

INDEPENDENT ELDERLY HOUSING APPLICANTS
PLEASE READ CAREFULLY
P.O. BOX G, HUGO, OK. 74743
877-326-0605 580-326-0600
FAX: 580-326-0010

Listed Below are the required items you must return in order for your application to be complete.

- **Application – Dated and signed**
- **All household income listed and verified --- Printouts from these offices and Awards letters are acceptable as proof of income. Copies of neither checks nor check stubs will be accepted as proof of income. All income will have to be verified so if you receive more than one type of benefit please make sure that all benefits are verified.**
- **All Documents enclosed signed and dated**
- **Copies of Social Security Cards for each household member**
- **Copies of CDIB and Choctaw Tribal Membership cards**
- **Section 214 Declaration of U.S. citizenship for each family member**
- **Criminal Background check completed --- This form must be signed before a notary and notarized**
- **OSBI Criminal Background Check—Complete subject information box then return with your application Choctaw Housing will submit the form to OSBI**
- **Two previous landlord references or two 3rd part statements from someone other than a relative**

All documents must be completed in order for your application to be processed.

If you have any questions please feel free to call our office

Thank you,

Independent Elderly Housing Staff

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA

P.O. Box G, Hugo, OK 74743

877-326-0605, 580-326-0600, Fax: 580-326-0010

Independent Elderly Rental Assistance Program

___ Application

___ Recertification

_____ **First Name** **Middle Name** **Last Name** **Social Security #**

Mailing Address

Address Line 1 _____

Address Line 2 _____

City/State/Zip _____

Phone #'s

Home _____

Work _____

Cell _____

Degree of Indian Blood _____ Tribe _____

Marital Status ___ Married ___ Single ___ Divorced ___ Widowed ___ Separated

Desired location of assisted housing (specify SITE): _____

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 charged 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 which Department are you 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 cards.

Name: Last, First MI	SSN	Birth Date	Sex	Relationship to Applicant	Occupation or Student
1.				Applicant	
2.					
3.					
4.					
5.					
6.					

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

FAMILY INCOME

Family Member with income	Annual Wages	SS	Supplemental Security Income	Veterans Benefits	TANF	Old Age Assist.	Aid to the Disabled	Other

For additional household members incomes 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 DISABLED FAMILIES ONLY

1. Do you pay for medical insurance for yourself and/or other members of your household? Yes No
If so, specify the amount of premium per month. _____
2. Do you have medical bills outstanding on which you are paying? Yes No
3. Do you anticipate any prescription bills in the coming year? Yes No
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? Yes No
If yes, describe the expenses _____

ADDITIONAL INCOME INFORMATION

1. Does any member of your household receive educational grants and/or scholarships? Yes No
If yes, specify amount(s). _____
2. Does any member of your household receive cash contributions from individuals not living with you?
 Yes No
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.? Yes No
4. Does any member of you household receive child support? Yes No 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 not 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 _____

**CHOCTAW HOUSING AUTHORITY
DEPARTMENT OF IEHP
P.O. BOX G
HUGO, OK 74743**

Attachment 6-a
Page 1 of 2

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 Head of Household	SSN	Indicate if married (m) widowed (w) separated (s) divorced (d)
1.				Year:
2.				Year:
3.				Year:
4.				Year:

Children (name as it appears on SSC)	Date of Birth	Relationship to Head of Household	School Name	Absent Parent's Name	Absent Parent's Address
1.					
2.					
3.					
4.					
5.					
6.					

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, AFDC, 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? ___ 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.

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
P.O. 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.

I _____ do hereby give the person(s) listed below permission to make inquiries on my behalf regarding the status of my application. I understand the Independent Elderly Staff will not release any information to any other person(s) not listed below.

Please print names of those person(s) you authorize below:

1. _____
2. _____
3. _____

I must notify the Independent Elderly Staff in writing of any changes I may wish to make in the future.

Applicant Signature

Date

Witnessed by

Date

**HOUSING AUTHORITY OF THE CHOCTAW
NATION OF OKLAHOMA**

P.O. Box "G"
Hugo, Oklahoma 74743

APPLICANTS/TENANTS CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application forms and the HUD form 50058 or 50059, which ever applies to me, and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing, any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guest/visitors, and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous federal housing assistance, and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence, and I will not obtain duplicate federal housing assistance while I am on this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings, completing, and signing needed forms. I understand failures or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administration Actions for False Information

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature and Date of Household Adults

- 1) _____
- 2) _____
- 3) _____
- 4) _____

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 Independent Elderly 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 in the envelope provided, so 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

IEHP 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 SUPERVISE? _____
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 Housing
ATTN: IEHP
P.O. 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 : _____

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1. HOW LONG DID THE TENANT RENT FROM YOU? _____
2. WHAT WAS THE MONTHLY RENT? _____
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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 SUPERVISE? _____
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 Housing
ATTN: IEHP
P.O. Box G
Hugo, OK 74743

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

Criminal Background Check

I _____ being of sound mind, do hereby authorize the Choctaw Nation of Oklahoma, located in Hugo, OK to do a CRIMINAL BACKGROUND CHECK with Law Enforcement Agencies. I/We are also aware and have been advised that due to finding any criminal history on myself/us, my/our application will be terminated immediately.

I/We further agree upon written consent, I/We will not hold/file any lawsuit of any kind against the Law Enforcement Agency or the Housing Authority of the Choctaw Nation due to the criminal check.

Signature of Person Date of Birth Social Security Number

Signature of Person Date of Birth Social Security Number

Dated this _____ Day of _____ 20 _____.

Seal _____
Notary

My Commission Expires _____

Law Enforcement Agency: _____
Address _____ Phone _____

Name & position of person doing this check: _____

Date _____

Criminal
History _____

*Fill in your signature, date of birth, & social security number, **have it notarized**, and then return it to us with the other forms. We will contact the local Law Enforcement Agency.

Family Summary Sheet

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

EMPLOYMENT INCOME RELEASE OF INFORMATION

NAME: _____ DATE: _____ S.S # _____ The Housing Authority of the Choctaw Nation of Oklahoma is required by the Department of Housing and urban Development (HUD) to verify the income all tenants, or prospective tenants. The person identified above has been informed that he/she is now or has been, within the last twelve- (12) months, employed by your firm. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

IEHP HOUSING STAFF

THIS PORTION TO BE COMPLETED BY TENANT OR PROSPECTIVE TENANT

I authorize _____ to give Choctaw Housing
Name of source of Income

Address

Information they need in regard to employment. I release the above named agency from all liability in relation to the release of such information.

Employee's Signature _____ Date: _____

This portion to be completed by Employer Only. Please return to employee after completion.

Employed from _____, 20__ to _____, 20__

Occupation/Title _____ Employment is: Permanent() Temporary () Seasonal ()

Current rate of pay: \$ _____ per _____ Employee is pd. Weekly () Monthly () Other () explain other

Average number of hours per week, if not full time employee: _____

IS EMPLOYMENT THROUGH JTPA () YES () NO

IS EMPLOYMENT WORK STUDY () YES () NO

Estimated amount of overtime and commissions, if applicable \$ _____ per _____

Anticipated earnings in the next twelve- (12) months. \$ _____
If pay is not consistent weekly or monthly please estimate projected earnings for the year.

Date: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Employer Phone Number

Completed by: _____

Title: _____

ANY FALSE OR INCORRECT INFORMATION SHALL BE GROUNDS FOR AUTOMATIC AND IMMEDIATE DISQUALIFICATION

Return forms to Choctaw Housing IEHP : P.O. Box G Hugo, OK. 74743

"OTHER" INCOME RELEASE OF INFORMATION

THIS FORM IS TO BE USED IF YOU RECEIVE SOCIAL SECURITY, SSI OR ASSISTANCE FROM DHS

NAME _____

DATE _____

ADDRESS _____

SOURCE OF INCOME _____

BIRTHDATE _____

ADDRESS _____

Choctaw Housing Independent Elderly Program is required by Housing and Urban Development to verify the income of all participants or potential participants. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

IEHP HOUSING STAFF

This portion to be completed by participant or prospective participant

I authorize _____ to give Choctaw Housing information they need in regard to my income. I release the above named agency from all liability in relation to the release of such information.

Client Signature _____

Date: _____

Social Security # _____ Welfare Case # _____

VA Claim # _____ Civil Service # _____

Child Support # _____ SSI # _____

THIS PORTION TO BE COMPLETED BY SOURCE OF INCOME ONLY, THEN RETURN TO CLIENT.

TYPE OF BENEFITS _____

AMOUNT RECEIVED PER MONTH: SSA _____ SSI _____ OAA _____ TANF _____

AD _____ VA _____ CS _____ OTHER _____

AGENCY: _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

COMPLETED BY _____

DATE: _____

TITLE _____

Any false or incorrect information shall be grounds for automatic and immediate disqualification.

Please return all forms to Choctaw Housing IEHP, P.O. Box G Hugo, OK. 74743

"OTHER" INCOME RELEASE OF INFORMATION

THIS FORM IS TO BE USED IF YOU RECEIVE SOCIAL SECURITY, SSI OR ASSISTANCE FROM DHS

NAME _____

DATE _____

ADDRESS _____

SOURCE OF INCOME _____

BIRTHDATE _____

ADDRESS _____

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IEHP HOUSING STAFF

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Client Signature _____

Date: _____

Social Security # _____

Welfare Case # _____

VA Claim # _____

Civil Service # _____

Child Support # _____

SSI # _____

THIS PORTION TO BE COMPLETED BY SOURCE OF INCOME ONLY, THEN RETURN TO CLIENT.

TYPE OF BENEFITS _____

AMOUNT RECEIVED PER MONTH: SSA _____ SSI _____ OAA _____ TANF _____

AD _____ VA _____ CS _____ OTHER _____

AGENCY: _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

COMPLETED BY _____

DATE: _____

TITLE _____

Any false or incorrect information shall be grounds for automatic and immediate disqualification.

Please return all forms to Choctaw Housing IEHP, P.O. Box G Hugo, OK. 74743

NO INCOME STATEMENT

I testify to the Housing Authority of the Choctaw Nation of Oklahoma, a federally funded organization, that I do not have any income, or receive any type of assistance. I further state that when I start receiving an income I will contact your office immediately. I realize the assistance that is subsidizing my rent is federal funds and that if discovered that I have made any fraudulent statements the information will be referred to the HUD Area Office.

Signature

State Of Oklahoma)
)
County of _____)

Subscribed and sworn before me on this _____ day of _____.

Notary Public

My Commission Expires:

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive 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 and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

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

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.

Immigrant status under 101(a)(15) 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.

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].

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].

Parole status under 212(d)(5) of INA: A noncitizen who is 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].

Threat to life or freedom under 245(a) 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].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.