

DELAWARE TRIBE HOUSING PROGRAM

OFFICIAL USE ONLY:

Name: _____ Date: _____ Issued by: _____

The attached application must be filled out in ink and in its entirety. Answer all questions, sign where required and fill in all areas. **DO NOT LEAVE BLANKS.** If a question does not pertain to you place a "NA" in the question space. Review your application for completeness before returning it to the Delaware Tribe Housing Program, hereafter referred to as "DTHP". Make sure you have filled in all required information such as social security numbers, birth dates, addresses, phone numbers, amount of income, hourly wage, etc. This application contains three (3) parts: the **Application, Information for housing request** and the **General Release of Information**. All three parts must be returned to the DTHP, with the following original documentation attached:

1. Enrollment Cards or CDIB Cards – All family members
2. Social Security Cards – All family members
3. Driver's License – All family members
4. Birth Certificates – All family members
5. Income Verification – All family members

*** A CRIMINAL BACKGROUND CHECK AND CREDIT CHECK WILL BE CONDUCTED BY THE DTHP ***

The application **MUST** be completed entirely with all documentation attached in order for the DTHP to determine your eligibility for the program(s) that you choose. Incomplete information or failure to submit documentation will cause your application to be **denied**.

Completed applications will be processed and you should receive a "Notice of Eligibility/Ineligibility" for placement on the "Waiting List" in the mail within thirty (30) days. The Notice shall state if you are eligible or ineligible for the program(s) of your choice. If you are determined ineligible you will be given the reason why and what action(s) may be taken by you, if any, to clarify the problem(s).

Placement on a waiting list is simply that – your name will be placed on the waiting list. When units become available for occupancy DTHP will choose a family from the waiting list according to date, time, preference points and unit size availability.

YOUR RESPONSIBILITY

1. **Update the application annually. (failure to do so will result in your application becoming inactive)**
2. **Notify the DTHP of ANY changes in income, family composition and/or address every six (6) months.**
3. **Answer ALL correspondence from the DTHP.**

If you have any questions or require assistance completing your application feel free to contact the DTHP Offices.

Please return this Application in its entirety and all attachments to the Chelsea or Bartlesville offices:

Mail to:

**Delaware Tribe Housing
5100 Tuxedo Boulevard
Bartlesville, OK 74006
Phone (918) 337-6572**

WARNING: ANY FALSE OR MISLEADING INFORMATION WILL RESULT WITH THE REJECTION OF YOUR APPLICATION AND POSSIBLY A FINE AND/OR IMPRISONMENT.

HOUSING APPLICATION FORM

Name: _____ Home Phone #: _____

Address: _____ His Work #: _____

City/St/Zip: _____ Her Work #: _____

If you do not have a home or work number please give a number where the DTHP can leave you a message and the name of the person to contact:

Contact Name: _____ Contact Number: _____

FAMILY COMPOSITION

List all persons residing in your home

Legal Name of all Household Members	Relationship to Head	Sex	Birth Date	Place of Birth	Social Security Number	Last Name as it appears on CDIB Card	Roll #
	HEAD						
	CO-HEAD						

If you need addition room to list family members please attach a separate sheet to this application.

TRIBAL AFFILIATION: Head: _____ Delaware _____ Other: _____
 Co-Head _____ Delaware _____ Other: _____
 Dependents: _____ Delaware _____ Other: _____

MARTIAL STATUS: _____ Married _____ Divorced _____ Single _____ Separated _____ Widow(er)
 _____ Domestic Partnership

LANDLORD INFORMATION

Please fill out all information in its entirety and correctly

	Name	Mailing Address	Phone Number	How Long
Current				
Previous				

EXPENSE INFORMATION

Please fill out in its entirety - estimate on a **monthly** basis

Rent:	House Payment:	Auto Insurance:	Child Support:
Gas:	Life Insurance:	Car Payment;	Credit Cards:
Water:	Health Insurance:	Other:	Bank Loans:
Electric:	Medical Expense:	Judgments:	Student Loans:

EMPLOYMENT INFORMATION

If self-employed you must attach a copy of your most recently filed income tax form-Schedule C

HEAD OF HOUSEHOLD	CO-HEAD
Employer	Employer
Address	Address
City/St/Zip	City/St/Zip
Employer Phone Number:	Employer Phone Number:
Employer Fax Number:	Employer Fax Number:
Are you: Full Time Part Time Permanent Temporary	Are you: Full Time Part Time Permanent Temporary
If Temp give name of Temp Service:	If Temp give name of Temp Service:
Hourly Wage: Salary:	Hourly Wage: Salary:
Average Gross Pay: Average Bring Home:	Average Gross Pay: Average Bring Home:
Hours Worked Per Pay Period:	Hours Worked Per Pay Period:
Overtime Worked Per Pay Period:	Overtime Hours Worked Per Pay Period:
Are You Paid: Weekly-Bi-Weekly-Bi-Monthly – Monthly	Are You Paid: Weekly–Bi-Weekly-Bi-Monthly - Monthly
Are You Paid: Tips Commissions Bonus' Cash	Are You Paid: Tips Commissions Bonus' Cash
Est. Total Amount of Annual Income:	Est. Total Amount of Annual Income:
Est. Miles round trip to and from work:	Est. Miles round trip to and from work:

If employed through a Temporary Service please submit name, address and phone number of the Service Agency

ADDITIONAL INCOME INFORMATION

List additional **estimated** monthly income received other than earned income (wages). This includes, but not limited to all “working from home” or “door to door sales”, alimony, rental income, income received from government agencies, family, friends, selling crafts, etc.

Rental Income:	Unemployment:	Assistance From Family or Others:
Social Security:	Pensions of Any Kind:	Seasonal Work:
SSI:	Dividends:	Auto Resale:
VA Benefits:	Working on Cars:	Grants/Scholarships:
TANF:	Lawn Work:	Other Part Time Work:
Alimony:	Craft Sales:	Home Computer Work or Repair:
Workers Compensation:	*Baby Sitting:	Door to Door Sales:

- Baby Sitting does not include Licensed Home Day Cares – Home Day Cares are defined as self-employment and therefore require submittal of the most recently file income tax form.

CRIMINAL HISTORY

If any member of your household has been charged of any offense this information **MUST** be reported. Misrepresentation of facts shall be considered just cause for immediate termination of your assistance or immediate removal of your name from the waiting list(s).

Head of Household	Co-Head
Name:	Name:
Month and Year of Occurrence:	Month and Year of Occurrence:
Crime Committed:	Crime Committed:
Time Served:	Time Served:
If this person Currently on Parole/Probation:	If this person Currently on Parole/Probation:
City/State/County of Offense:	City/State/County of Offense:

If you require additional space for providing information see page 5 of this application.

CHILD SUPPORT PROVIDER INFORMATION

Please attach a copy of Divorce or Judgment papers which state the monthly amount to be received

Name of Provider:	Amount Rec'd Each Month:
Mailing Address:	Is payment sent directly to you?
City/St/Zip:	Is payment rec'd via Child Support Division?
Is payment rec'd in accordance to Divorce/Judgment?	Date Last Payment was received:

DAY CARE PROVIDER INFORMATION

Name of Provider:	Phone Number:
Mailing Address:	Name of Person to Contact Concerning Payments:
City/St/Zip:	Amount Paid Weekly by you:
Avg. # of hours children attend day care (weekly)?	Amount of co-payment paid on your behalf:
# of Children Attending Day Care:	Name of Person or Agency that pays your Co-Payment?

NEAREST LIVING RELATIVE

Name:	Phone:
Address:	Name of contact person:
City/St/Zip:	Relationship to head of household:

REASON FOR HOUSING NEED

Without Housing:	No Modern Plumbing:	Living in Overcrowded Condition:
No Installed Tub/Shower:	No Running Water:	# of Bedrooms in current home:
Inadequate Electric:	Inadequate Heating:	# of Persons Living in Household:
Dwelling Structure Unsafe::	No Operating/Proper Stove Connections:	Other (Explain)

Are you related to any current Tribal Employee or Council member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?
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REASON FOR ASSISTANCE

Please answer all questions. A space has been provided for answers that cannot be answered with a simple yes or no.

QUESTION	YES	NO	*NA
1. Are you a Service/War Veteran			
2. Have you received your DD214			
3. Are you currently employed as a Law Enforcement Officer			
4. Are you currently a holder of a Section 8 Certificate or Voucher			
5. Are you or any family member in need of handicap accessible housing			
6. Have you filled out an application with any other housing authority (Indian or Public)			
6a. If yes, list name of housing authority	X	X	X
7. Have you or your spouse ever lived in an Indian Housing Authority home			
7a. If yes, was it a rental or homeownership	X	X	X
8. Have you or your spouse ever been evicted			
8a. If yes, please give brief explanation	X	X	X
9. Have you or your spouse ever filed for bankruptcy			
9a. If yes, was it Chapter 7 – 11 – 13 (please circle one)	X	X	X
9b. What year was the bankruptcy filed	X	X	X
9c. Has the bankruptcy been discharged			
10. Do you or your spouse have any liens or judgments filed against you from the State or IRS			
11. Do you own land			
11a. If yes, list name of city or county land is located in	X	X	X
11b. If yes, number of acres – if lot(s), list approximate size	X	X	X
11c. Is the land held in trust by the Government			
11d. Is the land in your name			

INFORMATION FOR HOUSING REQUEST

Please check your choice or choices below.

COUNTY OF CHOICE:

WASHINGTON _____, CRAIG _____, NOWATA _____, ROGERS _____

PROGRAM CHOICE:

LOW RENT FAMILY _____, LOW RENT ELDERLY _____ HOME-OWNERSHIP _____

Please use this space to explain, in greater detail, any answers you have given on this application:

PLEASE READ THE STATEMENT BELOW AND SIGN WHERE REQUIRED.

This statement must be signed by all household members age 18 and older. Application will be DENIED if not submitted complete with all requested documentation.

I/We have answered every question and filled in all the requested information to the best of my/our ability. No fraudulent statements have been made and I/we have no objection to inquiries being made for the purpose of verification of statements made herein. **I/WE UNDERSTAND THAT FALSE STATEMENTS ARE SUBJECT TO PROSECUTION AND OR REJECTION OF MY APPLICATION.**

By signing this application, I/We agree to allow a home visit and to provide any additional information requested. I/We have also attached certification of my/our Indian Ancestry, which is one of the following:

1. A letter of acknowledgement from Tribe
2. A letter of acknowledgement from the Secretary of the Interior
3. A copy of my Tribal Enrollment Card
4. A Certificate of Degree of Indian Blood card (CDIB).

I/We understand that I/we must update my/our application at least once a year and must notify the **DELAWARE TRIBE HOUSING PROGRAM** of any changes of address, income or family composition, and answer any correspondence that the **DELAWARE TRIBE HOUSING PROGRAM** sends to me/us or my/our file will become inactive. I/We further understand that if my/our file becomes inactive I/we will have to reapply.

Applicant's Signature

Date

Co-Head's Signature

Date

Other Household Member over 18

Date

Other Household Member over 18

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT

I authorize and direct any Federal, State, or Local Agency, organization, business, or individual to release to the DELAWARE TRIBE HOUSING PROGRAM any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the programs managed by the DELAWARE TRIBE HOUSING PROGRAM, and/or other housing assistance programs. I understand and agree that this Authorization of Consent for Release of Information of the information obtained with its use may be used by the DELAWARE TRIBE HOUSING PROGRAM in administering and enforcing program rules and policies.

I also consent for the DELAWARE TRIBE HOUSING PROGRAM to release from my files about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or DTHP policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding myself and/or my household may be needed. Verifications and inquiries that may be requested **include, but are not limited to:**

Identity and Martial Status	Banking, Loans, Payment History
Employment, Income, and Assets	Utility, Gas, Water, Electric Payment History
Residence and Rental Activity	Medical or Child Care Allowances
Credit or Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MY BE ASKED TO SUPPLY INFORMATION

The groups or individuals that may be asked to release the above information **include but not limited to:**

Previous and Present Landlord(s)	Past and Present Employers
Courts and Post Offices	Veterans Administration
Schools and Colleges	Law Enforcement Agencies
Support and Alimony Providers	State Unemployment Agencies
Social Security Administration	Medical and Child Care Providers
Retirement and Pension Agencies	Banks and Other Financial Institutions
Credit Providers and Credit Bureaus	Utility Companies
Department of Human Services	Other Housing Agencies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the DELAWARE TRIBE HOUSING PROGRAM may conduct computer-matching programs to verify the information supplied for my application or recertification's. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the DELAWARE TRIBE HOUSING PROGRAM may in the course of its duties exchange such automated information with other Federal, State or local agencies, **including but not limited to:**

State Employment Security Agencies	Department of Defense
Office of Personnel Management	U.S. Postal Service
Social Security Agency	State welfare and food stamp agencies

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the DTHP and will stay in effect for a year and one month from the date signed. I understand I have the right to review any information received through the use of this release and correct any information that I can prove is incorrect.

Head of Household

(Print name)

Date

Co-Head

(Print name)

Date

Other Adult Member

(Print name)

Date

NOTE: THIS GENERAL CONSENT MAY NOT IS USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.