14325 Porcupine Rd Wyandotte, OK 74370 Phone: (918) 678-2297 Fax: (918) 678-4320



For Use of Housing Staff Only

Date Received: **Application Points:**

WYANDOTTE TRIBAL HOUSING DEPARTMENT APPLICATION FOR HOUSING

ALL QUESTIONS IN THIS APPLICATION MUST BE ANSWERED. READ **INSTRUCTIONS BEFORE** COMPLETING THIS FORM.

THIS APPLICATION IS SUBJECT TO THE PRIVACY ACT OF 1974, P.L. 93-579 AND DATE THIS APPLICATION.

READ THE CERTIFICATION CAREFULLY BEFORE YOU SIGN SIGN IN BLUE OR BLACK INK.

To be eligible for this program your household income may not exceed the income limits as allowed by HUD^{*}.

Family Size	1	2	3	4	5	6	7	8
Maximum Income	\$42,280	\$48,320	\$54,360	\$60,400	\$65,232	\$70,064	\$74,896	\$79,728

*The income guidelines change annually

- 1) Complete the application that starts on page two (2) of this document.
- Include the following required documentation with your application: 2)
 - Copy of Tribal Membership Card
 - Copy of Proof of Income for all items listed on chart

Incomplete applications will be returned

Return the completed application with all required documentation to the Housing Department at:

Wyandotte Nation Housing Department 14325 Porcupine Rd Wyandotte, OK 74370 Phone: (918) 678-6336 or (918) 678-6339 Fax: (918) 678-4320

APPLICATION INFORMATION

NAME:					
	Last	First		Middle	
CURRENT ADDR	E <u>SS:</u>				
CITY	7 	STATE		ZIP CODE	
TELEPHONE #:	()		DATE OF BI	RTH:	
SOCIAL SECURIT	Y NUMBE	<u>R:</u>			
TRIBAL AFFILIATION: ROLL NUMBER:					
MARITAL STATU	S:	MARRIED	SINGLE	WIDOWEI	D DIVORCED
	OTHER	(Please explain)			
SPOUSE'S NAME:		Last	First	Middle	
DATE OF DIDTIL					
DATE OF BIRTH:		SOCIAL	SECURITY NU	MBEK:	
TRIBAL AFFILIA	TION (IF A	<u>NY)</u>	R	OLL NUMBER:	
PLEASE MARK TH		5) OF HOUSING YOU Homeownership			r Rental (55+)
LIST ALL PERSON <u>FULL NAN</u> (First, Middle, 1	<u>ME</u>		<u>RELAT</u>		TING WITH YOURSELF

LIST **ALL** INCOME FOR THE 12-MONTH PERIOD FOR **EVERY MEMBER** OVER THE AGE OF 18 (INCLUDE FULL TIME, PART TIME, OR SEASONAL INCOME, EVEN IF COMPLETING THE APPLICATION DURING THE OFF-SEASON)

Description	<u>Annual Amount</u>
1. Wages, salaries	\$
2. Income earned from self-employment or job that pays in cash only	\$
3. Regular pay for member of the armed forces	\$
4. Public Assistance (TANF, GA)	\$
5. Worker's compensation	\$
6. Unemployment benefits or severance pay	\$
7. Student financial assistance (public or private, not including student loans	\$
8. Child support	\$
9. Alimony/ Spousal Maintenance	\$
10. Social Security Income (including unearned income of minor children)	\$
11. Disability benefits including social security disability	\$
12. Regular payments from pensions (PERA, railroad, etc.)	\$
13. Regular payment from retirement benefits	\$
14. Death benefits	\$
15. Regular payments from annuities or life insurance dividends	\$
16. Regular payments from inheritence, insurance settlement, lottery winnings, etc.	\$
17. Net income from rental property	\$
18. Regular cash and non-cash contributions (assistance with paying bills)	\$
TOTAL I	NCOME: \$

EXPENSE INFORMATION

□ YES	🗌 NO	Does your household have unreimbursed medical expenses in excess of 3% of annual income?
□ YES	□ NO	Does your household pay child care expenses for children under the age of 13 that enable a family to work or go to school?
□ YES	□ NO	Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?
		The total amount of estimated mileage for employed members of household 18 years of age and above to and from work is:

CURRENT HOUSING INFORMATION

1. Are you currently homeless or living in		0					
If yes, please explain:							
2. Do you (Check one) Own If renting, provide the Name, a	_	the house phone number c		·	present	ly livi	ng?
NAME	ADDRESS						
TELEPHONE NUM.	CITY	STATE		ZIPC	CODE_		
A. How long at present location?							
B. Is Electricity Available?	S 🗆 NO						
Please provide the name of the	power compan	V					
-	sep			Chemi	cal Toil	et	
Other (Ple	mRur ase explain) S □ NO			Private			
E. Do you own land?	/ 110	If Yes, please p	provide the	locatio	n of the	land,	
address, or legal description.							
F. If you currently own land, is water, sewe GENERAL INFORMATION	er, or utilties ava	ilable on this lan	d?		YES		NO
1. If you are requesting assistance for a horyou applied for assistance from an Indian □ YES □ NO	U				C	; unit,	have
 2. Does anyone in your family, who is a p health problem? □ YES □ NC If yes, provide name and brief explanation) Handicap	ent listed in this or permanent Di		n, have	a sever YES	e	NO

PLEASE WRITE IN $\underline{\textbf{MONTHLY}}$ PAYMENTS

HOUSING:

RENT OR OWN (Circle One)	\$		
UTILITIES	\$		
FOOD	\$		
INSURANCE	\$		
TOTAL MONTHLY EXPENSES:	\$		
DEBT REPAYMENTS:			
AUTOMOBILE	\$		
PERSONAL LOANS	\$		
FURNITURE/APPLIANCES	\$		
CREDIT CARDS (COMBINED)	\$		
MEDICAL BILLS	\$		
TOTAL MONTHLY EXPENSES			
Have you filed Bankruptcy within the las DO YOU AGREE TO ALLOW TH TO OBTAIN A CREDIT REPORT?	E WYANDOTTE NATION HOUSIN	G PROGR	AM
	_ 120 _ 110		
Will any household member, including child basis?	ren, live in the unit on a less than full time	YES	NO
Do you aniticpate any change in your housel next 12 months?	hold (someone moving in or out) during the		
Does any adult member of the household har name(s) and explain:	ve zero income? If yes, please list the		

Does/will the household receive rental assistance? If yes, indicate from what source	
Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing, or visual impairments?	

I CERTIFY THAT ALL OF THE INFORMATION GIVEN ABOVE IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS GIVEN IN GOOD FAITH, AND I/WE UNDERSTAND AND AGREE THAT ANY FALSE STATEMENTS GIVEN BY ME OR MY SPOUSE WILL BE JUSTIFICATION FOR DISAPPROVAL ACTION TO BE TAKEN ON THIS APPLICATION.

Applicant's Signature

Date

Spouse's Signature

Date

14325 Porcupine Rd Wyandotte, OK 74370



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AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

THIS FORM MUST BE NOTARIZED

I, ______, DO HEREBY AUTHORIZE the Wyandotte Nation Housing Department (WNHD) to conduct a Criminal Background Check (CBC) with any Federal, State, Tribal, or Local Law Enforcement Agency. I further agree upon this written consent that I will not file, or cause to be filed on my behalf, any lawsuit against any Law Enforcement Agency, WN, or their designee, due to the results of said CBC.

I further agree I am aware that due to WNHD's tenant selection standards that my application can be denied and/or my participation in a program terminated due to any criminal activity, specifically those criminal activities involving crimes or physical violence to persons or property, drug related, or other violent crimes or criminal activity which would adversley affect the health, safety, or welfare of WNHD or their participants. I further agree that my failure to provide full and complete information as to my identity, aliases, previously used names, or previous places of residences is grounds immediate termination of my application or tenancy with the Wyandotte Nation.

Signature			Birth	Date	Social Security Number
	CRIMI	VAL BACK	KGROUNI	D INFORMATION	
Legal Name (Print)	tt) Last		First Middle		Maiden
Please list other names or	aliases used since the	age of 18:			
Previous Residence(s): Ind	icate all cities, countie	es, states, and	countries, in v	which you resided for any 1	ength of time since the age of 18)
City	County State		Country	Dates Resided	Name(s) Used
STATE OF					
COUNTY OF					
On this day of			,	, before me, a Notary Pu	blic in and for the above State
and County, personally	appeared and ackno	wledged to m	e that they ex	secuted the same as their	free and voluntary act and deed.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

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STATE OF					
COUNTY OF					
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