Housing Authority of the Seminole Nation of Oklahoma
120 W. 4th St ● P.O. Box 1493 Wewoka, OK 74884
Phone: (405)257-6604 ● Fax: (405)257-3961
www.hasnok.org

"Building Self-sufficiency through quality housing services"

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	$29,650	5	$14,524	$45,750
2	$7,756	$33,900	6	$16,780	$49,150
3	$10,012	$38,150	7	$19,036	$52,550
4	$12,268	$42,350	8	$21,292	$55,950

To stay active on the LIHTC waiting list you must update your application every 6 months

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 the **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.) Other tribes will be considered after all Seminole Tribal members have been served.

4) **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) Tribal Enrollment Cards and CDIB Cards or 8 x 10 Statement (**All** household members)
   c) Social Security Cards (**All** household members)
   d) Birth Certificates (**All** household members)
   e) **Current** Award letters for income such as Social Security, SSI, Disability, if applicable
   f) **Must** have six **(6)** **Current** Paystubs for **All** employed individuals
   g) Current Income Tax Return
5) Applications **will not** be approved if income guidelines are not met.
6) Applicants and household members over the age of 18 will be checked for any past utility, outstanding civil charges, and landlord rental dues owed.
7) **All** household members over the age of 18 are subject to a criminal background check.

IT IS THE APPLICANTS RESPONSIBILITY TO:

a) Update the application semi-annually. Failure to do so will result in your application becoming inactive.
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. ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN DENIAL OF YOUR APPLICATION.

HOUSING APPLICATION

HOUSING AUTHORITY OF SEMINOLE NATION OF OKLAHOMA

(PLEASE USE BLUE/BLACK INK)

LIST **ALL** PERSONS WHO WILL BE LIVING IN THE HOUSEHOLD IN THE NEXT 12 MONTHS: (USE ADDITIONAL SHEET IF NECESSARY)
ALL SPACES MUST BE COMPLETED. IF THE QUESTION DOES NOT APPLY TO YOU, MARK N/A.

FULL NAME	RELATION	DOB	SSN	SEX	TRIBAL ENROLLMENT	Full Time Student
1.	HEAD					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Current Address: _____City: _____State: _____Zip: _____

Phone #: _____ Work #: _____Cell Phone #: _____

Do you have Email?, if yes please provide _____

Will any member live in the unit on a less than full-time basis? _____

Does your household have any needs that might be better served by a unit which is ADA accessible? _____

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, disability payment, worker's compensation, TANF, VA benefits, assets, and all other sources.

Household Member	Source of Income name, address, phone	Amount	Frequency (wkly, by-wkly, mo.)

1. Do you have a vehicle? _____ Make/Model _____ Tag #: _____

2. Does anyone outside of your household pay for any of your bills or give you money? _____ If yes, explain: _____

3. 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._____

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

_____

5. 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: _____

List your addresses and landlords for the past three years.
We must have a telephone number and an address for landlords.

Current Landlord: Rent amount $_____

Date: From: _____ To: _____

Rental Address: _____ Reason for Moving: _____

Landlord Name: _____ Landlord Phone: _____

Date: From: _____ To: _____

Rental Address: _____ Reason for Moving: _____

Landlord Name: _____ Landlord Phone: _____

Income Information:

Do you or anyone in your household receive or expect to receive in the **next 12 months** any of the following? Check **YES** or **NO** to each item and include gross monthly amount.

YES	NO		Gross Monthly Amount
____	___	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 (not including Student loans …...	$_____
____	___	8. Child support (court-ordered or non court-ordered)……..	$_____
_____	___	9. Alimony/Spousal Maintenance…….	$_____
_____	___	10. Social Security income (including 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, Lottery etc.	$_____
_____	___	17. Net income for rental property……..	$_____
_____	___	18. Regular cash and non-cash contributions from individuals not living in the unit (Not including groceries)……...	$_____
_____	___	19. Other (list)_____	$_____

ASSETS:

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 (NOT 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. Do you now own Real Estate? _____
If yes, List address (es):

_____ ___ 19. Do you hold a contract for deed? _____

_____ ___ 20. 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)?

_____ ___ 21. Other_____

Is combined cash value of all household assets over $5,000? _____

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 authorize Housing Authority of Seminole Nation of Oklahoma to verify all information, 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 _____

Section 100.30 and 1000.32 of the Native American Housing Assistance and Self Determination Act (NAHASDA) of 1996 mandates that a public disclosure regarding conflicts of interest must be made on individuals who apply for assistance from the Housing Authority of the Seminole Nation of Oklahoma and have immediate family ties, (Mother, Father, Wife, Husband, Daughter, Son, Sister, Brother, Mother-in-law, Father-in-law, Daughter-in-law, Son-in-law, Sister-in-law, and Brother-in-law) to any employee or Board of Commissioner of the Housing Authority of the Seminole Nation of Oklahoma, elected Tribal Offices and General Council Members.

To insure that all applicants are treated fairly, a public disclosure will be done before you are permitted to participate on the program.

Do you have an immediate family tie to any of the above mentioned individuals?

☐ Yes ☐ No

If yes, please list their name and relationship to you:

_____

_____

_____

_____

_____

Failure to provide the requested information or comply with the public disclosure (if applicable) shall be grounds for rejection of this application.

AUTHORIZATION

For Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Housing Authority of Seminole Nation of Oklahoma 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 Veterans Administration
Welfare Agencies 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.

	SIGNATURES	PRINT NAME	DATE
Head of Household:			
Spouse/Other:			
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.