



the Chickasaw Nation Housing Division

111 Rosedale Rd. - Post Office Box 788 - Ada, OK 74820-0788 - (580) 421-8800 - Fax (580) 421-8885

Bill Anoatubby, Governor
Jefferson Keel, Lt. Governor

Dear Applicant:

You have requested CHIP/STORM SHELTER services and we are pleased to provide you this application. Applications must be completed and returned with all required documents before eligibility can be determined. Incomplete applications will not be processed and may be mailed back to you.

Documents required are:

- Completed and signed application.
- All persons 18 years and older –
 - (1) Sign and date Release of Information and
 - (2) Privacy Act
- Signed Conflict of Interest Disclosure.
- Current income verification for all adult members of the household who are employed.
(Employment verification must be completed by employer)
- If self-employed attach copies of the past two years Federal Income Tax Return. (signed and dated)
- Copy of current year award letter for social security or disability recipient.
- Other Income: VA, retirement, child support, unemployment or other source must be verified by agency.
- Copy of Warranty Deed showing proof of ownership.
- Copy of CDIB Card (which shows your degree of blood) and/or Citizenship card.
- Copy of social security cards for all household occupants.
- Copy of driver's license (picture ID)

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

Sincerely,

Admissions Specialist
Housing Management Services

Enclosures



THE CHICKASAW NATION HOUSING DIVISION HOUSING IMPROVEMENT PROGRAMS

STORM SHELTER PROGRAM

This program provides storm shelters for privately owned homes of Chickasaw citizens.

CHICKASAW HOUSING IMPROVEMENT PROGRAM

Provides rehabilitation of older housing units and grants for repair of privately-owned homes of low income (80% or lower U.S. Median Income) Native Americans and emergency repairs of privately-owned homes of Chickasaw citizens.

Program requirements:

- Native American preference
- Low income

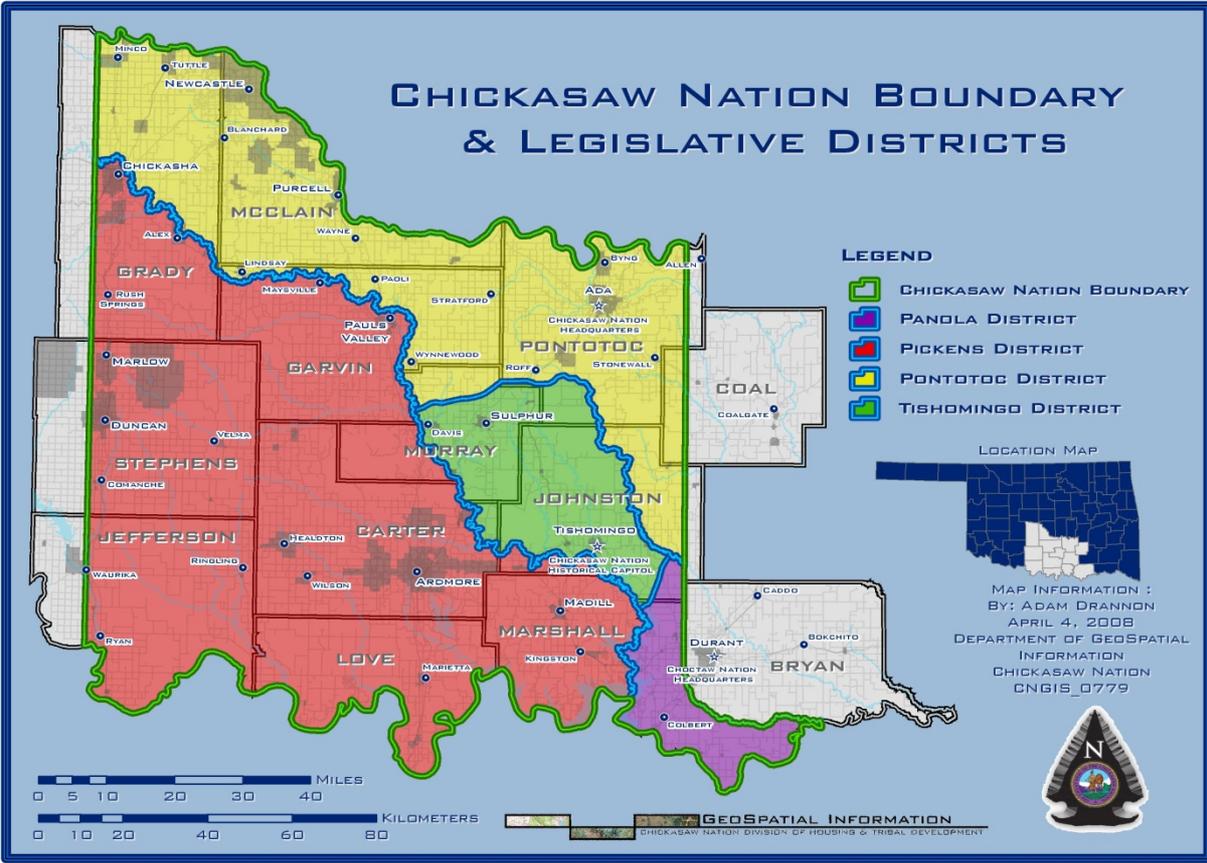
Applications must be updated annually.

Priority for CHIP:

Priority 1	All Chickasaw Citizens
Priority 2	All other Native Americans

Additional preference is given to families that are first time applicants, elderly, disabled or Veterans.

CHICKASAW NATION BOUNDARY & LEGISLATIVE DISTRICTS





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PLEASE CHECK ALL PROGRAMS THAT MAY APPLY:

Storm Shelter CHIP Minor

Applicant name: _____

Address: _____

City/state/ZIP: _____

Telephone: (____) _____ Work phone: (____) _____

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

Name of family member	Birth date	Sex	Relationship to head of household	SSN	Age	Type of income	Employer
			Head of household				

Is any member of your household handicapped or disabled? Yes No

Is any member of your household a Veteran? Yes No

Additional Income Information

Does any member of your household attend college or vo-tech? Yes No Receive grants? Yes No

List type of grant and amount: _____

Does any member of your household receive cash contributions from individuals not living with you? Yes
 No \$ _____ / _____ per week/month.

Does any member of your household receive child support? Yes No If yes, list amount: \$ _____

Family Assets Information

Does any member of your household have a checking/savings account? Yes No

Bank name: _____ Address: _____ Account #: _____

Bank account balance: \$ _____

Does any member of your household receive income from interest or dividends from certificates of deposit, stocks or bonds? Yes No

If yes, list name and address of institution from which you purchased such: _____

Monetary value: \$ _____

Have you disposed of assets within the last two year (e.g.: land, house, money, automobile, etc.)? Yes No

If yes, please provide proof and value of said asset: \$ _____

Does any member of your household own interest and receive revenue checks from oil or gas wells? Yes

No If yes, give monthly amount? \$ _____ Name and address of company: _____

Do you currently owe the Chickasaw Nation Housing Division any outstanding balance? Yes No

*******The following section is for CHIP Minor applicants only*******

Have you ever received previous CHIP services? Yes No Is the property a mobile home? Yes No

What is the age of the property? _____ List of needed improvements _____

Ethnic group (statistical purpose only)

1. White, not of Hispanic origin 2. Black, not of Hispanic origin 3. American Indian or Alaskan Native

4. Hispanic 5. Other **Tribal affiliation:** _____

I understand that the above information is being collected to determine my eligibility for housing services. Information given will be verified and may be released to appropriate federal, state or local agencies. I certify that the statements in this application are true and complete to the best of my knowledge and belief. I understand that incorrect information or false statements are punishable under federal law.

Signature of head of household: _____ Date: _____

Signature of spouse: _____ Date: _____



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Request for Release of Information

Family/individual: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

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

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

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

Signature of head of household

Social Security number

Signature of spouse

Social Security number

Signature of other adult member

Social Security number

Signature of other adult member

Social Security number



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Privacy Act Notice

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

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

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

Head of household

Date

Spouse

Date

Other adult member

Date

Other adult member

Date



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Conflict of Interest Disclosure

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

Please list any relationship here (please print):

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

Signature of head of household

Date

Signature of spouse

Date

FOR DIVISION USE ONLY:

CURRENT HOUSING SITUATION PRIOR TO ASSISTANCE

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



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Banking Verification

Applicant/tenant: _____ Date: _____

Address: _____ Social Security number: _____

_____ Social Security number: _____

Account number: _____

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

Applicant/tenant signature

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

Current checking account balance: _____

Interest rate paid: _____

Interest received in the past 12 months: _____

Current savings account balance: _____

Interest rate paid: _____

Interest received in the past 12 months: _____

Amount of savings certificates: _____

Interest rate paid: _____

Interest received in the past 12 months: _____

Name of institution: _____

Address: _____ Phone: (____) _____

By: _____ Title: _____ Date: _____

Housing representative



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EMPLOYMENT INCOME VERIFICATION

Employee name: _____ Date: _____

Employee address: _____ Soc. Sec. no.: _____

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

Date

Housing division representative

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

Date

Employee signature

INFORMATION BELOW IS TO BE COMPLETED BY EMPLOYER ONLY!

1. Date of employment: _____

2. Occupation: _____

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

If seasonal or temporary, please explain: _____

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

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

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

New base pay rate: \$ _____ per: _____

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

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

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

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

11. Amount deducted for medical/hospital insurance: \$ _____ per: _____
Weekly, bi-weekly, monthly

12. Amount deducted for child support: \$ _____ per: _____
Weekly, bi-weekly, monthly

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

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

Date: _____ By: _____

Firm name: _____ Title: _____

Address: _____ Phone: (____) _____



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Zero Income Verification

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

Answer the questions below either no or yes.

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

Include the following:

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

\$ _____ - Income from grants and scholarships.

\$ _____ - Income received from employment or retirement.

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

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

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

Signature of applicant/tenant

Date

Housing division representative

Date