the Chickasaw Nation

Chris Anoatubby
Governor

Department of Community Services / Housing Division
111 Rosedale Road / Post Office Box 788 / Ada, OK 74820-0788 / (580) 421-8800 / Fax: (580) 421-8885

Chickasaw Nation Housing Programs Application

Please read the list below carefully as all requested information must be provided before we process your application(s); incomplete applications will be returned.

Listed below are the documents required for processing your application:

- Chickasaw citizenship card and/or Certificate of Degree of Indian Blood (CDIB) card for head of household or spouse
- Social Security cards for all household members
- Driver license/photo ID for anyone 18 years of age or older
- Birth certificates/proof of custody for all children
- Employment verifications for all household members who are 18 years of age or older
    - Retirement, Temporary Assistance for Needy Families (TANF), unemployment benefits, workers compensation, Social Security benefits (SSDI), Supplemental Security Income (SSI), Department of Human Services (DHS), college grants/scholarships or child support (money received) of all household members. If you do not have an income, you must complete a Zero Income Questionnaire
- If you own land, a home/mobile home, etc., an appraisal of the property is required
    - This must be done by a real estate associate, broker, etc. and must be on their letterhead showing the current market value
- All persons 18 years of age and older:
    1. Sign and date the Release of Information
    2. Privacy Act
    3. Background check form
    4. Conflict of Interest Disclosure
- Form DD214 required for any veteran household member(s)
- Proof of disability required for any household member who is handicapped or disabled
- Legal documentation required for all household member(s) 18 years of age and older that have ever been arrested or convicted of a felony
- Drug court phase documentation required for all household member(s) 18 years of age and older that are currently participating in a drug court program

Please check all programs that may apply:

☐ Homeowners Program:
Location: ☐ Bryan ☐ Carter ☐ Coal ☐ Garvin ☐ Grady ☐ Jefferson ☐ Johnston ☐ Love ☐ Marshall ☐ McClain ☐ Murray ☐ Pontotoc ☐ Stephens

☐ "37" Rental Assistance Program:
Location: ☐ Allen ☐ Ardmore ☐ Byng ☐ Davis ☐ Duncan ☐ Healdton ☐ Johnston Street ☐ Latta ☐ Marie Baily ☐ Marietta ☐ Marlow ☐ Rush Springs ☐ Stonewall ☐ Sulphur ☐ Tishomingo ☐ Veterans

☐ "98" Rental Assistance Program
Location: ☐ Bryan ☐ Carter ☐ Coal ☐ Garvin ☐ Grady ☐ Jefferson ☐ Johnston ☐ Love ☐ Marshall ☐ McClain ☐ Murray ☐ Pontotoc ☐ Stephens

Applicant name: _____
First Middle Last Suffix

Preferred name: _____ Birth date: _____ Gender: ☐ Male ☐ Female

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (____) _____ Cell phone no.: (____) _____

Email address: _____

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

Name of family member	Birth date	Gender	Relationship to head of household	Last four of Social Security no.	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? (If yes, form DD214 required) ☐ Yes ☐ No

Additional income information:

Does any member of your household attend college or vo-tech? ☐ Yes ☐ No
Does any member of your household receive grants? ☐ Yes ☐ No
If yes, total grant amount: _____
Does any member of your household receive public benefits or assistance (e.g., TANF, food stamps, SSDI)? ☐ Yes ☐ No
Does any member of your household receive cash contributions from individuals not living with you? ☐ Yes ☐ No
If yes, list amount: $ _____ per ☐ week ☐ month
Does any member of your household receive child support? ☐ Yes ☐ No
If yes, list amount: $ _____ per ☐ week ☐ month

Family assets information:

Does any member of your household have a checking/savings account? ☐ Yes ☐ No
Bank name: _____ Bank address: _____ Account no.: _____
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 years exceeding $20,000 (e.g., land, house, money, automobile, etc.)? ☐ Yes ☐ No
If yes, please provide proof and value of said asset: $ _____
Please list all assets that you currently hold (e.g., land, house, money, automobile, etc.): _____
_____
Does any member of your household own interest and receive revenue checks from oil or gas wells? ☐ Yes ☐ No
If yes, monthly amount: $ _____ Name and address of company: _____
_____

Current housing information:

Present living conditions: ☐ Renting ☐ Buying a home/mobile home ☐ Living with relatives ☐ Own a home
If you presently own a home or are buying a home/mobile home, explain conditions: _____
_____
_____
_____
If renting, amount of rent: $ _____ Number of bedrooms: _____ Name of landlord: _____

Address of landlord: _____ Landlord phone no.: (____) _____
Previous address: _____ Name of previous landlord: _____
Previous amount of rent: $ _____ Previous landlord address: _____
Previous landlord phone no.: (____) _____

Previous housing information:

Have you ever received rental assistance? ☐ Yes ☐ No If yes, what agency? _____
Have you ever received low rent or homeownership housing? ☐ Yes ☐ No If yes, what agency? _____
Do you currently owe the Chickasaw Nation Housing Division any outstanding balance? ☐ Yes ☐ No
If approved for the housing program, can you furnish your own building site? ☐ Yes ☐ No
If yes, do you own the title to this land? ☐ Yes ☐ No
If yes, how long have you been in possession of this land? _____
Which county is this land located? ☐ Bryan ☐ Carter ☐ Coal ☐ Garvin ☐ Grady ☐ Jefferson ☐ Johnston
☐ Love ☐ Marshall ☐ McClain ☐ Murray ☐ Pontotoc ☐ Stephens

If yes is selected on the following felony question, please explain the charge, date of the charge and sentencing on the lines below. You must also provide legal documentation. If yes is checked for drug court please provide documentation on what phase you are in.

Have you ever been arrested or convicted of a felony? ☐ Yes ☐ No
If yes, date of charge: _____
If yes, please explain the charge: _____
Are you currently participating in a drug court program? ☐ Yes ☐ No
If yes, current drug court phase? ☐ Phase 1 ☐ Phase 2 ☐ Phase 3 ☐ Phase 4 ☐ Phase 5
Are you a registered sex offender? ☐ Yes ☐ No

List name, address and phone number of two relatives or friends who generally know how to contact you.

Name of contact person	Address	Phone no.	Relationship

Ethnic group (statistical purpose only):

1. ☐ White, not of Hispanic origin 2. ☐ Black, not of Hispanic origin
3. ☐ First American 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 must 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.

_____ _____
Head of household signature Date

_____ _____
Spouse/other adult signature Date

For office use only:
Preference category:
1. Chickasaw citizen 2. First American 3. Non-First American ("37" Rental Assistance Only)
Priority: _____ Ranking points: _____ Bedroom size: _____

Division Use Only
Date: ____ Time: ____ Initial: _____
Overcrowded? ☐ Yes ☐ No

CERTIFICATION: On the basis of the determination set forth above, the applicant family named herein has been found to be:

☐ Eligible for admission ☐ Ineligible Reason for ineligibility: _____

_____ _____ _____
Signature Title Date

Background check completed: ☐ Yes ☐ No Date: _____ Sex offender check completed: ☐ Yes ☐ No Date: _____