

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	\$58,352	5	\$19,736	\$90,029
2	\$12,968	\$66,688	6	\$21,992	\$96,698
3	\$15,224	\$75,024	7	\$24,248	\$103,366
4	\$17,480	\$83,360	8	\$26,504	\$110,035

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 Assistance/Low Rent: Income Requirements are as follows:

Family Size	Minimum Income	Maximum Income	Family Size	Minimum Income	Maximum Income
1	\$5,500	\$58,352	5	\$14,524	\$90,029
2	\$7,756	\$66,688	6	\$16,780	\$96,698
3	\$10,012	\$75,024	7	\$19,036	\$103,366
4	\$12,268	\$83,360	8	\$21,292	\$110,035

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

- **Rental Assistances- 6 months**
- **Low Rent- every year**

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** 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 **(4) Most Current Monthly Check Stubs** (if applicable).
 - i) **Down Payment/Closing Cost--- You MUST have a Pre-Qualification Letter from a Qualified Lender and the Home MUST be built after 1978.**
 - j) Current Income Tax Return and current income verification. (DP/CC, Rental Assistance & Low Rent)
 - k) Child Support Statement from 6 months back to present.
- 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) Applicants 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.
- 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 childcare, 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 APPLICANT'S RESPONSIBILITY:

- a) Update the application annually (failure to do so will result in your application becoming inactive). See the 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:

- | | | |
|---|--|--|
| <input type="checkbox"/> Lease Purchase Program | <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Low Rent |
| <input type="checkbox"/> Down Payment/CC | <input type="checkbox"/> Veteran's Housing | <input type="checkbox"/> Emergency Housing |

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

The Tiny Homes , Elderly Low Rent & Tax Credit Application are separate applications. You must ask if you want those applications.

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 BLACK OR BLUE 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.

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

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 (HOMEOWNERSHIP)

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 OF 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 CHILDREN 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 does 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/Adult Member

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 CHILDREN 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 does 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, 3 rd party verification of assets is required.	

#3- Other/Adult Member

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 CHILDREN 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 does 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, 3 rd 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>	<u>Date</u>
Head of Household: _____	_____	_____	_____
Spouse/ Other: _____	_____	_____	_____
Adult Member: _____	_____	_____	_____
Adult Member _____	_____	_____	_____
Adult Member: _____	_____	_____	_____

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 * 120 W. 4th St.

UNEMPLOYMENT STATEMENT

I, _____, (Please check all that apply)

- Unemployed**
- Receive** (Social Security, Disability, Unemployment Benefits, VA Benefits, Child Support, Teachers Pension)
- Retired** (with or without pension)
- Student** (High School or College full-time)
- Stay at home parent or guardian**

- _____ is my only source of income.

Applicant Signature

Spouse Signature

Other Household Member

(Seal)

State of Oklahoma, County of _____

Signed before me this _____ day of _____, 20____

By _____

Notary _____

My Commission Expires _____

Notary Commission No. _____

Housing Authority of the Seminole Nation

P.O. Box 1493 * Wewoka, OK 74884 * 120 W. 4th St.

UNEMPLOYMENT STATEMENT

I, _____, (Please check all that apply)

- Unemployed**
- Receive** (Social Security, Disability, Unemployment Benefits, VA Benefits, Child Support, Teachers Pension)
- Retired** (with or without pension)
- Student** (High School or College full-time)
- Stay at home parent or guardian**

- _____ is my only source of income.

Applicant Signature

Spouse Signature

Other Household Member

(Seal)

State of Oklahoma, County of:

Signed before me this _____ day of _____, 20_____.

By _____

Notary _____

My Commission Expires _____

Notary Commission No. _____