



**Kiowa Tribe Housing Authority**  
1701 E. Central Blvd  
Anadarko, OK 73005  
P-(405)339-8100 F-(405)339-8101

Dear Applicant,

Thank you for your interest in applying for housing assistance with the Kiowa Tribe Housing Authority.

Please complete the application in its entirety. Do not leave any empty boxes; if any question does not apply to you simply write in "N/A". Any application left incomplete will not be processed. In addition to the KTHA Application, we will need copies of the following for EACH household member:

- Birth Certificate
- Social Security Cards
- CDIB (Certificate of Degree of Indian Blood)
- Proof of Guardianship (If applicable)
- Current proof of income (earned and/or unearned)
  - Payroll check stubs (1 month)
  - Current income tax
  - Social Security (current award letter)
  - Unemployment benefits (determination letter)
  - TANF (award letter)
  - Child support paid and/or received (copy of court order)
  - Education Scholarship/Stipends (award letter)
  - VA benefits (check stubs for 1 month)
  - IIM Transaction Report (most current or letter showing not a landowner)

**All household members age 18 and over must have income verification OR a notarized statement of unemployment.**

The completion and returning of the application packet does not guarantee you housing assistance. Once all the above documents have been received you will be placed on the KTHA waiting list, according to the time and date we received for COMPLETE APPLICATION for housing assistance. Kiowa Tribal members will receive preference over non-tribal members for placement on the waiting list.

Please allow 30 days to determine eligibility.

After receipt of determination letter, it is YOUR responsibility to update your information every six months, or as needed in order to remain an ACTIVE applicant, otherwise your application will be filed in our INACTIVE files.

Again, thank you for your interest. Please do not hesitate to contact our office with any questions and/or concerns.

Thank you!



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## APPLICATION FOR ADMISSION

Date
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Elder Emergency Asst	Low Rent	Mutual Help	Down Payment/Bridge Asst.
Storm Shelter Asst.	Minor Rehab.	Major Rehab	Uniform Accessibility Program

### 1) Applicant Information (Head of Household)

Applicant's Name				Middle Name			
Last Name				Maiden Name			
Date of Birth		Tribe		Tribal Roll No.			
Mailing Address							
City		State		Zip Code		County	
Phone #				Alt. Phone #			
Occupation			Employer			Phone #	
Marital Status	Married	Single	Widowed	Other:			
Are you or anyone in the household a veteran?	Yes		No				

### 2) Household Information

*Please list all members of your household. Provide name, relationship, date of birth, SSN, and Tribal affiliation.*

Household Member	Relationship to Head	Date of Birth	SSN	Tribal Affiliation
	<b>Head</b>			

*For every person you listed above, please submit a copy of his/her Tribal enrollment verification or CDIB, Birth Certificate and Social Security Card.*

**3) Housing Information**

Does anyone in your household have a permanent health problem, handicap or disability?  
 If so, provide a Statement from the attending Physician.

Yes No

**Income**

Please list below the monthly income of all household members.

Household member	Employment Hourly Amt + # of hrs/ wk	Social Security SSI / VA	Pensions Public -assistance or other	Lease & Royalties, IIM	Child Support	Total Annual Income
<b>Total Anticipated Annual Income</b>						

Please submit Income Verifications with your application; non-disclosure of income sources will delay the processing of your application.

List in order of preference, three locations where you prefer to reside:

<b>1</b>	
<b>2</b>	
<b>3</b>	

**4) Landlord References**

<b>Present Physical Address</b>			
	Renting	Live w/Relatives	Own Home
	Public Housing		
Monthly Payments		Estimated Monthly Utilities	
Landlord's Name			
Address			
Telephone		How long @ this residence?	

<b>Previous Address</b>			
	Renting	Live w/Relatives	Own Home
	Public Housing		
Monthly Payments		Estimated Monthly Utilities	
Landlord's Name			
Address			
Telephone		Date @ this residence?	From To

**5) Previous Participation**

1. Have you ever been a participant with this or any another Housing Authority? Yes No

*If yes, which Housing Authority?*

*When were you a participant?*

*What were the circumstances of your leaving the program?*

2. Have you ever filed an application with this or any other Housing Authority? Yes No

*If yes, which one?*  *When?*

3. Are you and your spouse currently in a home that is subsidized by the Department of Housing and Urban Development? Yes No

4. Have you and your spouse ever owned a home? Yes No

5. Have you and your spouse ever lived in a Mutual Help Home? Yes No

*If yes, which Housing Authority and when?*

6. Have you ever applied for Tribal HIP funds or BIA assistance? Yes No

7. Have you or any member of your household ever been evicted? Yes No

*If yes, please explain circumstances:*

**6) Personal References**

1. Nearest Relatives

*Please provide the names of two (2) nearest relatives **not living** in your household.*

Name		Telephone	
Address		Relationship	

Name		Telephone	
Address		Relationship	

2. Personal References

*Please provide the names of two (2) personal references **not related** to you or your spouse.*

Name		Telephone	
Address		Years known	

Name		Telephone	
Address		Years known	

3. Landlord and Credit References

Please provide the names of Landlord & Credit references.

Landlord Name		Telephone	
Address			

Creditor Name		Telephone	
Type of Business		Account #	

4. Criminal Background Information

- i. Have you, or any member of your household ever been convicted of a crime? Yes    No

*If yes, please explain.*

- ii. Have you, or any member of your household ever used any name(s) and/or Social Security number(s) other than the one you are currently using? Yes    No

*If yes, please explain.*

5. Consent for Release of Information

*In order to determine my eligibility for housing assistance, with my signature, I hereby authorize the Kiowa Tribe Housing Authority to obtain any and all information necessary to make the determination on my eligibility.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Signature and Date of Household Adults:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# CERTIFICATION AND SIGNATURE OF APPLICANT

## **Giving True and complete Information**

I understand that this is not a contract and does not bind either party. The above information is true and correct to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

## **Updating Application Annually**

I understand that it is my responsibility to update my application every year and to notify the Kiowa Tribe Housing Authority in case of changes to my family composition, income, etc. I understand that if I don't respond within 10 days after being notified to update my application, that my application may be put in the inactive file.

## **Reporting Changes in Income or Household Composition**

I know I am required to contact the Kiowa Tribe Housing Authority in writing immediately of any changes in income, any changes in the household size and when a person moves in or out. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

## **Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of lease.

## **No Duplicate Residence or Assistance**

I certify that the house will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing authority immediately in writing. I will not sublease my assisted residence.

## **Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

## **Criminal and Administrative Actions for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

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**Applicant Signature**

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**Date**

# NAHASDA STATEMENT AND APPLICANT CERTIFICATION

The Native American Housing and Self Determination Act of 1996, Final Rule, was implemented on July 2, 1997. The Department of Housing Urban Development published a rule proposing to implement the Native American Housing Assistance and Self-Determination act of 1996 (NAHASDA). NAHASDA reorganizes the system of Federal Housing Assistance to Native Americans by eliminating several separate programs of assistance and replacing them with a single block grant program.

In addition, to simplifying the process of providing housing assistance, the purpose of NAHASDA is to provide a Federal Assistance Indian Tribes in a manner that recognizes the right of Indian Self Determination and Tribal Self Governance. This rule makes final the policies and comment received on the proposed rule. As required by Section 106 (b)(2) of NAHASDA, HUD developed to the proposed and final rules with active tribes participation and using the procedures of the negotiated rule-making act. Effective Date: April 13, 1998.

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

I further understand that should I be given housing assistance based on a fraudulent application that this assistance will be immediately revoked and I may be subject to prosecution.

I understand that this application contains material covered by the Privacy Act. No record will be communicated to any one or any agency unless requested in writing by the applicant or an office/employee of the housing program or other federal agency requiring it in the performance of their duties.

I have been provided with a copy of the Federal Privacy Act Notice and I understand my rights therein.

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**Applicant Signature**

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**Date**

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**Spouse's Signature**

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**Date**

# **FEDERAL PRIVACY ACT NOTICE FOR THE PUBLIC AND INDIAN HOUSING PROGRAMS, MODERATE REHABILITATION, RENTAL ASSISTANCE VOUCHERS, AND SECTION 8 RENTAL CERTIFICATE**

## **PURPOSE:**

Family income and other information are being collected by the Kiowa Tribe Housing Authority for the Department of Housing and Urban Development for determination of an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

## **USE:**

HUD uses family income and other information to assist in managing and monitoring HUD assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, Investigators and Prosecutors. However, the information will not be otherwise disclosed or released outside of KTHA except as permitted or required by law.

## **PENALTY:**

You must provide all of the information required by the public housing agency/Indian housing authority, including all social security numbers you have and use. Giving the social security numbers of all household members six (6) years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

## **AUTHORITY FOR INFORMATION COLLECTION:**

The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority, the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.)

Title VI of the Civil Rights Act of 1964, and the Title VII of the Civil Rights Act 1964, and the Title VIII of Civil Rights Act of 1968. The Housing and Community Development act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.



# CONFLICT OF INTEREST DISCLOSURE

The Kiowa Tribe Housing Authority 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 Kiowa Tribe Housing Authority 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 KTHA 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"/> Rental to Owner |

**THIS PAGE IS FOR OFFICE USE ONLY**

Total annual income before deductions		# in household	
Ages of household members			
Income limits for family size		# of bedrooms family qualifies for	
Total income with deductions			

**DEDUCTIONS**

1. Number of minor children in the household?				
2. Is the head of household elderly?	Yes	No		
3. Is the head of household handicapped?	Yes	No		
4. Are there any handicapped children?	Yes	No	<i>If yes, how many children?</i>	
5. Does the applicant pay daycare expense?	Yes	No	<i>If yes, amount paid per month?</i>	
6. Are there any college students in the household?	Yes	No		
7. Are there any veterans in the household?	Yes	No		
8. Does household have out of pocket medical expenses? <i>Applicant must submit copies of medical bills paid, receipts, etc., monthly basis only</i>	Yes	No	<i>If yes, amount?</i>	
9. Does household have extraordinary out of pocket travel expenses related to medical appointments?	Yes	No	<i>If yes, amount paid?</i>	
Income Verification received		Yes	No	
Verification of participation with other Housing authorities received		Yes	No	
All documents received (CDIB's, Birth Certificates, Social Security Cards, Medical statements/receipts, receipts for medical travel expenses, day care expense, legal guardianship, etc.		Yes	No	
Background Check performed		Yes	No	
Landlord reference checked		Yes	No	
Credit reference checked		Yes	No	
Explain				

**Processed by** \_\_\_\_\_ **Date** \_\_\_\_\_

**KIOWA TRIBE HOUSING AUTHORITY DETERMINATION**

Family Composition: Eligible Yes \_\_\_ No \_\_\_    Income: Eligible Yes \_\_\_ No \_\_\_    Unit size required: \_\_\_\_\_

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

Eligible for admissions \_\_\_\_\_    Ineligible for admission \_\_\_\_\_

	Eligible	Ineligible
Minor Rehab		
Major Rehab		
Emergency Elder		
Down Payment / Bridge Asst.		
Storm Shelter Asst.		
Uniform Accessibility Asst.		

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_