

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 Court
PO Box 1007
Tahlequah, OK 74465

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 Johnston 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

Catoosa HACN Office

2871 N HWY 167
PO Box 40
Catoosa, OK 74015

Cherokee Village

310 Chief Stand Watie
Catoosa, OK 74015

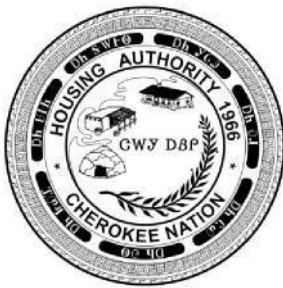
Will Rogers Sr Complex

202 Stuart Roosa
Claremore, OK 74017

Washington County

Keeler Heights

1003 S. Virginia
Bartlesville, OK 74003



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

STAMP

Housing Rehabilitation Program

APPLICANT INFORMATION

Full Legal Name		Date	County	District Number
Mailing Address		For Office Use Only: RECEIVED BY:		
City and State	Zip Code	FORWARD TO:		
Main Contact Phone Number Home/Cell	Work Phone	E-mail for contact purposes:		
Directions to home:		Do you consent to the use of text messages to communicate program information or appointment reminders? YES NO		

HOUSEHOLD COMPOSITION

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

Are there family members temporarily absent? YES NO If yes, whom: Relation:

Where are they residing? _____ When are they expected to return? _____

TOTAL HOUSEHOLD INCOME

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

Household Member(s) Status: (Select all that apply): ___62 or older ___Disabled ___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? _____

Are you the legal owner of the property? Yes No

If you do not own, please provide the name(s) of owner(s): _____

Type of Dwelling: Frame Home Mobile Home Number of Bedrooms: _____ Year Built: _____

Do you have homeowner's insurance? Yes No

If yes, please list insurance company: _____

Water District: _____ Fair Cash Market Value: _____

Land Status: Fee Simple Restricted Trust

Have you or any other person listed on the application as intending to reside in the unit ever been convicted of using, dealing, or manufacturing illegal drugs or violent criminal activity? Yes No

HOUSING REHABILITATION SERVICES AVAILABLE

Check the type of assistance requested

EMERGENCY – **Emergency applications must be completed with a HACN employee.* Emergency home repairs are intended to protect, repair, or restore components of a home when there is an apparent threat to the life, health, or safety of the occupants.

Roof Plumbing Electric Central Heat/Air indicate natural gas propane electric

Hot Water Tank indicate natural gas propane electric What size is the tank? gallons

Septic/Sewer has the applicant completed a Cherokee Nation Water and Sanitation application? yes no

Describe need(s) in detail: _____

HOUSING ACCESSIBILITY - Provides accessibility ramps, structural modifications, structural assistance devices, roof and electrical repairs, or other items needed to allow individuals better mobility and use of their home. Homeowner's insurance and a doctor's statement with the requested handicap accommodations required.

Describe need(s): _____

HOUSING REHABILITATION – Major repairs that include health and safety items, such as: water, septic/sewer, electrical, plumbing, roof, heat and air, energy conservation, cabinets, termite treatment, and/or floor covering to prevent a safety/tripping hazard, etc. Homeowner's insurance is required.

Describe need(s): _____

STORM SHELTER - Program provides storm shelters to eligible elderly and disabled Cherokee households.

PREVIOUS PARTICIPATION

Rehab to Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-Help Housing (SIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mutual Help (Indian Home)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Assistance (MAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water and Sanitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rural Rental Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other _____	

If you have participated in any of the programs, please provide the city and county you received services:

Have you or any member of the household ever received a home from another Tribe/Tribal Housing Authority, Public Housing Authority, Cherokee Nation, or the Housing Authority of the Cherokee Nation? Yes No

If yes, who provided the home to you? _____

Do you still own the home? Yes No If you no longer own the home, explain why: _____

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, please provide name(s) of relative(s), relation, and entity or program. _____

APPLICANT CERTIFICATION

Please read before signing this application. 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 the information given on this application is accurate and complete to the best of my/our knowledge. I/We understand false statements or information are punishable under Federal Law. I/We also understand 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 filled out completely. 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 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 housing programs. 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.

Head of Household Signature

Date

Spouse Signature

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.