

**THE HOUSING AUTHORITY OF THE
CHOCTAW NATION OF OKLAHOMA
AFFORDABLE RENTAL HOUSING PROGRAM**

P.O. BOX G, HUGO, OK 74743

580-326-0600

877-326-0605

FAX: 580-326-0010

BOKOSHE, CANEY, QUINTON, REDOAK, TALIHINA AND WRIGHT CITY

Please read carefully: All required information must be received in order for your application to be complete and entered onto the waiting list.

- Application – Signed and dated by all household members age 18 and older.
- Copy of Social Security Cards for all household members.
- Copy of tribal membership and CDIB card.
- Personal Declaration form completed signed and dated.
- Rules for pets signed and dated.
- Family summary sheet, completed.
- Two previous landlord statements or two third party statements from someone other than a relative. We must receive two landlord references or two third party statements.
- All household income must be verified by the employer, Social Security office, DHS office, or other source of income. Check stubs are not accepted as proof of income.
- Appendix C model declaration of Section 214 Status form must be completed for each household member. Parents must sign the form for a minor child.
- Local background check must be signed and notarized for each household member age 18 and older.
- Each household member age 18 and over must complete the subject information box on the OSBI criminal background check and return with application. The Housing Authority will submit for the OSBI background check.

If you have any further questions please contact our office for assistance.

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA

P.O. BOX G, HUGO, OK 74743

Application:

58-326-0600 OR 877-326-0605

FAX: 580-326-0010

AFFORDABLE RENTAL HOUSING

 First Name Middle Name Last Name Social Security #

Mailing Address

Phone #'s

Address Line 1 _____ Home _____

Address Line 2 _____ Work _____

City/ST/Zip _____ Cell _____

Degree of Indian Blood _____ Tribe _____

Marital Status Married Single Divorced Widowed Separated

Desired location of assisted housing (specify SITE location): _____

I have previously received the following assistance:

Section 8 Rental Assistance When / Agency / Address _____

Affordable Rental Housing When / Agency / Address _____

Mutual Help Housing When / Agency / Address _____

Low Rent / Public Housing When / Agency / Address _____

1. Have you or any member of your household ever been charges with a crime other than traffic violations Yes No. If yes, please explain. _____

2. Are you or anyone in your household an employee of Choctaw Nation of Oklahoma? _____. If yes, what department are you / they employed in and list your immediate supervisor. _____

3. Are you or anyone in your household related to an employee of the Choctaw Housing Authority? If yes, please state to whom and the relationship. _____

FAMILY COMPOSITION- Complete the information below for each member who will be living with you. Please attach a copy of all household members' social security cards, valid CDIB cards, and Tribal Membership card.

Name: Last, First, MI.		SSN	Birth Date	Sex	Relationship to Applicant	Occupation or Student		
Family member w/income	Annual Wages	SS	Supplemental Security Inc.	Veterans Benefits	TANF	Old Age Assist.	Aid to the Disabled	Other

For Additional household member's information, please fill out the information above on an attachment.

Assets – List the type and value of any assets you have (savings and checking accounts, bonds, real estate, etc. Do not list furniture, primary automobiles, etc.

Type	Description	Current Value	Balance Owing

For additional assets, please fill out the information above on an attachment.

ELDERLY, HANDICAPPED, OR DISBALED FAMILIES ONLY

1. Do you pay for medical insurance for yourself and/or other members of your household? Y N

If so, specify the amount of premium per month. _____

2. Do you have medical bills outstanding on which you are paying? Y N

3. Do you anticipate any prescription bills in the coming year? Y N

4. Do you pay a care attendant for any equipment for the handicapped member(s) of the household to permit that person or someone else in the family to work? Y N

If yes, describe the expenses. _____

ADDITIONAL INCOME INFORMATION

1. Does any member of your household receive educational grants and/or scholarships? Y N

If yes, specify amount? _____

2. Does any member of your household receive cash contributions from individuals not living with you? Y N

3. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificate of deposit, stocks, or bonds, income from rental property, etc? Y N

4. Does any member of your household receive child support? Y N

If yes, specify amount _____

AGREEMENT: I / We certify that the information provided in this application is true and accurate to the best of my/our knowledge. I/We understand that false information / statements are grounds for termination of occupancy or housing assistance and are punishable under federal law.

I / We understand that this is not a contract and does no bind either party.

I / We understand that the above information is being collected to determine eligibility for assistance. Information given will be verified and may be released to appropriate federal, state, or local agencies.

Head of Household **Date** **Spouse** **Date**

OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Date/ Time Application Received _____ Recertification Date _____

Program # _____ Account # _____ Project # _____ Bedroom Size _____

Current Payment _____ Effective Date _____

Prepared By: _____ Date: _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Housing Authority of the
Choctaw Nation of Oklahoma
PO BOX G
Hugo, Oklahoma 74743

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA 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's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it 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.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

PERSONAL DECLARATION

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the social security card. All adult members of the household must sign below certifying the information pertaining to them. Please print.

I. Household Composition: List all persons who will be living in your home listing head of household first.

Adults (legal name)	Date of Birth	Relationship to HOH	SSN	Indicate if married (M), widowed (W), Separated (S), Divorced (D)
				Year
				Year
				Year
				Year

Children (name as it appears on SSC)	Date of Birth	Relationship to HOH	School Name	Absent Parent's Name	Absent Parent's Address

If separated or divorced, list name and address of spouse/ ex-spouse as follows:

Name

Name

Street Address

Street Address

City, State, Zip

City, State, Zip

SSN (if known)

SSN (if known)

II. Total Household Income: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, AFCD, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

Household Member	Employer	Total Weekly Wages	AFDC	Child Support Monthly	Social Security Benefits	Unemployment Benefits	All other income

III. Assets: If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and / or mobile home? ___ Have you sold any real estate in the last two years? ___ Do you own any stock or bonds? ___ Do you have savings accounts? ___ If yes, give bank, account numbers, and amounts. _____

Do you own a car? ___ Model/ Year _____ Tag No. _____ Do you own a second car? ___ Model / Year _____ Tag No. _____

1. Does anyone outside your household pay any of your bills or give you money? ___ If yes, please explain. _____

2. Have you or any other adult members ever used any name(s) or Social Security Number(s) other than the one you are currently using? ___ If yes, please explain. _____

3. Have you or any member lived in any assisted housing? ___ If yes, list where and when. _____

4. Have you or anyone in your household ever been convicted of any crime other than traffic violations? ___ If yes, please explain. _____

5. Have you ever committed any fraud in a Federal Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs? ___ Y ___ N If yes, please explain. _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any household member as well as any changes in the household members must be reported to the Housing Authority in writing immediately:

Signature of Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date

WARNING, Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making fraudulent statements to any department or agency of the United States.

HOUSING AUTHORITY OF THE CHOCTAW NATION

RULES FOR PETS

The following rules are established to govern the keeping of pets in and on properties owned and operated by the Choctaw Nation Housing Authority.

Tenants permitted a pet are those **sixty years of age and older or a house-confined handicap person with a doctors statement**. All pets must be registered with the Housing Authority. Tenants must receive a written permit to keep any animal on or about the premises. This privilege may be revoked at any time subject to the Housing Authority's grievance procedure if the animal becomes destructive or a nuisance to others, or if the tenant/owner fails to comply with the following:

1. A maximum number of one pet is allowed for elderly families or handicap families with a doctor's statement.
2. Permitted pets are domesticate dogs, cats, birds, and fish aquariums. Dogs and cats weight must be less than 25 pounds.
3. Dogs are to be licensed yearly with the proper authorities, and tenants must show proof of the yearly distemper also.
4. **No vicious or intimidating dogs are to be kept.**
5. All cats and dogs are to be spayed or neutered. If such animals are not spayed/neutered and have offspring, the tenant is in violation of this rule.
6. No pet may be kept in violation of humane or health laws.
7. Dogs and cats shall remain inside a tenants unit unless outside and they are to be on a leash at all times. Birds must be confined to a cage at all times.
8. Cats are to use litter boxes kept in tenant's premises. Tenant is not allowed to let waste accumulate.
9. Tenants are responsible for promptly cleaning up pet droppings, if any, outside of unit, and properly disposing of said droppings.
10. Tenants shall take adequate precautions to eliminate any pet odors within or around unit and maintain unit in a sanitary condition at all times.
11. Tenant shall not permit and disturbance by their pet which would interfere with the quite enjoyment of the other tenants whether by loud barking, howling, biting, scratching, chirping, or other such activities.
12. If pets are left unattended for 24 hrs and more, the Housing, Authority may enter the unit to remove the pet and transfer it to the proper authorities.
13. Tenants shall not alter their unit, patio, or unit area to create an enclosure for an animal.
14. Tenant is responsible for all damages caused by their pets.
15. Tenants are prohibited from feeding stray animals. The feeding of stray animals shall constitute having a pet without permission from the Housing Authority.
16. Tenant shall pay a damage deposit for each pet as follows: Dog, \$150.00; Cat, \$150.00; Fish and Bird, none. The tenant shall pay this deposit in advance or on the acceptance of said pet. This deposit is Non Refundable. This fee is separate from the required security deposit.
17. Tenants who violate these rules are subject to (A) loss of deposit (B) being required to get rid of the pet within 30 days of notice by the Housing Authority; and/or (C) eviction.

I HAVE READ AND UNDERSTAND THE ABOVE REGULATIONS REGARDING PETS AND AGREE TO CONFORM TO THE SAME.

SIGNATURE

DATE

Family Summary Sheet

Member No.	Last Name	First Name	Relationship To HOH	Sex	Date of Birth
Head of Household					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

PLEASE TAKE THIS FORM TO YOUR PREVIOUS / PRESENT LANDORD. HAVE THEM TO: COMPLETE IT AND RETURN TO YOU, FOR YOU TO PUT WITH OTHER FORMS FOR SUBMISSION.

DATE: _____

TO: _____

_____ has / have applied for residency for assistance in out Affordable Housing program. Your name and address were given by the applicant as a Person / Landlord reference. Please fill out the questionnaire below and return it as soon as possible so that we can process this applicant in a reasonable period of time. ALL INFORMATION IS HELD IN STRICT CONFIDENCE. Thank you for your cooperation and prompt reply.

Management Coordinator

Affordable Rental Housing Program

LANDLORD-

1. How long did the tenant rent from you? _____

2. What was the monthly rent? _____

3. Did this tenant pay promptly? _____

4. Did this tenant leave the property in satisfactory condition? _____

5. Was there a deposit? _____ Was it returned? _____

6. Did the tenant maintain desirable living conditions: A well kept house? _____

7. Did the tenant get along with the other tenants, neighbors? _____

8. Were the children adequately supervised? _____

9. What was the reason for the applicant leaving your apartment? _____

10. Did the tenant give proper notice to move? _____

11. Would you rent to the applicant in the future? _____

12. Additional comments (use back of paper if necessary) _____

Signature of Landlord

Date

Phone #

Return to:

Choctaw Nation Housing Authority

ATTN: Affordable Rental Housing

PO BOX G

Hugo, OK 74743

PLEASE TAKE THIS FORM TO YOUR PREVIOUS / PRESENT LANDLORD. HAVE THEM TO: COMPLETE IT AND RETURN TO YOU, FOR YOU TO PUT WITH OTHER FORMS FOR SUBMISSION.

DATE: _____

TO: _____

_____ has / have applied for residency for assistance in our Affordable Housing program. Your name and address were given by the applicant as a Person / Landlord reference. Please fill out the questionnaire below and return it as soon as possible so that we can process this applicant in a reasonable period of time. ALL INFORMATION IS HELD IN STRICT CONFIDENCE. Thank you for your cooperation and prompt reply.

Management Coordinator

Affordable Rental Housing Program

LANDLORD-

1. How long did the tenant rent from you? _____
2. What was the monthly rent? _____
3. Did this tenant pay promptly? _____
4. Did this tenant leave the property in satisfactory condition? _____
5. Was there a deposit? _____ Was it returned? _____
6. Did the tenant maintain desirable living conditions: A well kept house? _____
7. Did the tenant get along with the other tenants, neighbors? _____
8. Were the children adequately supervised? _____
9. What was the reason for the applicant leaving your apartment? _____
10. Did the tenant give proper notice to move? _____
11. Would you rent to the applicant in the future? _____
12. Additional comments (use back of paper if necessary) _____

Signature of Landlord

Date

Phone #

Return to:

**Choctaw Nation Housing Authority
ATTN: Affordable Rental Housing Dept.
PO BOX G
Hugo, OK 74743**

EMPLOYMENT VERIFICATION

Date _____ Name _____ S.S. Number _____

We are required to verify assets, income and certain expenses of all persons applying for admission to our Federally Assisted Housing Program. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual. This information will be used only to determine eligibility for rent. Your prompt return of this letter will be appreciated. If you have any questions please call 1-800-235-3087, Affordable Rental Dept.

Cordially,
Affordable Rental Housing

I hereby authorize the release of this information.

DATE: _____ NAME: _____

APPLICANT / TENANT DO NOT FILL THIS OUT, TAKE THIS TO YOUR EMPLOYER!

WARNING: Section 1001 of Title of the U.S. Code makes it a criminal offence to make willful false statements or misrepresentation of any material fact involving the use of or obtaining of federal funds.

1. Employed Since _____ Occupation _____

2. Salary:

Base Pay rate \$ _____ () hour () bi-weekly () monthly

Average hrs/week at BASE PAY RATE _____ () week () bi-weekly () monthly
() mo. per year

3. Overtime:

Overtime Pay Rate: _____ () hour () week () monthly

Average hours per week: _____ at overtime rate. (If no set number of hours, please take an average of overtime for the last 12 month period.)

Expected average number of hours overtime to be worked per week during the next 12 months: _____

4. Compensation not included in the above:

Specify for commissions, bonuses, tips, etc.:

For _____ amt. \$ _____ Per _____

5. Is pay received for vacation _____ Number of days per year _____

6. Total Base Pay Earnings for past 12 months \$ _____

7. Total Overtime Earnings for past 12 months \$ _____

8. Is employee eligible for earned income tax credit? [] Yes [] No If yes, is the credit paid in advances, what is the amount, and how often is it paid? \$ _____

9. Employee's last pay raise was on _____

10. Employee (may/may not) anticipate a raise during the next 12 months of on or about the following date, _____, in the amount of \$ _____

11. Is there a medical / dental insurance amount deducted from pay? _____

If yes, the amount is \$ _____ per _____.

Firm Name: _____ Date _____

Phone #: _____

Signature: _____ Title _____

Return to:

Choctaw Nation Housing Authority
Attn: Affordable Rental Housing
PO BOX G
HUGO, OK 74743

SOCIAL SECURITY VERIFICATION

RE: _____
SS# _____

We are required to verify assets, income and certain expenses of all persons applying for admission to our Federally Assisted Housing Program. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual. This information will be used only to determine eligibility for rent. Your prompt return of this letter will be appreciated. If you have any questions please call 1-800-235-3087, Affordable Rental Dept.

Cordially,
Affordable Rental Housing

I hereby authorize the release of this information.

DATE: _____ NAME: _____

**THIS IS TO BE FILLED OUT BY SOURCE OF INCOME. DO NOT FILL OUT YOURSELF.
WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations of any material fact involving the use of obtaining federal funds. If you wish, you may attach your form SSA-2458 (9-82) with all pertinent information.**

GROSS MONTHLY PAYMENT

TYPE OF BENEFIT

\$ _____
\$ _____
\$ _____

Medicare Deduction per month: \$ _____

Date of Birth: _____

If more than one person in the family is receiving benefits, please indicate below:

Name	Amount	Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Signature

Date

Title

Phone #

**Return to: Choctaw Nation Housing Authority
Attn: Affordable Rental Housing
PO BOX G.
Hugo, Ok 74743**

Public Assistance Verification

RE: _____
SS# _____

We are required to verify assets, income and certain expenses of all persons applying for admission to our Federally Assisted Housing Program. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual. This information will be used only to determine eligibility for rent. Your prompt return of this letter will be appreciated. If you have any questions please call 1-800-235-3087, Affordable Rental Dept.

Cordially,
Affordable Rental Housing

I hereby authorize the release of this information.

DATE: _____ NAME: _____

THIS IS TO BE FILLED OUT BY SOURCE OF INCOME. DO NOT FILL OUT YOURSELF.
WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Number in Family _____	Rates Per Month
Aid to families with Dependent Children	\$ _____
General Assistance	\$ _____
Amount specifically designated for shelter and utilities	\$ _____
Other Assistance – Type <hr/> Total monthly grant	\$ _____
Other income – Source <hr/> Maximum allowance for rent & utilities	\$ _____
Amount of public assistance given during the last 12 months	\$ _____

Date: _____ Signature: _____ Title: _____

Return to: Choctaw Nation Housing Authority
ATTN: Affordable Rental Department
PO BOX G
Hugo, OK 74743