

Housing Authority of the Seminole Nation of Oklahoma

HOMEOWNER ASSISTANCE FUND POLICY AND PROCEDURE

These policies and procedures were amended by the Housing Authority of the Seminole Nation of Oklahoma on September 16, 2021.

SECTION 1

GENERAL PROVISIONS

A. Introduction; Tribal Preference. The mission of the Housing Authority of the Seminole Nation of Oklahoma (“HASNOK”) is to provide decent, safe, sanitary and affordable housing to income-eligible Native Americans living or intending to live within its housing service area, as same may change from time to time. The Board of Commissioners (“BOC”) hereby enacts this Homeowner Assistance Program Policy (“Policy”) in order to set forth the policies and procedures applicable to the Homeowner Assistance Program (“Program”) of the HASNOK. Members/Citizens/Freedmen of the Seminole Nation of Oklahoma (“Nation”) will receive preferential consideration in the allocation of resources in compliance with the Homeowner Assistance Program Operating Policy and Procedure (“Policy”), and applicable law.

B. Purpose. This Policy is designed to serve as:

1. A guide regarding participant eligibility and selection and assistance standards;
2. A document to provide consistent, equitable and uniform treatment of applicants; and
3. A basis for decision-making by officers and employees of the HASNOK.

C. Compliance with Applicable Law. This Policy shall be implemented and may be conformed to comply with applicable provisions of section 3206 of the American Rescue Plan Act of 2021 (the ARP) and other applicable tribal, state and federal laws. This Policy shall not be construed or applied to prevent the HASNOK from complying with the terms and conditions of any federal grant or contract, including any rules or regulations applicable to HUD-assisted programs.

D. Sovereign Immunity. The HASNOK specifically retains all governmental immunities associated with its sovereign status. The HASNOK’s subsidiaries, employees, officers, and agents shall share in its sovereign immunity from suit. The HASNOK does not waive its sovereign immunity in any respect and this Policy shall not be construed as such waiver.

E. Notice. The HASNOK shall post a copy of this Policy in the lobby of its headquarters.

SECTION 2

CONDITIONS OF ELIGIBILITY

A. Participant Eligibility Criteria. The following criteria shall govern eligibility for Program participation.

1. The Applicant must be a Native American member/citizen/Freedmen or a member of a Native American Family. A Native American is defined as any person recognized as being an Indian or Alaska Native by a Tribe, the Federal government, or any State. Native American status must be verified by a Tribal Enrollment Card;

2. The Applicant must be a homeowner;
 - a. A home is defined as any building, structure, or portion thereof that is occupied as, or designed or intended for occupancy as, a residence by one or more individuals.
3. The Applicant must attest that they financial hardship after January 21, 2020.
 - a. The attestation must describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member).
 - b. Financial hardship means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner.
 - c. Mortgage means any credit transaction (1) that is secured by a mortgage, deed of trust, or other consensual security interest on a principal residence of a borrower that is (a) a one- to four-unit dwelling, or (b) a residential real property that includes a one- to four-unit dwelling; and (2) the unpaid principal balance of which was, at the time of origination, not more than the conforming loan limit. For purposes of this definition, the conforming loan limit means the applicable limitation governing the maximum original principal obligation of a mortgage secured by a single-family residence, a mortgage secured by a two-family residence, a mortgage secured by a three-family residence, or a mortgage secured by a four-family residence, as determined and adjusted annually under section 302(b)(2) of the Federal National Mortgage Association Charter Act (12 U.S.C. 1717(b)(2)) and section 305(a)(2) of the Federal Home Loan Mortgage Corporation Act (12 U.S.C. 1454(a)(2)).
4. The Applicant's household income must be equal to or less than 150% of the area median income.
 - a. 150% of the area median income for a means three times the income limit for very low income families, for the relevant household size, as published by HUD in accordance with 42 U.S.C. 1437a(b)(2) for purposes of the HAF.
 - b. HASNOK may determine income eligibility by using HUD's definition of "annual income" in 24 CFR 5.609 or use adjusted gross income as defined for purposes of reporting on Internal Revenue Service (IRS) Form 1040 series for individual federal annual income tax purposes.
 - i. HASNOK shall use the Definition most advantageous to the applicant. When a Definition allows for excessive mileage, excessive mileage shall mean over 20 miles, traveled one way, for employment or educational related purposes. Excessive travel expenses shall not

exceed twenty-five dollars (\$25) per family per week, for employment or educational related travel.

- ii. Compensation received by or on behalf of a veteran for service-connected disability, death, dependency or in indemnity compensation shall be excluded as income from any household annual income calculation.
- c. Applicant must provide written attestation as to household income together with supporting documentation such as paystubs, W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer.
 - i. Income source documentation must be submitted for at least the two months prior to submission of the application for assistance.
 - ii. Household income must be re-determined every three months for the duration of assistance.
 - iii. Upon approval by the Executive Director, HASNOK may provide a waiver or exception to the documentation requirement as reasonably necessary to accommodate extenuating circumstances, such as disabilities, practical challenges related to the pandemic, or a lack of technological access by homeowners; in these cases, HASNOK must still make the required determination regarding household income and documenting that determination.
5. The assistance must be for Applicant's primary residence and Applicant must produce documents, including but not limited to a deed filed in the county where the primary residence is located, utility bills, tax records, etc., proving that the residence is Applicant's primary residence.
6. The applicant must be ready, willing, and able to meet all obligations of participation in the Program.

SECTION 3

APPLICATION PROCEDURES

A. Application Requirement. The application is the basic record of each family applying for admission to the Program. Each applicant is required to provide any and all information requested and to sign the application and all supporting documents. All information and statements made by the applicant are subject to verification. **Providing false statements or making any materially false, fictitious, or fraudulent statement or representation, or making or using any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or representation renders the applicant ineligible and may subject the applicant to criminal and/or civil sanctions.** .

B. Application Procedure.

1. Applications are accepted by the Homeowners Assistance Fund Manager. Each application shall reflect the date and time received and shall bear the initial of the employee who accepted the application.
2. All adult household members must sign the application and an authorization for release of information, which is required for third party verification.
3. In the event it is determined that an applicant has an immediate family tie to any HASNOK employee, Commissioner or elected tribal official, the HASNOK will publish a "Public Disclosure" in accordance with its Conflict of Interest Policy.
4. The application and all information relating to the family's eligibility shall be maintained in a file, along with all relevant correspondence. Files will be placed in one of three categories, as follows:
 - a. **"Eligible"** - Applicant has met initial eligibility requirements and has been placed on the waiting list for the program;
 - b. **"Ineligible"** - Applicant has not met initial eligibility requirements and/or has been determined to be ineligible for the program; or
 - c. **"Inactive"**– Applicant has not updated the application within thirty (30) days of notification.
5. If during the application intake and screening process, it is determined that the applicant is ineligible for program participation, the applicant will be informed of such determination, and the application classified as ineligible. In such instances, sufficient information and findings pertaining to the denial of services will be documented for the file. A certified letter with return receipt requested will be mailed to the applicant within thirty (30) days of the date of denial. The notice shall specify the grounds for the denial of service and advise the applicant of his/her right to appeal the decision pursuant to the Grievance Policy and Procedure of the HASNOK.
6. All entries will be made in ink or typed. Corrections or changes will be made by striking through the original entry and entering the correct information. Such changes are to be dated and initialed by the person recording the change, with all changes and explanations noted in the record.
7. Upon request, a disabled person may receive assistance from the HASNOK or a representative of his/her choice in completing the application.
8. All incoming applications must be added into software system and to the HAF Spreadsheet (attached) for tracking.

C. Verification and Documentation of Application Information. Information submitted by each Applicant shall be verified to assure that the information is true and correct. Complete and accurate verification records will be maintained. Each applicant shall provide the following documents to substantiate his or her Indian status, identity, income and other conditions of eligibility. At a minimum, a complete application includes:

1. Application and Attestation completed with all required information;
2. Copy of Social Security cards for all household members;
3. Copy of Tribal Membership Card for head of household, if applicable;
4. Copy of deed or proof of homeownership;
5. Copy of mortgage;
6. Household income verification documentation;
7. Copy of utility bills;
 - a. Bills must be in Applicant's name or in the name of the spouse of the Applicant.
8. Documentation proving that that the assistance is for Applicant's primary residence, which may include but is not limited to a deed filed in the county where the primary residence is located, utility bills, tax records, etc.; and
9. Documentation demonstrating that the Applicant's household has experienced a reduction in income, incurred significant costs, or experienced other financial hardship after January 21, 2020.

SECTION 4

SELECTION OF PARTICIPANTS

- A. Prioritization of Applications. Applications will be prioritized as follows:
1. Homeowners who have Federal Housing Administration (FHA), Department of Veterans Affairs (VA), or U.S. Department of Agriculture (USDA) mortgages and homeowners who have mortgages made with the proceeds of mortgage revenue bonds or other mortgage programs that target low- and moderate-income borrowers will receive first priority.
 2. Applications will then be further prioritized in the following order:

- a. Households with at least one Seminole Nation members whose household income is equal to or less than 50% of the area median income or equal to or less than 50% of the median income of the United States, whichever is greater.
 - i. 50% of the area median income for a household means the income limit for very low income families, for the relevant household size, as published by the Department of Housing and Urban Development (HUD) in accordance with 42 U.S.C. 1437a(b)(2) for purposes of the HAF.
 - ii. 50% of the median income for the United States means half the median income of the United States, as published by HUD for purposes of the HAF.
- b. Households with at least one Seminole Nation members whose household income is between 51% and 100% of the area median income or between 51% and 100% of the median income of the United States, whichever is greater.
 - i. 100% of the area median income for a household means two times the income limit for very low income families, for the relevant household size, as published by the Department of Housing and Urban Development (HUD) in accordance with 42 U.S.C. 1437a(b)(2) for purposes of the HAF.
 - ii. 100% of the median income for the United States means the median income of the United States, as published by HUD for purposes of the HAF.
- c. Households with at least one Seminole Nation members whose household income is between 101% and 150% of the area median income or between 101% and 150% of the median income of the United States, whichever is greater.
- d. Households with at least one Seminole Nation Freedmen whose household income is equal to or less than 150% of the area median income or equal to or less than 150% of the area median income of the United States, whichever is greater.
- e. Households with at least one other tribal members/citizens/Freedmen, provided that the Applicant or household member must possess a valid Tribal

Enrollment Card, whose household income is equal to or less than 150% of the area median income or equal to or less than 150% of the area median income of the United States, whichever is greater.

- i. The term “other tribal members/citizens/Freedmen” refers to members/citizens/Freedmen of a federally recognized tribe other than the Seminole Nation of Oklahoma.

B. HASNOK, in its sole decision, can adjust the order in which Applicants are served to ensure that not less than 60% of the funding made available to HASNOK is used from homeowners having incomes equal to or less than 100% of the area median income or equal to or less than 100% of the median income for the United States, whichever is greater.

C. Notification of Selected Applicants. The Nation shall notify applicants who are selected for Program participation in writing.

SECTION 5

ASSISTANCE

- A. Assistance from Other Funding Sources. Applicants will be required to show proof that they have applied for other federal programs that have been created expressly for the purpose of the assistance being sought and that Applicant was either denied assistance or that the assistance provided does not cover Applicant’s need before assistance under this program will be provided. All assistance is subject to available funds.
- B. Eligible Assistance. Assistance may be applied for the following types of qualified expenses that are for the purposes of preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship:
 1. Mortgage payment assistance up to \$1,500.00 per month. This payment will include property taxes and insurance if included in the payment amount (escrow).
 - a. No commitments for prospective mortgage payments will be made until the mortgage arrears are paid in full; and
 - b. HASNOK will only commit to providing assistance for up to three months at a time.
 2. Financial assistance to allow Applicant to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default up to \$4,500.00.

- a. Assistance will not be applied to delinquent accounts for the period prior to January 21, 2020.
3. Mortgage Principal Reduction, including with respect to a second mortgage that was provided by a nonprofit or government entity up to \$10,000.00.
 - a. No commitments for mortgage principle reductions funds will be made until the mortgage arrears are paid in full.
4. Mortgage interest rate reductions up to \$10,000.00.
 - a. No commitments for mortgage interest reductions funds will be made until the mortgage arrears are paid in full.
5. Reduction of down payment assistance loans (that were provided by nonprofit or government entities) up to \$10,000.00.
 - a. No commitments for down payment assistance loans funds will be made until the mortgage arrears are paid in full.
6. Payment assistance for homeowner utilities, including electric, gas, propane, home energy, and water;
 - a. Water up to \$100.00 per month, natural gas up to \$100.00 per month, electric up to \$200.00 per month, and energy costs, such as propane, up to \$100.00 per month;
 - b. HASNOK will only commit to providing assistance for up to three months at a time
7. Payment assistance for homeowner's insurance, flood insurance, mortgage insurance up to \$2,000.00 per year;
 - a. HASNOK will only commit to providing assistance for up to three months at a time.
8. Payment assistance for delinquent property taxes to prevent homeowner tax foreclosures up to the amount the property tax statement indicates.
 - a. HASNOK will only commit to providing assistance for up to three months at a time.

9. Measures to prevent homeowner displacement, such as home repairs to maintain the habitability of a home or assistance to enable households to receive clear title to their properties up to \$15,000.00.
- C. The primary goal of this program is to reduce mortgage delinquency. As such, assistance that directly reduces mortgage delinquency will be provided before other assistance.
- D. To the extent possible, assistance provided to an eligible household should not be duplicative of any other federally funded assistance provided to such household.
- E. Funds will be paid directly to mortgage servicers, utility service providers, assessors, financial institutions, insurance companies, contractors, and other similar entities.
 1. HASNOK shall make reasonable efforts to obtain the cooperation of the aforementioned entities to accept payments from the program. Outreach will be considered complete if a request for participation is sent in writing, by certified mail, to the entity, and the addressee does not respond to the request within 21 calendar days after mailing; or, if HASNOK has made at least three attempts by phone or email over a 21 calendar-day period to request the entity's participation. All efforts must be documented. The cost of the mailing would be an eligible administrative cost. If the entity declines participations, upon approval of the Executive Director, funds may be paid directly to eligible household.
 2. HASNOK shall provide documentation to the household for any payment made to an entity on the eligible household's behalf.
- F. HASNOK shall determine, in its sole discretion how to allocate the funds of this program.
- G. Data assembled in connection with this program shall be maintained for a period of five years after all funds have been expended or returned.

SECTION 6

MISCELLANEOUS PROVISIONS

- A. Confidentiality. All information obtained by the HASNOK in order to establish suitability for program participation shall be kept strictly confidential. Additional disclosures of the information may occur during program reviews or audits, investigations by authorized law enforcement personnel or as necessary to comply with any reporting requirements of the Nation or its funding agencies.
- B. Limitation of Liability; Indemnification. The HASNOK and/or the Nation shall not be liable to the Participant or any of the Participant's household members, visitors, or patrons for any damage to person or property caused by any action, omission, or negligence of the Participant or any

other Participant. Further, the Participant(s) agree to hold the HASNOK and the Nation harmless from any claim, obligation, liability, loss, damage or expense, including without limitation attorney's fees and court costs, arising from any condition or natural feature -- known or unknown -- affecting the premises or resulting from Participant's participation in this program.

C. Appeals. Participants may appeal a denial of service or any other qualifying decision or action relating to implementation of this Policy pursuant to the Grievance Policy and Procedure of the HASNOK.

D. Sovereign Immunity. HASNOK specifically retains its sovereign immunity and nothing contained within this policy shall be considered a waiver of HASNOK's sovereign immunity.



HOMEOWNERS ASSISTANCE FUND

The Homeowners Assistance Fund (HAF) assists eligible Seminole Nation tribal homeowners and other tribal homeowners mitigate financial hardships associated with the coronavirus pandemic by providing funds to eligible entities for the purpose of preventing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship after **January 21, 2020**, through qualified expenses related to mortgages and housing. HAF can assist eligible homeowners with mortgage payment assistance, financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default; mortgage principal reduction; mortgage interest rate reductions; payment assistance for utilities, homeowner's insurance, flood insurance, and mortgage insurance; payment assistance for down payment assistance loans, payment assistance for delinquent property taxes; repairs to maintain the habitability of a home, or assistance to enable households to receive clear title to their properties. Telecommunication services (telephone, cable, Internet) delivered to the homeownership dwelling **ARE NOT** considered to be utilities. This program is only available to households with a mortgage or who currently own their home. This program is limited to one tribal member per household. **Payments will be made directly to lenders, utility companies, tax assessors, insurance companies, and certified/approved contractors.**

PROGRAM REQUIREMENTS

- Applicant must be a Native American member/citizen/Freedmen or a member of a Native American Family
- Applicant must be a homeowner
- Applicant must attest that they experienced financial hardship after January 21, 2020
- Applicant's household income must be equal to or less than 150% of the area median income
- Assistance must be for Applicant's primary residence

REQUIRED DOCUMENTS

- Completed application
- Copy of Tribal Membership Card for Tribal household members
- Copy of State Driver's License or ID
- Copy of Social Security cards for all household members
- Proof of homeownership
 - o Mortgage Holder/Utility Form (Tax Identification Number required)
- Utility Bills
 - o Bill **must** be in the Applicant's name or in the name of the spouse of the Applicant
 - o Account number **must** be on bill
- Documentation proving that assistance is for Applicant's primary residence
- Income Verification (**please submit one** of the following for all household members receiving income):
 - o 2020 Tax Returns
 - o 60 Days Check Stubs
 - o Proof of unemployment
- Documentation demonstrating financial hardship after January 21, 2020
- Documentation that Applicant sought assistance from other federal programs created expressly for the purpose of the assistance being sought and documentation that Applicant was either denied assistance or that the assistance provided does not cover Applicant's need

CONTACT INFORMATION - Applications may be submitted via:

- Email – haf@hasnok.org
- Fax – (405)257-3961
- Mail – P.O. Box 1493, Wewoka, OK 74884

If you have any questions, please contact the Housing Authority at (405)257-6604.

HOMEOWNER ASSISTANCE FUND PROGRAM APPLICATION

Housing Authority of the Seminole Nation of Oklahoma

NAME: _____ Spouse/Other: _____
 First, MI, Last First, MI, Last

SOCIAL SECURITY NUMBER: _____

_____ Mailing Address

_____ City, State, Zip

_____ Physical Address (if different)

_____ City, State, Zip

_____ COUNTY

_____ Current Phone

EMAIL ADDRESS: _____

What is the primary applicant's race? Caucasian Black or African American Native American Other (please list) _____

What is the primary applicant's ethnicity? _____

Do you own your residence? Yes No

ASSISTANCE NEEDED (select all that apply)

- Mortgage / Forbearance
- Taxes / Insurance
- Essential Home Repairs (for health and safety)
- Mortgage Principle Reduction
- Mortgage Interest Rate Reduction
- Down Payment Loan Assistance
- Assistance to clear title to my home
- Utility Assistance
 - o Utility Type _____ Account Number: _____
 - o Utility Type _____ Account Number: _____
 - o Utility Type _____ Account Number: _____
 - o Utility Type _____ Account Number: _____

HOUSEHOLD COMPOSITION

Complete the information below for each member who will be living with you.

Name	SSN	Sex	Birthdate	Relationship
1.				
2.				

3.				
4.				

FINANCIAL HARDSHIP

Please describe, in as much detail as possible, the nature of your financial hardship (a financial hardship means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner):

When did the financial hardship begin: _____

DISCLOSURE OF IMMEDIATE FAMILY TIES

Do you have an immediate family tie to a member of the Board of Commissioners of HASNOK, and employee of HASNOK, or an elected official of the Seminole Nation of Oklahoma? Yes No

If yes, who: _____

By signing below, I hereby certify that:

- The above information is true and accurate, and if requested by the Seminole Nation of Oklahoma, can provide documentation in support of my attestation of need.
- I experienced financial hardship after January 1, 2020.
- I am at risk of foreclosure, need mortgage payment assistance, need help reinstating my mortgage, need mortgage principle reduction, need a mortgage interest rate reduction, need down payment loan payment assistance, need assistance with insurance related to my home or mortgage, need utility assistance, need assistance to clear the title to my home, **OR** need repairs to maintain the habitability of my home.
- I am at risk of experiencing homelessness, housing instability or currently reside in unsafe or unhealthy living conditions.
- I am seeking assistance for my primary residence.
- My household income is equal to or less than 150% of the area median income.
- I am **NOT** receiving any other form of Federal assistance to pay my mortgage or utility payment.
- I understand that if any of the above information supplied is found to be false or if I provide false statements or make any materially false, fictitious, or fraudulent statement or representation, or make or use any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or representation, I can be required to return any support payments received and may be subject to criminal and/or civil sanctions.

PLEASE NOTE: *Once you have been approved/denied for assistance, you will receive a letter in the mail. Please also be aware that you are still required to make payments to your Lender/Utility Company.*

You are responsible for any unpaid balances.

Payments may take up to 30 days to credit your account.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

LENDER/UTILITY FORM

Applicant and Lender/Mortgage Holder Information are required. Utility Information is required only if applicant is requesting assistance for utilities. If applicant is requesting assistance for more than one utility provider, this form will be required for each utility which assistance is being requested.

APPLICANT INFORMATION

(MUST BE COMPLETED BY APPLICANT)

Name _____ Address _____

Email: _____

By signing below, I hereby certify that I am in need of assistance due to a financial hardship (a financial hardship means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner). I also certify that financial hardship began no earlier than **January 21, 2020**. I also understand that if any of the information supplied is found to be false or if I provide false statements or make any materially false, fictitious, or fraudulent statement or representation, or make or use any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or representation, I can be required to return any support payments received and may be subject to criminal and/or civil sanctions.

Applicant Print Name: _____

Applicant Signature: _____ Date: _____

LENDER/MORTGAGE HOLDER INFORMATION

(MUST BE COMPLETED BY LENDER/MORTGAGE HOLDER)

Name _____ Address _____

Phone _____

Email _____

Tax Identification Number (Required) _____

Does the applicant have overdue mortgage charges? YES NO

If yes, overdue balance due for mortgage charges: \$ _____

Regular Monthly Mortgage Payment: \$ _____

By signing below, I hereby certify the information provided is, to the best of my knowledge, true and correct. I also understand that if any of the information supplied is found to be false or if I provide false statements or make any materially false, fictitious, or fraudulent statement or representation, or make or use any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or representation, I can be required to return any support payments received and may be subject to criminal and/or civil sanctions.

Lender/Mortgage Holder Representative Print Name: _____

Lender/Mortgage Holder Representative Signature: _____ Date: _____

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)

Utility Provider Name _____ Accountholder’s Name _____

Tax Identification Number _____ Account Number _____
(Required)

Utility Type: Electric Water Gas/Propane Sewer Trash

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)

Utility Provider Name _____ Accountholder’s Name _____

Tax Identification Number _____ Account Number _____
(Required)

Utility Type: Electric Water Gas/Propane Sewer Trash

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)

Utility Provider Name _____ Accountholder’s Name _____

Tax Identification Number _____ Account Number _____
(Required)

Utility Type: Electric Water Gas/Propane Sewer Trash

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)

Utility Provider Name _____ Accountholder’s Name _____

Tax Identification Number _____ Account Number _____
(Required)

Utility Type: Electric Water Gas/Propane Sewer Trash

PROPERTY TAX INFORMATION

(MUST BE COMPLETED IF TAX ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR TAX ASSESSOR)

Tax Assessor Name _____ Property Holder's Name _____
Tax Identification Number _____ Property Description _____
Taxes owed _____

PROPERTY INSURANCE INFORMATION

(MUST BE COMPLETED IF PROPERTY INSURANCE ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR INSURANCE AGENT)

Insurance Provider Name _____ Property Holder's Name _____
Tax Identification Number _____ Property Description _____
Insurance amount _____

HOME REPAIR INFORMATION

(MUST BE COMPLETED IF HOME REPAIR ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR CONTRACTOR)

Contractor's Name _____ Property Holder's Name _____
Tax Identification Number _____ Property Description _____
Repair amount _____ (attach detailed estimate/quote)

Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Housing Authority of the Seminole Nation of Oklahoma any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given 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 my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

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

I understand that this authorization cannot be used to obtain any information about me 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, or Present Employers *Veterans Administration
*Courts and Post Offices *Welfare Agencies *Retirement Systems *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 applications or recertification. If a computer match is done, I understand that I have a 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 the 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>Printed/Typed Name</u>	<u>Date</u>
Head of Household:	_____	_____	_____
Spouse:	_____	_____	_____
Adult Member:	_____	_____	_____
Adult Member:	_____	_____	_____

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