



*the*  
**Chickasaw  
Nation**

DEPARTMENT OF COMMUNITY SERVICES

DIVISION OF HOUSING | 111 ROSEDALE ROAD  
POST OFFICE BOX 788 | ADA, OK 74821-0788 | (580) 421-8800

*Bill Anoatubby*  
Governor

*Chris Anoatubby*  
Lt. Governor

Dear Applicant:

Enclosed is the housing application that you have requested. Please read the attached checklist carefully as all requested information must be provided before we process your application(s); incomplete applications will be returned.

Listed below are the documents required for processing your application:

- Chickasaw citizenship card and/or Certificate of Degree of Indian Blood (CDIB) card for head of household or spouse.
- Social security cards for all household occupants.
- Driver's License/photo ID for anyone 18 or older.
- Birth Certificates/proof of custody for all children.
- Employment verifications for all household members who are age 18 years or older. Retirement, TANF, unemployment benefits, workers compensation, social security benefits, SSI, DHS, college grants/scholarships, or child support (money received) of all household occupants. If you do not have an income, you must complete a Zero Income Questionnaire.
- If you own land, a home/mobile home, etc., an appraisal of the property will be required. This will need to be done by a real estate associate, broker, etc. and must be on their letterhead showing the current market value.
- All persons 18 years and older-
  - 1) Sign and date the Release of Information
  - 2) Privacy Act and
  - 3) Background check forms
- The Conflict of Interest Disclosure must be completed and signed by applicant.

We look forward to providing you with this service. If we can be of assistance to you in completing the application, you may contact our office at (580) 421-8800.

Sincerely,

Admissions Specialist  
Housing Management Services

Enclosures



# THE CHICKASAW NATION HOUSING DIVISION HOUSING PROGRAMS

## **“98” RENTAL ASSISTANCE PROGRAM (RAP)**

This program allows for houses, apartments and mobile homes to be leased from landlords who own rental property within the Chickasaw Nation service area (see attached map). Approved applicants will be invited to an information briefing to receive their housing vouchers.

Program requirements:

- Native American with a Certificate of Degree of Indian Blood
- Low income

## **“37” RENTAL ASSISTANCE PROGRAM**

Provides rental assistance to tenants in apartments that are owned by the Chickasaw Nation Housing Authority. Apartment complexes are located at:

### ADA DISTRICT

Allen  
Byng  
Davis  
Latta  
Marie Bailey Sr. Site  
Stonewall  
Sulphur

### ARDMORE DISTRICT

Ardmore  
Healdton  
Marietta  
Tishomingo

### DUNCAN DISTRICT

Duncan  
Marlow  
Rush Springs

Program requirements:

- Native American preference
- Low income

Applications must be updated every six months.

Priority for rental assistance programs:	Priority 1	All Chickasaw citizens
	Priority 2	All other Native Americans

Additional preference is given to families that are elderly, disabled or a Veterans.

## **HOMEOWNERS PROGRAM**

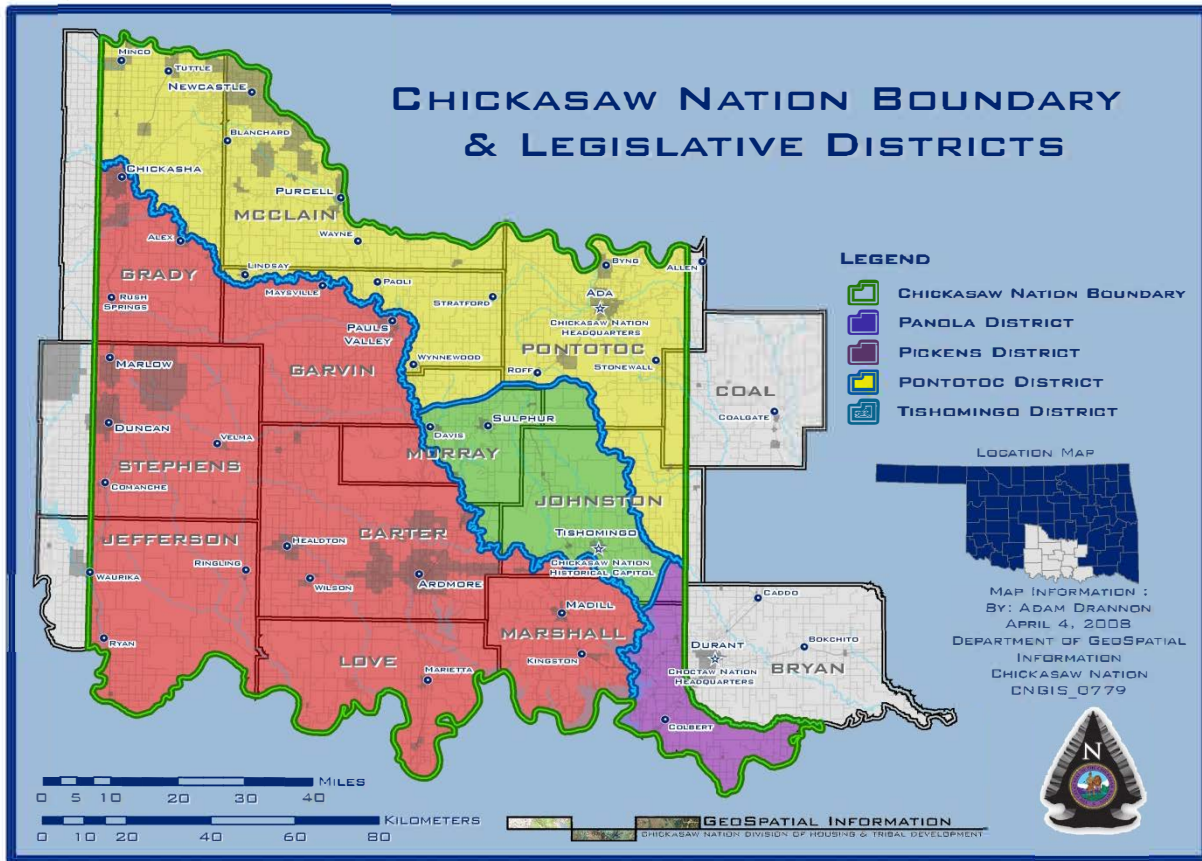
This program offers a home ownership opportunity of new homes at an affordable cost. Houses are built by the Chickasaw Nation Housing Division within the Chickasaw Nation service area (see attached map).

Program requirements:

- Native American with a Certificate of Degree of Indian Blood
- Minimum yearly income of \$21,300.00
- Maximum annual income is determined by established Federal guidelines

Priority for Homeowners Program:	Priority 1	All Chickasaw citizens
	Priority 2	All other Native Americans

Additional preference is given to families with children, couples with no children and Veterans.





*the*  
**Chickasaw**  
**Nation**

**Department of Community Services / Housing Division**

111 Rosedale Road / P.O. Box 788 / Ada, OK 74820-0788 / (580) 421-8800 / Fax (580) 421-8885

**Bill Anoatubby**  
Governor

**PLEASE CHECK ALL PROGRAMS THAT MAY APPLY:**

Homeowners Program     "37" Rental Assistance Program     "98" Rental Assistance Program

Applicant name: \_\_\_\_\_  
First Middle Last Suffix

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

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

Same as Mailing

Phone: Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Desired location: Town: \_\_\_\_\_ County: \_\_\_\_\_

\*\*\***(See attached for "37" Rental Assistance Program locations)**\*\*\* Selected location: \_\_\_\_\_

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

Name of family member	Date of birth	Sex	Relationship to head of household	SSN	Age	Type of income	Employer
			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 #: \_\_\_\_\_

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 year (e.g.: land, house, 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, house, 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: \_\_\_\_\_

(See reverse side)

### Current Housing Information

Present living conditions: Are you renting, buying a home/mobile home or living with relatives? \_\_\_\_\_

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

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

Address: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

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

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

Phone number: (\_\_\_\_) \_\_\_\_\_

### 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 number	Relationship

**Ethnic group (statistical purpose only)**

- 1.  White, not of Hispanic origin
  - 2.  Black, not of Hispanic origin
  - 3.  American Indian 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.

Signature of head of household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL USE ONLY**

\*\*\*\*\*

**Preference category:**

**#1 –Chickasaw citizen    #2 – Other Native American    #3 – Non-Native (“37” Rental Assistance Only)**

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

**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:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Background check completed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sex offender check completed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Division use only</b>
Date: _____
Time: _____
Initial: _____
OVERCROWDED ___YES ___NO



**Request for Release of Information**

Family/individual: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last Suffix

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

Physical address: \_\_\_\_\_  
 Same as Mailing Street City State ZIP

Phone: Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

You are requested to provide the Chickasaw Nation Housing Division any information from your records which is needed by the housing division in determining eligibility for the above named participant/tenant and his/her family.

Your cooperation and prompt return of the information will be appreciated and this information will be held in confidence and used only by the housing division as legally permissible.

I give my permission for you to release this requested information to the Chickasaw Nation Housing Division.

\_\_\_\_\_  
Signature of head of household

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Signature of spouse

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Signature of other adult member

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Signature of other adult member

\_\_\_\_\_  
Social Security number



**Privacy Act Notice**

The Chickasaw Nation Housing Division is authorized to collect information by the Native American Housing Assistance and Self Determination Act of 1996 (NAHASDA). You must provide all of the information requested by the housing division, including all Social Security numbers you and all other household members age six years and older have and use.

Your income and other information are being collected by the division of housing to determine your eligibility, the appropriate bedroom size and the amount your family will pay toward rent. This information may be released to appropriate federal, state and local agencies when relevant and to civil, criminal or regulatory investigators and prosecutors pursuant to federal law.

The information will not be otherwise disclosed or released except as permitted or required by law. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

\_\_\_\_\_

Head of household

\_\_\_\_\_

Date

\_\_\_\_\_

Spouse

\_\_\_\_\_

Date

\_\_\_\_\_

Other adult member

\_\_\_\_\_

Date

\_\_\_\_\_

Other adult member

\_\_\_\_\_

Date





**Background Check Verification**

**Please complete the top portion of this form and return with your application. You may take this form to your local law enforcement agency for completion or the Housing Division will ensure that the background check is completed.**

The individual listed below has applied for housing at the Chickasaw Nation Housing Division (**OK062029Q**). Please furnish information on any possible felony arrests and/or convictions for the name listed below.

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

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

\_\_\_\_\_  
Housing division representative Date

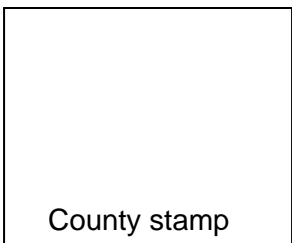
**I HEREBY AUTHORIZE THE RELEASE OF THE ABOVE REQUESTED INFORMATION.**

\_\_\_\_\_  
Applicant/tenant signature Date

- .....
- Our records indicate the individual above possibly **does not** have a record of a felony arrest or conviction.
  - Our records indicate the following possible felony arrests or convictions.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized official – title Date Phone number





**Conflict of Interest Disclosure**

The Chickasaw Nation Housing Division takes seriously any actual or potential conflicts of interest. As we wish to avoid even the appearance of a conflict, we ask all applicants to disclose any immediate family members, or other significant persons, which could potentially cause a conflict of interest. For this purpose, immediate family member includes, but is not limited to, spouse, children, parents and siblings.

Please list any relationship here (please print):

---

---

---

---

---

---

---

---

**Attestation:** The undersigned individual(s) hereby attest(s) that he/she is a participant in one or more of the housing division programs and that he/she is independent of and has no conflict of interest with any persons not listed above.

\_\_\_\_\_  
Signature of head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of spouse

\_\_\_\_\_  
Date

**FOR DIVISION USE ONLY:**

CURRENT HOUSING SITUATION PRIOR TO ASSISTANCE

- |  |   |
|--|---|
| <input type="checkbox"/> OVERCROWDED         | <input type="checkbox"/> SUBSTANDARD            |
| <input type="checkbox"/> ELDERLY/SUBSTANDARD | <input type="checkbox"/> HOMELESS               |
| <input type="checkbox"/> DISABLED            | <input type="checkbox"/> STUDENTS ASSISTED WITH |
| <input type="checkbox"/> RENTAL TO OWNER     | <input type="checkbox"/> HIGHER EDUCATION       |



*the*  
**Chickasaw**  
*Nation*

**Department of Community Services / Housing Division**

111 Rosedale Road / P.O. Box 788 / Ada, OK 74820-0788 / (580) 421-8800 / Fax (580) 421-8885

**Bill Anoatubby**  
Governor

**Banking Verification**

Applicant/tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security number: \_\_\_\_\_

\_\_\_\_\_ Social Security number: \_\_\_\_\_

Account number: \_\_\_\_\_

I hereby grant **the Chickasaw Nation Housing Division** permission to make inquiries regarding my income and assets. I understand that this information will be kept confidential.

\_\_\_\_\_  
Applicant/tenant signature

.....  
**\*\*TO BE COMPLETED BY YOUR BANKING INSTITUTION\*\***

Current checking account balance: \_\_\_\_\_

Interest rate paid: \_\_\_\_\_

Interest received in the past 12 months: \_\_\_\_\_

Current savings account balance: \_\_\_\_\_

Interest rate paid: \_\_\_\_\_

Interest received in the past 12 months: \_\_\_\_\_

Amount of savings certificates: \_\_\_\_\_

Interest rate paid: \_\_\_\_\_

Interest received in the past 12 months: \_\_\_\_\_  
.....

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Housing representative



**EMPLOYMENT INCOME VERIFICATION**

Employee name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee address: \_\_\_\_\_ Soc. Sec. no.: \_\_\_\_\_

The Chickasaw Nation Housing Division is required to verify the income of all applicants/tenants/participants of the programs. The person named above states that he/she is now employed by your firm. Your cooperation in supplying the information requested below will be appreciated and of benefit to your employee. Such information will be held in confidence and used only by the housing division as legally necessary.

\_\_\_\_\_ Date

\_\_\_\_\_ Housing division representative

I hereby authorize the release of this information to the Chickasaw Nation Housing Division.

\_\_\_\_\_ Date

\_\_\_\_\_ Employee signature

**INFORMATION BELOW IS TO BE COMPLETED BY EMPLOYER ONLY!**

\*\*\*\*\*

1. Date of employment: \_\_\_\_\_

2. Occupation: \_\_\_\_\_

3. Employment is:  Permanent:  Temporary:  Part-time:  Seasonal:

If seasonal or temporary, please explain: \_\_\_\_\_

4. Current average number of hours worked per week: \_\_\_\_\_ Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

5. Current base pay rate: \$ \_\_\_\_\_ per: \_\_\_\_\_ Date effective: \_\_\_\_\_

6. Expected change in rate of pay (date): \_\_\_\_\_

New base pay rate: \$ \_\_\_\_\_ per: \_\_\_\_\_

7. If overtime rate is paid, at what rate is it paid: \$ \_\_\_\_\_

8. Amount of bonus, incentive pay, commission and/or tips: \$ \_\_\_\_\_ per: \_\_\_\_\_

9. If seasonal or sporadic employment, give lay-off periods: \_\_\_\_\_

10. Does this employee receive vacation with pay? \_\_\_\_\_ Sick leave with pay? \_\_\_\_\_

11. Amount deducted for medical/hospital insurance: \$ \_\_\_\_\_ per: \_\_\_\_\_

Weekly, bi-weekly, monthly

12. Amount deducted for child support: \$ \_\_\_\_\_ per: \_\_\_\_\_

Weekly, bi-weekly, monthly

13. Anticipated total earnings for next 12 months: \$ \_\_\_\_\_

**The above information is true and correct to the best of my knowledge. I understand that any false statements of information are punishable under federal law.**

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

Firm name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_



**Zero Income Verification**

This form is to be completed by all adults living in the household who do not have income.

**Answer the questions below either no or yes.**

I, \_\_\_\_\_, do certify that I do not have income from any source:

Include the following:

- No     Yes - Income from performing odd jobs (yard maintenance, house cleaning, baby-sitting, etc.)
- No     Yes – Income received from relatives or friends to aid in maintaining my household.
- No     Yes – Income received from child support or alimony.
- No     Yes – Income from unemployment, Social Security, welfare (DHS), Veterans Administration or Workers Compensation.

\$ \_\_\_\_\_ - Income from grants and scholarships.

\$ \_\_\_\_\_ - Income received from employment or retirement.

**\*\*PLEASE STATE HOW YOU PAY FOR EVERYDAY EXPENSES (RENT, UTILITIES, FOOD, ETC.)\*\***

---



---



---



---



---

Should my income status change, I will notify the Chickasaw Nation Housing Division immediately so that proper verification can be obtained.

I acknowledge that any misrepresentation of income, assets or family composition used from my application to determine eligibility may result in termination of participation in the program, or I may be required to pay the difference between the total tenant's payment paid and the amount which should have been paid.

\_\_\_\_\_  
Signature of applicant/tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing division representative

\_\_\_\_\_  
Date