



**the
Chickasaw Nation
Housing Division**

111 Rosedale Road / Post Office Box 788 / Ada, Oklahoma 74821-0788
(580) 421-8800 / Fax (580) 559-0720

**Bill Anoatubby
Governor**

HOME IMPROVEMENT GRANT APPLICATION

Name of applicant: _____ Birth date: _____
First Middle Last Suffix

Physical address: _____ City: _____ State/ZIP: _____

Mailing address: _____

County: _____ Home phone: _____ Cell phone: _____

List improvements you need to have made to your home. A list of eligible work items is attached for your review.

Have you previously received a home improvement grant? Yes No If yes, date: _____

Are you a veteran, honorably discharged? Yes No If yes, please provide Form DD214.

Certification: I certify by my signature below that the information provided in this application is true and correct. I further acknowledge that any misrepresentation or withholding of information in applying for assistance shall be considered grounds for ineligibility. The housing division reserves the right to seek legal action and/or remedies against any applicant on the basis of fraud.

Applicant's signature: _____ Date: _____

For Division Use Only

Application received by: _____ Date: _____

Application reviewed by: _____ Date: _____



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REQUEST FOR RELEASE OF INFORMATION

Applicant: _____ Date: _____
 First Middle Last Suffix

Address: _____ Phone: _____

City: _____ STATE: _____ ZIP: _____

In applying for the grant, I completed an application containing various information on the purpose of the grant, with employment and income information. I certify that all of the information is true and complete. I made no misrepresentation in the application or other documents, nor did I omit any pertinent information.

I hereby give my consent for information contained in the application and in other documents required in connection with the grant, either before the grant is approved or as part of its quality control program, to be verified or re-verified. This verification or re-verification may be made by the Chickasaw Nation Housing Division, its agent, successors and/or assigns. Such information includes, but is not limited to, employment verification and copies of income tax returns and/or W-2 forms.

Photographic or carbon copies of the signatures(s) of the undersigned may be deemed to be equivalent to the original and may be used as a duplicate original.

Applicant signature

Date

Social Security #

Spouse signature

Date

Social Security #

Other adult member

Date

Social Security #



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FAMILY SUMMARY SHEET
(list only members in your household)

First name	Middle name	Last name	Suffix	Relationship	Sex	Birth date
1				HEAD OF HOUSEHOLD		
2						
3						
4						
5						
6						
7						
8						
9						
10						