



Housing Authority of the Seminole Nation

P.O. Box 1493 • Wewoka, OK 74884 • 101 S. Hitchite

Office (405)257-6604 Fax (405)257-3961

Lease Purchase Program/Down Payment Closing Cost Program: Income Requirements are as follows:

Family Size	Minimum Income	Maximum Income	Family Size	Minimum Income	Maximum Income
1	\$10,712	\$38,080	5	\$19,736	\$58,752
2	\$12,968	\$43,520	6	\$21,992	\$63,104
3	\$15,224	\$48,960	7	\$24,248	\$67,456
4	\$17,480	\$54,400	8	\$26,504	\$71,808

To stay active on the home ownership waiting list you must update your application; (We must have current phone number and current address.)

- Lease Purchase Program- every year

Rental Assurances/Low Rent: Income Requirements are as follows:

Family Size	Minimum Income	Maximum Income	Family Size	Minimum Income	Maximum Income
1	\$5,500	\$38,080	5	\$14,524	\$58,752
2	\$7,756	\$43,520	6	\$16,780	\$63,104
3	\$10,012	\$48,960	7	\$19,036	\$67,456
4	\$12,268	\$54,400	8	\$21,292	\$71,808

To stay active on the rental waiting list you must update your application;

- Rental Assurances- 6 months
- Low Rent- yearly

Low Income Housing Tax Credit Program: Income Requirements are as follows:

Family Size	Minimum Income	Maximum Income	Family Size	Minimum Income	Maximum Income
1	\$5,500	\$19,300	5	\$14,524	\$29,800
2	\$7,756	\$22,100	6	\$16,780	\$32,000
3	\$10,012	\$24,850	7	\$19,036	\$34,200
4	\$12,268	\$27,600	8	\$21,292	\$36,450

To stay active on the LIHTC waiting list you must update your application;

- LIHTC- every 6 months
- LIHTC Application—You must ask for if you want to apply for this program

Housing Application

- 1) Please submit **COMPLETED APPLICATIONS ONLY.**
Incomplete applications will not be processed.
 - 2) **APPLICANTS MUST NOT** have any balance due to landlord or other Housing Authorities.
(applies to all household members over the age of 18)
 - 3) All applications for **Rental and DP/CC** will be served with preference given as list:
 - a) Seminole Nation Tribal Members
 - b) All Other Tribes
 - 4) All applications for the **Lease Purchase Program/Low Income Tax Credit Program** will be served with preference given as listed:
 - a.) Full Blood Seminole Tribal members – 5 Points
 - b.) Disabled/Elders Seminole Tribal members – 4 Points
 - c.) Veterans –Seminole Tribal members – 3 Points
 - d.) Near Elderly Seminole Tribal members – 2 Points
 - e.) All Seminole Tribal members – 1 Point
 - f.) All other tribes will be considered for preference points when all Seminole Tribal members have been served.
 - 5) **DOCUMENTS NEEDED BEFORE APPLICATION WILL BE PROCESSED:**
(ALL documents must be attached with application)
 - a) Picture identification for all members of the household over the age of 18.
 - b) A copy of front and back of CDIB Cards and Tribal Enrollment Card or Statement (Head of Household).
 - c) Social Security Cards (All household members).
 - d) Birth Certificates (All household members).
 - e) Marriage License/Divorce Decree/Custody Decree (if applicable).
 - f) Official Common Law Marriage Papers (if applicable).
 - g) Any other supporting documents requested.
 - h) Award letters for income such as Social Security, SSI, Disability, Unemployment Benefits, VA Benefits, Workman's Comp, and Most Current Monthly Check Stubs (if applicable).
 - i) Pre-Qualification Letter. (DP/CC)
 - j) Current Income Tax Return and current income verification. (DP/CC, Rental Assistance & Low Rent, LIHTC)
 - k) Must have 6 Pay check stubs for LIHTC program.
 - l) Child Support Statement from 6 months back to present. (LIHTC)
 - 6) Applications will not be processed if income guidelines are not met.
 - 7) Applicants and household members over the age of 18 will be checked for any past utility, outstanding civil charges, and landlord rental dues owed.
 - 8) Applicant and household members over the age of 18 are subject to a criminal background check.
 - 9) If anyone in the household is over the age of 62, disabled or handicapped and have medical expenses please submit verification.
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- 10) Any person over the age of 18 years in the household receiving VA, Social Security, and SSI must fill out the required Social Security and/or VA forms attached. (If applicable)
- 11) Deductions for eligible expenses such as child care, mileage, etc. will not be calculated until occupancy begins.
- 12) Any applicant and household members over the age of 18 that is not working must fill out an unemployment statement. (See attachment).

IT IS THE APPLICANTS RESPONSIBILITY:

- a) Update the application annually (failure to do so will result in your application becoming inactive). See front page for time frames.
- b) Notify the Housing Authority of any changes in income, family composition, phone number, and/or address.
- c) Answer any and all correspondence from the Housing Authority.

When your application has been submitted with all supporting documents you will be notified by mail when your application has been approved or denied. If your application is approved, your name will be PLACED ON A WAITING LIST. When a unit becomes available you will be contacted by phone or mail.

INDICATE WHICH PROGRAM(S) IN WHICH APPLYING FOR:

- Lease Purchase Program Rental Assistance Low Rent
- Down Payment/Closing Cost Veteran's Housing

If preference is not indicated, application will be processed for Rental Program only.

Warning!

ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN A FINE AND/OR IMPRISONMENT AND REJECTION OF YOUR APPLICATION

HOUSING APPLICATION
SEMINOLE NATION HOUSING AUTHORITY
(PLEASE USE INK)

LIST ALL PEOPLE(S) WHO WILL BE LIVING IN THE HOUSEHOLD: (USE ADDITIONAL SHEET IF NECESSARY)

ALL SPACES MUST BE COMPLETED. IF THE QUESTION DOES NOT APPLY TO YOU, MARK N/A.

MARRIED SINGLE DIVORCED SEPARATED WIDOWED

NAME: LAST, FIRST, M.I.	RELATION	RACE/TRIBE	SEX	DATE OF BIRTH	SOCIAL SECURITY#
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Current Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Work #: _____ Message #: _____

Present Landlord: _____ Landlord Phone #: _____

Present Landlord Address: _____

Current Rent Amount: \$ _____ Reason for housing need: _____

Are you or any family member handicapped or disabled: (Optional): _____

Certified Disability? _____ Wheelchair: _____

Total Household Income: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, social security, contributions, disability payment, workman’s compensation, retirement benefits, AFDC veteran’s benefits, rental property income, stock dividends, and income from bank accounts, alimony and all other sources.

<u>Employee Name</u>	<u>Employer Name/ Address</u>	<u>Weekly Wages</u>	<u>Other: AFDC,WC</u>	<u>Other: SSI/Disability</u>

Assets: if yes to any, list below.

1. Do you or any household member own or have an interest in any real estate, boat and or mobile home? _____

2. Have you sold any real estate in the last two years? _____

3. Do you own any stocks or bonds? _____

4. Do you have a savings account? _____if yes, give bank, account numbers, and amounts _____

5. Do you own your car? ____ Make/Model _____ Tag #: _____

6. Does anyone outside of your household pay for any of your bills or give you money? _____

If yes, explain: _____

7. Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? _____ if yes, please explain. _____

8. Have you or any member lived in any assisted housing? _____ If yes, where and when? _____

9. Have you or anyone in your household ever been convicted of any crime other than traffic violations? _____ if yes, please explain: _____

10. Have you ever committed any fraud in a federally assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? _____ if yes, please explain: _____

CERTIFICATION: I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. I HEREBY AUTHORIZE THE HOUSING AUTHORITY OF THE SEMINOLE NATION TO VERIFY ANY INFORMATION REGARDING RENTAL HISTORY OR CRIMINAL ACTIVITY, INCLUDING OBTAINING A CONSUMER OR INVESTIGATIVE CREDIT REPORT. I DECLARE UNDER PENALTY OR PERJURY UNDER THE LAWS.

HEAD OF HOUSEHOLD

DATE

RENTAL PROGRAM

***LOW RENT HOUSING UNITS ARE LOCATED IN WEWOKA ONLY.
RENTAL ASSISTANCE HOUSING LOCATED IN SEMINOLE COUNTY ONLY.***

LEASE PURCHASE PROGRAM/ LOW INCOME HOUSING TAX CREDIT PROGRAM

LEASE PURCHASE HOMES ARE IN HOUSING AUTHORITY SERVICE AREA.

LIST THE SERVICE AREA IN WHICH, YOU PREFER TO LIVE (SEMINOLE, WEWOKA, KONAWA, ETC.) IF ANY.

1. _____ 2. _____ 3. _____

DONATING LAND: ____ YES OR ____ NO

a) LAND DEED NEEDS TO BE IN APPLICANTS NAME. (LAND MUST BE APPROVED BY THE DEVELOPMENT DEPARTMENT.)

LIST TWO (2) PERSONAL REFERENCES (MUST NOT BE RELATED):

1) Name: _____ Address: _____ Zip: _____

Phone #: _____ How long acquainted? _____

2) Name: _____ Address: _____ Zip: _____

Phone#: _____ How long acquainted? _____

LIST TWO (2) NEXT TO KIN:

1) Name: _____ Address: _____ Zip: _____

Phone #: _____ Relationship? _____

2) Name: _____ Address: _____ Zip: _____

Phone #: _____ Relationship? _____

List your previous addresses and landlords for the past three years.

We must have a telephone number and an address for landlords.

Date: From: _____ To: _____

Rental Address: _____ Reason for Moving: _____

Landlord Name: _____ Address: _____ Zip: _____

Date: From: _____ To: _____

Rental Address: _____ Reason for Moving: _____

Landlord Name: _____ Address: _____ Zip: _____

Date: From: _____ To: _____

Rental Address: _____ Reason for Moving: _____

Landlord Name: _____ Address: _____ Zip: _____

Income Information:

#1- Head of Household

Name: _____ Birthday: _____ Social Security #: _____

Relationship: _____ Age: _____ Sex: _____

Tribal Affiliations: _____

Income or Asset Information:

Do you receive or expect to receive any, check **YES** or **NO** to each item, as applicable, and include gross monthly amount.

YES	NO		Gross Mthly Amt
_____	_____	1. Wages, salaries (include overtime, tips, bonuses, etc.)	\$ _____
_____	_____	2. Does any member work for someone who pays them in cash? Or is self-employed.....	\$ _____
_____	_____	3. Regular pay for a member of the armed forces.....	\$ _____
_____	_____	4. Public Assistance (MFIP, GA, TANF, etc.).....	\$ _____
_____	_____	5. Worker’s compensation.....	\$ _____
_____	_____	6. Unemployment benefits or severance pay.....	\$ _____
_____	_____	7. Student financial assistance (public or private, not including Student loans).....	\$ _____
_____	_____	8. Child support (check yes if you have a court order, even if You are not receiving the full amount awarded).....	\$ _____
_____	_____	9. Alimony/Spousal Maintenance.....	\$ _____
_____	_____	10. Social Security income (including unearned income of minor Children.....)	\$ _____
_____	_____	11. Disability benefits including social security disability.....	\$ _____
_____	_____	12. Regular payments from pensions (PERA, railroads, etc.)	\$ _____
_____	_____	13. Regular payments from retirement benefits.....	\$ _____
_____	_____	14. Death Benefits.....	\$ _____
_____	_____	15. Regular Payments from annuities or life insurance dividends	\$ _____
_____	_____	16. Regular Payments from inheritance, insurance settlement, Lottery winnings, etc.....	\$ _____
_____	_____	17. Net income for rental property.....	\$ _____
_____	_____	18. Regular cash and non-cash contributions, assistance with Paying bills or gifts from individuals not living in the unit (Not including groceries).....	\$ _____
_____	_____	19. Other (list)_____	\$ _____
_____	_____	20. Other (list)_____	\$ _____

ASSET:

DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDRE HAVE MONEY HELD IN):

YES	NO		Current Balance
_____	_____	1. Checking Accounts.....	\$ _____
_____	_____	2. Savings Accounts.....	\$ _____
_____	_____	3. Stocks.....	\$ _____
_____	_____	4. Capital Investments.....	\$ _____
_____	_____	5. Bonds.....	\$ _____
_____	_____	6. Trusts.....	\$ _____
_____	_____	7. Securities.....	\$ _____
_____	_____	8. Whole Life Insurance Policy (do not include term life Insurance).....	\$ _____

- ____ 9. 401K..... \$ _____
- ____ 10. IRA/KEOGH Accounts..... \$ _____
- ____ 11. Certificates of Deposit..... \$ _____
- ____ 12. Pension/Retirement/Annuity Accounts..... \$ _____
- ____ 13. Money Market Funds..... \$ _____
- ____ 14. Treasury Bills..... \$ _____
- ____ 15. Safety Deposit Box..... \$ _____
- ____ 16. Lump Sum Payment (i.e., inheritance, insurance settlement,
Lottery winnings, capital gains)..... \$ _____
- ____ 17. Are any accounts held jointly with someone not in the unit?
Which account and with whom? _____
- ____ 18. Other _____

*Include Trust, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

Yes	No	Value
____	____	1. Do you now own Real Estate? \$ _____
		If yes, List address (es):

____ 2. Do you hold a contract for deed? \$ _____

____ 3. Do you have any coin collections, antique cars, gems/jewelry,
Stamps or any other items held as an investment (wedding rings
And personal jewelry do not count)? \$ _____

____ 4. Are any assets held jointly with another person? List person and asset(s).

____ Is combined cash value of all household assets over \$5,000? If yes, 3rd party verification of assets is required.

#2- Spouse

Name: _____ Birthday: _____ Social Security #: _____

Relationship: _____ Age: _____ Sex: _____

Tribal Affiliations: _____

Income or Asset Information:

Do you receive or expect to receive any, check **YES** or **NO** to each item, as applicable, and include gross monthly amount.

YES	NO		Gross Mthly Amt
_____	_____	1. Wages, salaries (include overtime, tips, bonuses, etc.)	\$ _____
_____	_____	2. Does any member work for someone who pays them in cash? Or is self-employed.....	\$ _____
_____	_____	3. Regular pay for a member of the armed forces.....	\$ _____
_____	_____	4. Public Assistance (MFIP, GA, TANF, etc.).....	\$ _____
_____	_____	5. Worker's compensation.....	\$ _____
_____	_____	6. Unemployment benefits or severance pay.....	\$ _____
_____	_____	7. Student financial assistance (public or private, not including Student loans).....	\$ _____
_____	_____	8. Child support (check yes if you have a court order, even if You are not receiving the full amount awarded).....	\$ _____
_____	_____	9. Alimony/Spousal Maintenance.....	\$ _____
_____	_____	10. Social Security income (including unearned income of minor Children.....)	\$ _____
_____	_____	11. Disability benefits including social security disability.....	\$ _____
_____	_____	12. Regular payments from pensions (PERA, railroads, etc.)	\$ _____
_____	_____	13. Regular payments from retirement benefits.....	\$ _____
_____	_____	14. Death Benefits.....	\$ _____
_____	_____	15. Regular Payments from annuities or life insurance dividends	\$ _____
_____	_____	16. Regular Payments from inheritance, insurance settlement, Lottery winnings, etc.....	\$ _____
_____	_____	17. Net income for rental property.....	\$ _____
_____	_____	18. Regular cash and non-cash contributions, assistance with Paying bills or gifts from individuals not living in the unit (Not including groceries).....	\$ _____
_____	_____	19. Other (list).....	\$ _____
_____	_____	20. Other (list).....	\$ _____

ASSET:

DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDRE HAVE MONEY HELD IN):

YES	NO		Current Balance
_____	_____	1. Checking Accounts.....	\$ _____
_____	_____	2. Savings Accounts.....	\$ _____
_____	_____	3. Stocks.....	\$ _____
_____	_____	4. Capital Investments.....	\$ _____
_____	_____	5. Bonds.....	\$ _____
_____	_____	6. Trusts.....	\$ _____
_____	_____	7. Securities.....	\$ _____
_____	_____	8. Whole Life Insurance Policy (do not include term life Insurance).....	\$ _____
_____	_____	9. 401K.....	\$ _____
_____	_____	10. IRA/KEOGH Accounts.....	\$ _____
_____	_____	11. Certificates of Deposit.....	\$ _____
_____	_____	12. Pension/Retirement/Annuity Accounts.....	\$ _____
_____	_____	13. Money Market Funds.....	\$ _____
_____	_____	14. Treasury Bills.....	\$ _____
_____	_____	15. Safety Deposit Box.....	\$ _____
_____	_____	16. Lump Sum Payment (i.e., inheritance, insurance settlement, Lottery winnings, capital gains).....	\$ _____
_____	_____	17. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
_____	_____	18. Other _____	

*Include Trust, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

Yes	No		Value
_____	_____	1. Do you now own Real Estate? If yes, List address (es):	\$ _____

_____	_____	2. Do you hold a contract for deed?	\$ _____
_____	_____	3. Do you have any coin collections, antique cars, gems/jewelry, Stamps or any other items held as an investment (wedding rings And personal jewelry do not count)?	\$ _____
_____	_____	4. Are any assets held jointly with another person? List person and asset(s). _____	

_____ 5. Is combined cash value of all household assets over \$5,000? If yes, 3rd party verification of assets is required.

#3- Other

Name: _____ Birthday: _____ Social Security #: _____

Relationship: _____ Age: _____ Sex: _____

Tribal Affiliations: _____

Income or Asset Information:

Do you receive or expect to receive any, check **YES** or **NO** to each item, as applicable, and include gross monthly amount.

YES	NO		Gross Mthly Amt
_____	_____	1. Wages, salaries (include overtime, tips, bonuses, etc.)	\$ _____
_____	_____	2. Does any member work for someone who pays them in cash? Or is self-employed.....	\$ _____
_____	_____	3. Regular pay for a member of the armed forces.....	\$ _____
_____	_____	4. Public Assistance (MFIP, GA, TANF, etc.).....	\$ _____
_____	_____	5. Worker’s compensation.....	\$ _____
_____	_____	6. Unemployment benefits or severance pay.....	\$ _____
_____	_____	7. Student financial assistance (public or private, not including Student loans).....	\$ _____
_____	_____	8. Child support (check yes if you have a court order, even if You are not receiving the full amount awarded).....	\$ _____
_____	_____	9. Alimony/Spousal Maintenance.....	\$ _____
_____	_____	10. Social Security income (including unearned income of minor Children.....)	\$ _____
_____	_____	11. Disability benefits including social security disability.....	\$ _____
_____	_____	12. Regular payments from pensions (PERA, railroads, etc.)	\$ _____
_____	_____	13. Regular payments from retirement benefits.....	\$ _____
_____	_____	14. Death Benefits.....	\$ _____
_____	_____	15. Regular Payments from annuities or life insurance dividends	\$ _____
_____	_____	16. Regular Payments from inheritance, insurance settlement, Lottery winnings, etc.....	\$ _____
_____	_____	17. Net income for rental property.....	\$ _____
_____	_____	18. Regular cash and non-cash contributions, assistance with Paying bills or gifts from individuals not living in the unit (Not including groceries).....	\$ _____
_____	_____	19. Other (list) _____	\$ _____
_____	_____	20. Other (list) _____	\$ _____

ASSET:

DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDRE HAVE MONEY HELD IN):

YES	NO		Current Balance
_____	_____	1. Checking Accounts.....	\$ _____
_____	_____	2. Savings Accounts.....	\$ _____

- ____ 3. Stocks..... \$ _____
- ____ 4. Capital Investments..... \$ _____
- ____ 5. Bonds..... \$ _____
- ____ 6. Trusts..... \$ _____
- ____ 7. Securities..... \$ _____
- ____ 8. Whole Life Insurance Policy (do not include term life Insurance)..... \$ _____
- ____ 9. 401K..... \$ _____
- ____ 10. IRA/KEOGH Accounts..... \$ _____
- ____ 11. Certificates of Deposit..... \$ _____
- ____ 12. Pension/Retirement/Annuity Accounts..... \$ _____
- ____ 13. Money Market Funds..... \$ _____
- ____ 14. Treasury Bills..... \$ _____
- ____ 15. Safety Deposit Box..... \$ _____
- ____ 16. Lump Sum Payment (i.e., inheritance, insurance settlement, Lottery winnings, capital gains)..... \$ _____
- ____ 17. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____
- ____ 18. Other _____

*Include Trust, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

- | Yes | No | Value |
|------|------|---|
| ____ | ____ | 1. Do you now own Real Estate? \$ _____ |
| | | If yes, List address (es): |

- ____ 2. Do you hold a contract for deed? \$ _____
- ____ 3. Do you have any coin collections, antique cars, gems/jewelry, Stamps or any other items held as an investment (wedding rings And personal jewelry do not count)? \$ _____
- ____ 4. Are any assets held jointly with another person? List person and asset(s). _____

____ 5. Is combined cash value of all household assets over \$5,000? If yes, 3rd party verification of assets is required.

If you or your spouse is over 62, disabled, or handicapped, and have medical expenses, please submit verification for an income adjustment.

Have you ever filed an application with the Seminole Nation Housing Authority before? _____
When? _____

Have you ever filed an application with any other Housing Authority? _____
If so, which one? _____ When? _____

Have you ever lived in Low Rent Housing before? _____
If so, which one? _____ When? _____

Are you or your spouse currently in a home that is subsidized by the Department of Housing and Urban Development in an ownership capacity? _____

Have you or your spouse ever lived in a Mutual Help Home? _____
If so, which one? _____ When? _____

Have you or any member of your family ever been evicted? _____
If yes, explain the circumstances: _____

Have you or any member of your family ever owned a home? _____
Are you now buying? _____ Sold Home? _____ Repossessed? _____

Have you or any member of your household ever been convicted of a felony? _____
If yes, name the person(s): _____
Date of conviction: _____ Type of Charge: _____

I have answered every question and filled in all the requested information to the best of my ability. No fraudulent statements have been made or implied, and I have no objection to inquiries being made for the purpose of verification of statements made herein. I fully understand that false statements are subject to prosecution and/or rejection of my application.

By signing this application, I agree to allow a home visit and also to provide any additional information requested.

I understand that it is my responsibility to update my application at least once a year, and must notify the Seminole Nation Housing Authority of any changes of address, income, or family composition and to answer any correspondence that the Housing Authority sends to me and I understand that failure to so will result in the application becoming inactive.

Applicant's Signature

Date

Spouse/Other Adult Signature

Date

**AUTHORIZATION
For Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Seminole Nation Housing Authority any information or materials needed to complete and verify my application for participation, and/ or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be giving to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

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

Identity and Marital Status Employment, Income, and Assets Residences and Rental Activity
Medical or Child Care Allowance Credit and Criminal Activity

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit Providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove that information. HUD 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; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINT NAME</u>	
Head of Household:	_____	_____	Date: _____
Spouse:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Housing Authority of the Seminole Nation
*P.O. Box 1493 * Wewoka, OK 74884 * 101 S. Hitchite*

UNEMPLOYMENT STATEMENT

I, _____, have no source of income, and am not receiving any money.

My only source of income is _____.

Applicant Signature

Spouse Signature

Other Household Member

(Seal)

State of Oklahoma

Signed before me this _____ by

Notary _____

My Commission Expires _____

Notary Commission No. _____

Housing Authority of the Seminole Nation
*P.O. Box 1493 * Wewoka, OK 74884 * 101 S. Hitchite*

UNEMPLOYMENT STATEMENT

I, _____, have no source of income, and am not receiving any money.

My only source of income is _____.

Applicant Signature

Spouse Signature

Other Household Member

(Seal)

State of Oklahoma

Signed before me this _____ by

Notary _____

My Commission Expires _____

Notary Commission No. _____

Housing Authority of the Seminole Nation

*P.O. Box 1493 * Wewoka, OK 74884 * 101 S. Hitchite*

VA Benefit Form

Department of Veterans Affairs
VA Regional Office
125 S. Main St
Muskogee, OK 74401

VA File Number _____

Veteran's Full Name _____

Veteran's Date of Birth _____

Veteran's Social Security Number _____

Veteran's Service Number _____

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Name Social Security Number Date of Birth

I authorize the Social Security Administration to release information or records about me to:

Housing Authority of the Seminole Nation
P.O. Box 1493
101 S. Hitchite
Wewoka, OK 74884

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- _____ Social Security Number
- _____ Identifying information (includes date and place of birth, parents' names)
- _____ Monthly Social Security benefit amount
- _____ Monthly Supplemental Security Income payment amount
- _____ Information about benefits/payments I received from _____ to _____
- _____ Information about my Medicare claim/coverage from _____ to _____
(Specify) _____
- _____ Medical records
- _____ Record(s) from my file (specify) _____
- _____ Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____
(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Name Social Security Number Date of Birth

I authorize the Social Security Administration to release information or records about me to:

Housing Authority of the Seminole Nation
P.O. Box 1493
101 S. Hitchite
Wewoka, OK 74884

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- _____ Social Security Number
- _____ Identifying information (includes date and place of birth, parents' names)
- _____ Monthly Social Security benefit amount
- _____ Monthly Supplemental Security Income payment amount
- _____ Information about benefits/payments I received from _____ to _____
- _____ Information about my Medicare claim/coverage from _____ to _____
(Specify) _____
- _____ Medical records
- _____ Record(s) from my file (specify) _____
- _____ Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____
(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____