



## Housing Authority of the Cherokee Nation

1500 Hensley Drive

P.O. Box 1007

Tahlequah, OK 74465-1007

Phone 918-456-5482

www.HACN.org

## Program Description

The MORTGAGE ASSISTANCE PROGRAM provides qualified Native Americans with down payment and closing cost assistance to purchase or construct a home. Eligibility criteria is below:

- Household income must not exceed 80% of the National Median Income as established by HUD
- Head of household or cohabitating partner must be a citizen of a federally recognized tribe; preference is given to Cherokee Nation citizens
- Head of household, cohabitating partner and anyone who will have an ownership interest in the home must be first-time homebuyers. A first time homebuyer is an individual who has had no ownership in a residence during the previous three years or who has only owned a property that was uninhabitable. Exceptions may be made for victims of documented domestic violence.
- Must purchase a home within Cherokee Nation reservation boundaries
- Mortgage loans must meet Housing Authority of the Cherokee Nation's non-predatory criteria
- A soft second mortgage will be placed on the home; if the home is not used as a primary residence a prorated payback will be required
- Home must pass an environmental review conducted by Cherokee Nation; if home is being constructed the environmental review must be completed before any dirt on the property is moved
- Home must be structurally sound as attested to by a State Certified Inspector
- The home purchased may not include more than 5 acres of land
- Applicant must attend the Housing Authority's Homebuyers Education classes provided at no cost to the applicant

The following documents must be submitted:

- |   |  |
|---|--|
| <input type="checkbox"/> MAP Application  | <input type="checkbox"/> Income Declaration for all household members over 18                      |
| <input type="checkbox"/> Income Assistance  | <input type="checkbox"/> Employment Form for all household members                                 |
| <input type="checkbox"/> Child Support Affidavit  | <input type="checkbox"/> Copy of Social Security cards for all household members over 18           |
| <input type="checkbox"/> Custodial Documentation (Divorce Decree, etc, if applicable)   | <input type="checkbox"/> Copy of state ID for all household members over 18                        |
| <input type="checkbox"/> Asset Information  | <input type="checkbox"/> Copy of Tribal Citizenship card for head of household and/or co-applicant |
| <input type="checkbox"/> Declaration of Section 214 Status for all household members (Please read the instructions carefully) |  |

### NAHASDA Median Family Income Guidelines effective June 11, 2026

Family Size	1	2	3	4	5	6	7	8
80%	\$59,850	\$68,400	\$76,950	\$85,450	\$92,300	\$99,150	\$106,000	\$112,800

\*Monetary assistance is contingent upon available funding.

## Application Submission

### Mail Application to:

HACN  
MAP  
PO Box 1007  
Tahlequah, OK 74465

For Information Please Call:  
918-456-5482

If you prefer, you may drop off the application at any Housing Authority office:

- 2871 Hwy 167, Catoosa, OK 74015
- 2260 W. Cherokee, Sallisaw, OK 74955
- 109 13<sup>th</sup> St., Jay, OK 74346
- 1500 Hensley Dr., Tahlequah, OK 74464



STAMP
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## Mortgage Assistance Program

### APPLICANT INFORMATION

Full Legal Name		Date	Community
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 I contact purposes:	
Closest Relative Not Living in Your Household	Relative's Phone Number	Do you consent to the use of text messages to communicate program information or appointment reminders?    YES    NO	
Relative's Address		City / State	Zip Code

### 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						
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	ALL OTHER INCOME
1							
2							
3							
4							
5							

Do you currently own your home?    YES    NO

If NO, do you:    Rent    Live with Family/Friend    Rent Payment: \_\_\_\_\_





## Income Assistance Form

This form must be completed and signed by all household members 18 yrs 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?		IF YES, LIST AMOUNT: \$
YES	NO	

**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.**

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):		

**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. Housing Authority of the Cherokee Nation will contact your employer for employment verification.

APPLICANT INFORMATION	
NAME OF COMPANY / EMPLOYER	PRINT EMPLOYEE'S NAME
MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER OF EMPLOYEE
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:	
SIGNATURE OF APPLICANT	DATE

\*\*\*\*\*

### 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:		HOURLY	WEEKLY	BI-WEEKLY	BI-MONTHLY	MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:		AVERAGE OVERTIME HOURS RECEIVED ANNUALLY:				
CURRENT HOURLY PAY RATE (GROSS)	\$					
REGULAR FULL TIME	PART TIME	TEMPORARY	SEASONAL	CONTRACTUAL	OTHER	
NOTES:						
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:						
TITLE / POSITION:					DATE OF HIRE:	
SIGNATURE OF AUTHORIZED PERSONNEL					DATE	
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)			PHONE NUMBER	FAX NUMBER		

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# 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. Cherokee Nation MAP will contact your employer for employment verification.

APPLICANT INFORMATION	
NAME OF COMPANY / EMPLOYER	PRINT EMPLOYEE'S NAME
MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER OF EMPLOYEE
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:	
SIGNATURE OF APPLICANT	DATE

\*\*\*\*\*

## 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)	\$
<input type="checkbox"/> REGULAR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER	
NOTES:	
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:	
TITLE / POSITION:	DATE OF HIRE:
SIGNATURE OF AUTHORIZED PERSONNEL	DATE
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER
	FAX NUMBER

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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 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.

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date

\_\_\_\_\_

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## Income Declaration

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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 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.

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

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 am not divorced or separated with children.
- I do hereby swear I am the sole custodial parent of the following children and know of no court custodial matters regarding said child/children, as listed below.

I certify 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?
I DO HEREBY SWEAR AND AFFIRM I AM SEPARATED FROM:			(Name)	
<input type="checkbox"/> I HAVE or <input type="checkbox"/> HAVE NOT 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 #
SIGNATURE :	DATE:	SOCIAL SECURITY #

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## Declaration of Section 214 Status

**NOTICE TO APPLICANTS AND TENANTS:** In order 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; sign your name as parent or guardian and print your child's name.

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

<b>DECLARATION</b>	
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:

## Declaration of 214 Status Instructions

1. Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2. **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
3. **Immigrant status under §101(a)(1S) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
4. **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
5. **Refugee, asylum, or conditional entry status under §207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
6. **Parole status under §212(d)(5) of INA.** A noncitizen lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
7. **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
8. **Amnesty under §245(a) of INA.** A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].