



**Department of Community Services / Housing Division**  
111 Rosedale Road / P.O. Box 788 / Ada, OK 74820-0788 / (580) 421-8800 / Fax: (580) 421-8885 /  
Email: [AdmissionsDept@Chickasaw.net](mailto:AdmissionsDept@Chickasaw.net)

## Apartment Application

**Division use only:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Initials: \_\_\_\_\_

Rental program applying for:  Veteran rental  Senior rental

Name: \_\_\_\_\_  
First Middle Last Suffix

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_ Work phone no.: (\_\_\_\_) \_\_\_\_\_

Desired location: \_\_\_\_\_

Email address: \_\_\_\_\_

Family composition: List all family members in your household, including yourself.

Name of family member	Birth date	Sex	Relationship to head of household	Social Security Number	Age

Household income: List income for all family members. If a family member has more than one income source, please list each income on a separate line.

Name of family member	Income type	Amount	How often received

**Household information:**

Is any member of your household disabled?  Yes  No

Is the head of household a Veteran? (please include a copy of DD214 with application)  Yes  No

Is the head of household a Chickasaw citizen?  Yes  No

Does your household receive cash contributions from anyone outside the home?  Yes  No  
(If yes, list the amount and frequency in the income section of the application)

Has any member of your household been convicted of a felony or violent crime?  Yes  No

Is anyone in your household a registered sex offender?  Yes  No

Is any member of the household participating in a drug court program?  Yes  No

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

Does any member of the household have a checking or savings account?  Yes  No

Bank name: \_\_\_\_\_ Location: \_\_\_\_\_

Account no.: \_\_\_\_\_  
(Please have your financial institution fill out the attached banking form)

**Current living conditions:**

Renting  Purchasing a home or mobile home  Living with relatives/friends  Homeless  Own

Rental payment \$ \_\_\_\_\_ Mortgage payment \$ \_\_\_\_\_

Name and phone number of your landlord: \_\_\_\_\_

Name and phone number of your mortgage holder: \_\_\_\_\_

Condition of current housing:  Good  Fair  Poor If poor, please explain: \_\_\_\_\_

Does anyone in the household require an emotional support animal?  Yes  No

If so, what kind of animal is it?  Dog  Cat

(Only common household, domesticated pets will be allowed). Approval of pets will be kept in accordance with the provisions of the pet rules and regulations. Professional documentation will need to be submitted showing need for the animal. A signed certificate by a veterinarian showing the vaccine record is up to date, along with a pet license number, is required.

**Asset information:** List any assets your household currently owns:

Land/house/other	Current Value	Location/address
	\$	
	\$	

Has anyone in your household disposed of/sold any assets within the last 2 years?  Yes  No  
 If so, please list the value and date sold: Value: \_\_\_\_\_ Date sold: \_\_\_\_\_

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

- Caucasian, not of Hispanic origin  African American, not of Hispanic origin  Hispanic  
 First American or Alaskan Native  Other: \_\_\_\_\_

If First American, please list tribal affiliation: \_\_\_\_\_

I understand that the above information is being collected to determine 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. I understand that incomplete applications submitted may cause a delay.

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

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

\*\*\*\*\*  
**Internal use only:**

Preference category: 1. Chickasaw citizen 2. Other Native 3. Non-native

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

**Certification:**

Based on the determination set forth above, the applicant family named herein has been found to be:

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

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant	Back Ground check date	Significant other check date	FP approved	Approved
Head of household				<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other adult				<input type="checkbox"/> Yes <input type="checkbox"/> No