Housing Authority of the Seminole Nation

P. O. BOX 1493 • Wewoka, OK 74884 • 101 S. Hitchite

"Building self-sufficiency through quality housing services"

TINY HOMES APPLICATION

Housing Authority of the Seminole Nation of Oklahoma

Tiny Home Housing consists of 10 - 1 bedroom efficiency style units. (Wewoka/Seminole)

- Tribal Member;
- Want to live independently;
- Are able to care for themselves;
- Can communicate with doctors and caregivers

55 Years or age or over;
Prefer to live among their peers;

TO STAY ACTIVE ON THE TINY HOME WAITING LIST YOU MUST UPDATE YOUR APPLICATION ANNUALLY.

(PLEASE USE BLACK OR BLUE INK

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
c) Social Security Cards (All household members).
d) Birth Certificates (All household members).
e) Award letters for income such as Social Security, SSI, Disability, Unemployment Benefits, VA Benefits, Workman's Comp, DHS Assistance

Any person over the age of 18 years in the household receiving VA, Social Security, and SSI must fill out the required Social Security statement attached. (If applicable)

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.

FOR OFFICE USE ONLY		
Received by:	*Date:*	*Time:*

Applicant:

Name: _____ Phone #: _____

Address: _____City: _____ State: _____ Zip: _____

Tribal Affiliations: _____

How long at this address? _____

Are you or any family member handicapped or disabled: _____Yes _____ No

*****CHILDREN UNDERAGE OF 18 WILL NOT BE ABLE TO LIVE IN ELDERLY UNITS*****

LIST PEOPLE WHO WILL BE LIVING IN THE HOUSEHOLD:

FULL NAME	RELATION	AGE	TRIBAL ENROLLMENT	DATE OF BIRTH	SOCIAL SECURITY#
	Head of Household				
	Spouse/Other				

SOURCE OF INCOME

FAMILY MEMBER	SSI, Veterans, Disability, Employment	MONTHLY AMOUNT

HOUSING INFORMATION

Present Housing: Rent _____ Own _____ Buying _____ Living with Relatives _____

If renting or buying: **If Living with relatives**

_____ _____

Name of Landlord Name of Relative

_____ _____

Address Address

_____

City State Zip City State Zip

- Have you ever been housed by this or any other Housing Authority? YES NO
  If yes, by whom, where and when? _____
- Have you or your spouse ever owned or co-owned a Mutual Help Home? YES NO
  If yes, under what name? _____ When? _____
- Have you ever been evicted from this or any other Housing Authority? YES NO
  If yes, by whom, where & when? _____ When? _____

  Have you or any member of your family ever owned a home? YES NO
  Are you now buying? _____ Sold Home? _____ Repossessed? _____

AUTOMOBILE(S):

Make *Model* *Year* *License Plate #*

_____

_____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name Telephone Number Relationship

1. _____

2. _____

In case of a serious illness, accident or death, is this person(s) authorized to enter and remove all of resident's property? Yes ____ No ____

SIGNATURE

It is a criminal offense to make willful, false statements for misrepresentations of any material fact involving the use or obtaining of federal funds. I have answered all questions to the best of my ability and knowledge. I fully understand that false statements are subject to prosecution and/or rejection of my application.

_____ _____

Applicant *Spouse/Other*

_____ _____

Date *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)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Veterans Administration
Retirement Systems
Banks and other Financial Institutions
Credit Providers and Credit Bureaus
Utility Companies

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:	_____	_____	_____

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 jurisdictio

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UNEMPLOYMENT STATEMENT

I, _____, (Please check all that apply)

- **Employed** (Full time and / or Part time)
- **Unemployed**
- **Receive** (Social Security, Disability, Unemployment Benefits, VA Benefits, Child Support, Teachers Pension)
- **Retired** (with or without pension)

_____
Applicant Signature

_____
Spouse / Other Signature

(Seal)

State of Oklahoma

_____

Signed before me this _____day of_____, 20_____.

By _____

Notary _____

My Commission Expires _____

Notary Commission No. _____

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