

**APPENDIX C**  
**APPLICATION FOR HOUSING PROGRAM**

**Minor Repair Program:** \_\_\_\_\_

or

**Moderate Repair Program:** \_\_\_\_\_

Head of Household: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Elderly (over age 62)/Handicapped? ☐ Yes ☐ No      Near-Elderly (over age 55) ☐ Yes ☐ No

Street Address or P.O. Box #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number Home: \_\_\_\_\_ Work \_\_\_\_\_ Message \_\_\_\_\_

**Part A. Family Composition**

List all person(s) living in the household on a permanent basis.

	Name	Relationship	Date of Birth	Social Security #
1.		Applicant		
2.				
3.				
4.				
5.				
6.				
7.				
8.				

\*Social Security number is required for all family members who are 6 years of age or older

Are you an enrolled member of the Thlopthlocco Tribal Town? ☐ Yes ☐ No

Are you a lineal descendent of a member of the Thlopthlocco Tribal Town? ☐ Yes ☐ No

(A Copy of Certificate of Degree of Indian Blood (CDIB) or Tribal Enrollment Card is required).

Are there family members temporarily absent? ☐ Yes ☐ No If so, whom: \_\_\_\_\_ Where are they residing? \_\_\_\_\_ When are they expected to return? \_\_\_\_\_ Will any household member, including children, live in the unit on a less than full time basis?

If yes, explain: \_\_\_\_\_

*Do you anticipate any change in your household (someone moving in or out) during the next 12 months?*

If yes, explain: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Does anyone in the household, who is a permanent resident listed on this application, have a severe health problem, handicap or permanent disability that substantially limits one or more major life activities?

☐ Yes ☐ No

If yes, provide name of person(s) \_\_\_\_\_ and attach doctor's statement.

Is anyone in your household, who is a permanent resident listed under Part A of this application, a veteran?

☐ Yes ☐ No

**Part B. Present housing condition and rehabilitation needs**

Specify the assistance requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently own your home? ☐ Yes ☐ No

Is this home your primary residence? ☐ Yes ☐ No

If No, do you rent? ☐ Yes ☐ No Make a Mortgage/Bank Payment? ☐ Yes ☐ No

If so, how much? \_\_\_\_\_

Are you the legal owner or a direct descendant of the owner of the property? ☐ Yes ☐ No

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

Do you own any other real estate? If so, please provide the address: \_\_\_\_\_

Can you furnish a copy of the warranty deed in your name? Yes ☐ No ☐

Is the land restricted or trust land? Yes ☐ No ☐

Is this a Mutual Help Home? Yes ☐ No ☐

If yes, when was it constructed: \_\_\_\_\_

Is this a mobile home? Yes ☐ No ☐ If yes, attach a copy of the title.

How long have you lived in the home: \_\_\_\_\_

In what year was the house constructed (estimate the date, if unknown): \_\_\_\_\_

Detailed directions to your home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An initial inspection will be conducted by a State-Licensed Inspector to determine the needs for repairs to bring the home up to safe and sanitary standards. The inspection will be used by the Department to create a Scope of Work, (SOW).

**NOTE: When your application is approved you will be notified and placed on the Wait List. If your application is not approved, you will be notified by letter with the reasons it is not approved.**

**We cannot accept an application that is incomplete, it will be returned to you with no other action by the Department.**

Have you or any member of the household ever received housing repairs from the Thlopthlocco Tribal Town or any other Indian Tribe? ☐ Yes ☐ No

What year was the housing repairs provided and what was repaired?

### **Part C. Family Income**

#### **1. Earned Income**

	Complete Employer Name(s) & Address	Per Hour	<i>Per Week</i>	Per Year
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$

#### **2. Other income**

Source	Per Month	Per Year
TANF	\$	
Social Security	\$	

S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other*	\$	

\*Other sources of income include alimony, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

Total family income for next 12 months: \$\_\_\_\_\_

Please attach copies of the most recent IRS 1040 forms that were filed for the prior year and most recent pay stubs or award letters documenting unearned income for all members of the household.

## **Part D. Public Disclosure, Certifications, Consent, Waiver and Privacy Act Statement**

### **PUBLIC DISCLOSURE STATEMENT**

Section 1000.30 and 1000.32 of the Native American Housing Assistance and Self-Determination Act of 1996 ("NAHASDA"), mandates that a public disclosure regarding conflicts of interest must be made on individuals who apply for assistance from the Housing Department and are or have immediate family ties (mother, father, husband, wife, daughter, son, brother, sister, mother-in-law, father-in-law, daughter-in-law, son-in-law) to any employee or officer of the Housing Department, Business Committee member or other elected Tribal Official.

To ensure that all applicants are treated fairly, a public disclosure will be done before you are permitted to participate in the program.

Are you a Housing Department employee or elected tribal official or do you have an immediate family tie to any such employee or officer?

Yes ☐ No ☐

If, yes please list their names and their relationship to you.

\_\_\_\_\_

### **CERTIFICATIONS**

**Read these certifications carefully before you sign and date your application.**

I/We certify that all of the answers given are true, complete and correct to the best of my/our knowledge and belief, and that they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive housing assistance, and that false or misleading

statements may constitute a violation of tribal and federal law and grounds for denial of the assistance being requested. I hereby authorize the Housing Department of the Thlopthlocco Tribal Town to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the Housing Department if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

I understand that this application is not a contract and is not binding in any manner. I/We fully understand that submission of an application does not guarantee receipt of assistance, and that resources will be allocated or withheld according to availability of funds, the characteristics and living environments of other applicants and other valid considerations. I/We understand the right to appeal any adverse decision regarding this request for assistance through the grievance policy and procedure governing housing programs. I/We have read and fully understand the policy and guidelines provided with this application.

I/We understand that execution of the lease agreement/contract is deemed consent to amend it to conform to any provision of NAHASDA and the rules, regulations and policies of the Department and/or Tribe. I/We consent to the civil jurisdiction of the District Court of Okfuskee County, Oklahoma and/or to such tribal court as the Department may recognize for purposes of enforcing this Policy.

I fully understand that, although the maximum, individual grant amount under this Program is \$25,000.00, I am not automatically entitled to receive that amount and will not receive that amount if a smaller grant will address the needs identified in this application and verified upon inspection by the Department.

If I sell the house within the **Useful Life Term**, that I/we obligated, following the date of completion of repairs, the grant will become void and I will be required to repay the full amount of the grant at the time of settlement to the Department.

I/We understand that the Department shall not be liable for any damage to person or property caused by any action, omission or negligence of the Department or any of its employees or agents. Further, I/We agree to hold the Department harmless from any claim, obligation, liability, loss, damage or expense, including without limitation attorney's fees and court costs, arising from implementation of the Program.

### CONSENT

I consent to allow the Thlopthlocco Tribal Town Housing Department to request and obtain the following information to verify my eligibility and level of benefits under a housing program. I understand that income information obtained under this consent form will not be used to deny, reduce or terminate assistance without the Department first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I will be given an opportunity to contest the determinations.

- (1) employment history and income history;
- (2) rental history;
- (3) mortgage information on property that I own or have owned to release any information about my mortgage payment history;
- (4) bank, savings and loan, or credit union information in order to provide a verification of funds that I have on deposit;

- (5) copy of my consumer report (credit report) from any consumer reporting agency: and
- (6) criminal background information

### **LEAD-BASED PAINT WAIVER**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women.

The Housing Department will visually inspect privately-owned homes constructed prior to January 1, 1978, to determine if "Lead-Based Paint" is present.

If a Lead-Based Paint test is required and the finding is positive, the Department and/or the Tribe is not obligated to eliminate the lead-based paint or provide housing services.

I acknowledge having read, understood and agreed to the above waiver.

### **PRIVACY ACT STATEMENT**

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 under HUD regulations 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 Housing Department, 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.

### **PART D. REFERENCES**

A. List (2) Personal References with addresses and phone numbers

1. \_\_\_\_\_
2. \_\_\_\_\_

B. List previous landlords and Credit References with addresses and phone numbers

1. \_\_\_\_\_
2. \_\_\_\_\_

## **PART E. SIGNATURES**

Applicants Signature : \_\_\_\_\_  
Date: \_\_\_\_\_

Applicant (**Printed Name**): \_\_\_\_\_

Spouse Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Spouse (**Printed Name**): \_\_\_\_\_

## **HOUSING DEPARTMENT OFFICIAL CERTIFICATION**

Housing Dept. Director or  
Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Dept. Director or  
Representative (**Printed Name**): \_\_\_\_\_

FOR OFFICE USE ONLY		
Received by:	Date:	Time:

## **APPENDIX D** **Authorization for Release of Information**

I/we, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses, or individuals to furnish information concerning myself and/or my household to the Thlopthlocco Tribal Housing Department ("Department"), its duly authorized representative for purposes of verifying my eligibility to receive benefits from the Department.

Release the information include, but are not limited to: background screening agencies, the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the U.S. Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, court and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to: identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal history and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits and local benefits.

I understand I have a right to review any information received in accordance with authorization for release, and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 15 months from this date signed.

I understand that if I, or any other adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it may constitute grounds for denial or termination of assistance.

\_\_\_\_\_  
Applicant Printed Name Date

\_\_\_\_\_  
Adult Household Member Printed Name Date

\_\_\_\_\_  
Adult Household Member Printed Name Date

**APPENDIX E**  
**(For Housing Department Use)**

	<b>MODERATE REPAIR/REHAB PROGRAM CASE FILE CHECKLIST</b>	<b>Yes</b>	<b>No</b>
<b>1.</b>	<b>Completed and Signed Application</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	<b>Tribal Membership Card and/or Certificate of Degree of Indian Blood (CDBI).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	<b>Driver's license or state-issued identification card of head of household.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	<b>Social Security cards for all household members (over 6 years of age).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	<b>Public Disclosure/Conflict of Interest Form (if applicant is an immediate family member of a Housing Department employee, a Business Committee member or elected official).</b> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



6.	Proof of income (federal tax returns or transcripts filed for the previous year OR (2) a proof of earned income or statements or award letters from agencies documenting unearned income (including but not limited to Social Security benefits).	<input type="checkbox"/>	<input type="checkbox"/>
7.	Evidence of any category for which Applicant claimed preference points (disability status, veteran status, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
8.	Legal Documentation for Children in Custody N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is the family between 0 – 80% of median income? Income Limit: _____	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is the family eligible based on the placement on the wait list? Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
11.	Proof of ownership of the dwelling unit (in the form of a recorded deed or long-term lease, if restricted land)	<input type="checkbox"/>	<input type="checkbox"/>
12.	Environmental review record for dwelling unit		
13.	Date home constructed: _____	<input type="checkbox"/>	<input type="checkbox"/>
14.	Lead-based paint clearance test with negative result (if home constructed in 1978 or earlier). N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Useful Life Binding Commitment ("Lien") apply?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Insurance Required? N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Initial Inspection/Scope of Work required?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Close-Out Inspection/Certificate of Completion	<input type="checkbox"/>	<input type="checkbox"/>

NOTES:

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