE OF BIRTH	AGE	NAME OF NON-CUSTODIAL PARENT	Do you receive Child Support? YES / NO
I DO HEREBY SWEAR AND AFFIRM I AM SEPARATED FROM:			(Name)	
I HAVE <input type="checkbox"/> , HAVE NOT <input type="checkbox"/> , FILED FOR A DIVORCE OR LEGAL SEPARATION FROM:			(Name)	
I AM DIVORCED FROM (Please submit Divorce Decree):			(Name)	
TOTAL AMOUNT OF CHILD SUPPORT OR ALIMONY RECEIVED MONTHLY:				\$

I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

### APPLICANT SIGNATURE

#### YOU ARE AUTHORIZED TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY

SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER

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## Declaration of Section 214 Status

**NOTICE TO APPLICANTS AND TENANTS:** To be eligible for the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority of the Cherokee Nation. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

**A box must be completed for each member of the household.**

A parent or guardian must sign for family members under 18 years of age. Do not sign the child's name; print your child's name and sign your name as parent or guardian.

certify under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (please check below):

DECLARATION	
PLEASE CHECK THE APPROPRIATE BOX	COMPLETE FOR EACH HOUSEHOLD MEMBER
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <b>OR - I have eligible immigration status as checked BELOW:</b> <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or _____ Amnesty under 245A of the INA/8. <b>Attach INS document(s) evidencing immigration status and signed verification consent form.</b>	NAME:   SIGNATURE:   DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <b>OR - I have eligible immigration status as checked BELOW:</b> <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or _____ Amnesty under 245A of the INA/8. <b>Attach INS document(s) evidencing immigration status and signed verification consent form.</b>	NAME:   SIGNATURE:   DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <b>OR - I have eligible immigration status as checked BELOW:</b> <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or _____ Amnesty under 245A of the INA/8. <b>Attach INS document(s) evidencing immigration status and signed verification consent form.</b>	NAME:   SIGNATURE:   DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <b>OR - I have eligible immigration status as checked BELOW:</b> <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or _____ Amnesty under 245A of the INA/8. <b>Attach INS document(s) evidencing immigration status and signed verification consent form.</b>	NAME:   SIGNATURE:   DATE: