



Department of Community Services / Housing Division

Post Office Box 788 / Ada, OK 74821-0788 / (580) 421-8800 / Fax: (580) 559-0720

Please check all programs that may apply:

98 Rental Assistance Program 37 Rental Assistance Program 37 Homeowners Program

Applicant name: First Middle Last Suffix

Mailing address: Street City State ZIP

Physical address: Street City State ZIP

Work phone no.: Cell phone no.:

Email address:

Desired location: Town: County:

Selected location: (See attached for 37 Rental Assistance Program locations)

Family composition - complete the information below for all family members who are living in your home:

Table with 8 columns: Name of family member, Birth date, Gender, Relationship to head of household, Social Security no., Age, Type of income, Employer. Includes a row for 'Head of household'.

Is any member of your household handicapped or disabled? Yes No
Is any member of your household a veteran? Yes No If yes, DD214 form required.

Additional income information:

Does any member of your household attend college or vo-tech? Yes No Receive grants? Yes No
List type of grant and amount:
Does any member of your household receive cash contributions from individuals not living with you? Yes No
\$ / per week month
Does any member of your household receive child support? Yes No (If yes, list amount: \$)

Family assets information:

Does any member of your household have a checking/savings account? Yes No
Bank name: Address: Account no.:
Bank account balance: \$
Does any member of your household receive income from interest or dividends from certificates of deposit, stocks or bonds? Yes No If yes, list name and address of institution from which you purchased such: Monetary value: \$

Have you disposed of assets within the last two years (e.g., land, home, money, automobile, etc.)? Yes No
If yes, please provide proof and value of said asset: \$
Please list all assets that you currently hold (e.g., land, home, money, automobile, etc.):

Does any member of your household own interest and receive revenue checks from oil or gas wells?  Yes  No  
If yes, give monthly amount: \$ \_\_\_\_\_ Name and address of company: \_\_\_\_\_

**Current housing information:**

Present living conditions:  Renting  Buying a home/mobile home  Living with relatives

If you presently own a home, explain conditions: \_\_\_\_\_

If renting, amount of rent: \$ \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ Name of landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone no.: (\_\_\_\_) \_\_\_\_\_

Previous address: \_\_\_\_\_ Name of landlord: \_\_\_\_\_

Amount of rent: \$ \_\_\_\_\_ Address: \_\_\_\_\_

Phone no.: (\_\_\_\_) \_\_\_\_\_

**Previous housing information:**

Have you ever received rental assistance?  Yes  No If yes, what agency? \_\_\_\_\_

Have you ever received low rent or homeownership housing?  Yes  No If yes, what agency? \_\_\_\_\_

Do you currently owe the Chickasaw Nation Housing Division any outstanding balance?  Yes  No

If approved for the housing program, can you furnish your own building site?  Yes  No

Do you own the title to this land?  Yes  No How long have you been in possession of this land? \_\_\_\_\_

**IF "YES" IS CHECKED ON THE FOLLOWING FELONY QUESTION, PLEASE EXPLAIN THE CHARGE, DATE OF THE CHARGE AND SENTENCING ON THE LINES BELOW. YOU WILL ALSO NEED TO PROVIDE LEGAL DOCUMENTATION. IF "YES" IS CHECKED FOR DRUG COURT PLEASE PROVIDE DOCUMENTATION ON WHAT PHASE YOU ARE IN.**

Have you ever been arrested or convicted of a felony?  Yes  No

Are you currently participating in a drug court program?  Yes  No

Are you a registered sex offender?  Yes  No

List name, address and phone number of two relatives or friends who generally know how to contact you.

Name of contact person	Address	Phone no.	Relationship

**Ethnic group (statistical purpose only):**

1.  Caucasian, not of Hispanic origin 2.  African American, not of Hispanic origin

3.  First American or Alaskan Native 4.  Hispanic 5.  Other **Tribal affiliation:** \_\_\_\_\_

I understand that the above information is being collected to determine my eligibility for housing services. Information given will be verified and may be released to appropriate federal, state or local agencies. I certify that the statements in this application are true and complete to the best of my knowledge and belief, I understand that incorrect information or false statements are punishable under federal law.

\_\_\_\_\_  
Head of household signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse signature

\_\_\_\_\_  
Date

**Internal use only:**

**Preference category:**

1. Chickasaw citizen 2. First American 3. Non-First American ("37" Rental Assistance Only)

Priority: \_\_\_\_\_ Ranking points: \_\_\_\_\_ Bedroom size: \_\_\_\_\_

**Division Use Only**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initial: \_\_\_\_\_

Overcrowded?  Yes  No

**CERTIFICATION:** On the basis of the determination set forth above, the applicant family named herein has been found to be:

Eligible for admission  Ineligible Reason for ineligibility: \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date

Background check completed:  Yes  No Date: \_\_\_\_\_ Sex offender check completed:  Yes  No Date: \_\_\_\_\_