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



For Use of Housi	ng Staff Only
Date Received:	_
Project #:	

# APPLICATION FOR SANITATION FACILITIES PUBLIC LAW 86-121 OFFICE OF ENVIRONMENTAL HEALTH INDIAN HEALTH SERVICE - U.S. PUBLIC HEALTH SERVICE

- 1) Complete the application that starts on page two (2) of this document.
- 2) Include the following required documentation with your application:
  - ♦ Copy of Tribal Membership Card
  - ♦ Copy of Warranty Deed
- 3) We are allowed to provide well/septic services in the following counties in OK:
  - Craig
- Nowata
- Rogers

- Creek
- Okfuskee
- Tulsa

- Delaware
- Okmulgee
- Wagoner

- Mayes
- Ottawa
- Washington

Applicants for the states of MO, KS, and AR must live within a 50 mile radius of the Tribal Headquarters.

#### 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

# PLEASE COMPLETE ALL ITEMS (Incomplete applications will be delayed in processing)

<u>NERA</u>	AL INFORMATION						
	Name						
	Mailing Address						
		Box or Street		Ci	ity	State	Zip Code
	Phone (Home)		(Bı	ısiness)			
	Tribe	(Please attach co	py of Cert	ificate of Degre	e of Ind	ian Blood)	
OCAT	ION OF HOMESITE TO BE S	SERVED					
JUITI	County		W F T	ownship	S N	Section	
	Directions to Site:	Nange	<u>L</u> 1				
	Directions to Site:						
<u>OME</u>	<u>INFORMATION</u>						
		Mobile Home (Must be on property and fully skirted)					
		Date Moved on Site:					
		Date Purchased	l:				
		Existing House					
		Mutual Help Ho	me				
		New Home (Bu	ilt or pur	chased within	the pas	st year)	
	If Mobile or New, Approxim	ate cost:		F	unding	g Source :	
	, 11					_	
	If Existing or Mutual Help the past year?	, are renovations bei	_	-		ne within	
	Describe the renovations:						
	Cost of Renovations:				Eundin	og Courgo.	
	(Please attach copies of re	eceipts)			runun	ig Source: _	
	Does home have indoor p	lumbing?					
	Number of Bedrooms:			Type of hea	ting:		
	Is 220V Electricity Availa	ble?					
	What type of water suppl	v does the home now	have?				

	Full Name	Date	e of Birth	Tribal Affiliation	Roll
_					
			. 1	>	
Far	nily Health Problems or	Handicaps: (Mus	t have documenta	ntion)	
<u>'ATUS OI</u>	F LAND OWNERSHIP				
		Own (Please	attach copy of dee	ed)	
			se attach copy of v		
				copy of lease agreemen	t)
			ase attach statem		-
			plain:	,	
Siz	e of Lot:		res or	feet by	– feet
012					_1000

VI. <u>PREV</u>	IOUS SERVICE			
		Indian Health Service	Date	
		Home Improvement Program (HI <u>P)</u>	Date	
	Describe services that	were provided:		
	Have you applied for s	ervice from any other agency besides the Indian Heal	th Service?	
	If so, please list:	, ,		
	,	on provided in this application is true and accurat if I falsify information on this application that I r any assistance.	,	

Applicant 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.							
participation in a prog or physical violence adversley affect the h full and complete in	gram terminated due the to persons or prope ealth, safety, or welf enformation as to my	to any crimerty, drug rearty, drug rearty, drug rearty are of WNI identity, also	ninal activity elated, or oth HD or their l iases, previo	r, specifically those crimer violent crimes or creater tributer and participants. I further a	cation can be denied and/or my minal activities involving crimes riminal activity which would agree that my failure to provide revious places of residences is yandotte Nation.		
Signa	_	Birth	Date	Social Security Number			
CRIMINAL BACKGROUND INFORMATION							
Legal Name (Print)	Last		First	Middle	Maiden		
Please list other names or							
			1		ength of time since the age of 18)		
City	County	State	Country	Dates Resided	Name(s) Used		
		<u> </u>					
STATE OF							
COUNTY OF							
On this	On this day of , , before me, a Notary Public in and for the above State				blic in and for the above State		
and County, personally appeared and acknowledged to me that they executed the same as their free and voluntary act and deed.							
	SEAL			NOTARY PUBLIC			
					MY COMMISSION EXPIRES:		