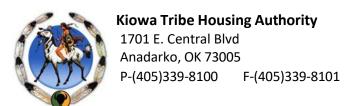
STORM SHELTER INSTALLATION



Thank you for your interest in applying for a storm shelter with the Kiowa Tribe Housing Authority. Please complete the application in its entirety. Do not leave any empty boxes; if any questions do not apply to you simply write in "N/A". **KTHA will not accept incomplete applications, all documents must be submitted with application.** Please allow 30 days to determine eligibility. In addition to the KTHA Application, we will need copies of the following for EACH household member:

- Driver's License or State I.D.
- Birth Certificates for everyone listed on the application
- Social Security Cards for everyone listed on the application
- Tribal I.D. or CDIB (Certificate of Degree of Indian Blood) for everyone listed on the application
- Marriage License, Proof of Common Law Marriage, or Marriage Certification Statement
- Proof of Guardianship (If applicable)
- Deed to home showing ownership
- Home Insurance, if applying for Major Home Rehab
- Current proof of income (earned and/or unearned)
 - Payroll check stubs for the past 90 days or Current Income Tax Statement
 - 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 for past 12 months, or BIA letter stating not a land owner

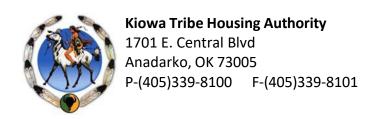
All household members age 18 and over must have income verification OR notarized statement of zero income.

The completion and returning of the application packet does not guarantee you will receive a storm shelter. 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 the COMPLETE APPLICATION and required documents. Kiowa Tribal members will receive preference over non-tribal members for placement on the waiting list.

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.

The applicant must reside within the Kiowa Tribal Jurisdiction in Oklahoma: Caddo, Comanche, Kiowa, Cotton, Tillman, and selected parts of Blaine, Canadian, Grady, Jefferson, and Stephens county.

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



Date

and Social Security Card.

OFFICE USE ONLY: DATE & TIME RECEIVED

STORM SHELTER APPLICATION

Applicant's Name							Middle Na	ame			
Last Name							Maiden Na	ame			
Date of Birth			Tribe				Tribal Roll	No.			
Mailing Address		"				-					
Physical Address											
City				State			Zip Code			County	
Phone #					Al	lt. Phone #					
Occupation				Employ	/er				Phone	e #	
Marital Status	Marrie	ed	O Si	ngle		Widowe	ed (Oth	ner:		
Are you or anyon Household Infor	rmation						No				
	rmation s of your hou	usehold.	Provide l	name, re	elatio		of birth, SSN	l, and i	Tribal af		ı. Affiliation
) Household Infor Please list all member	rmation s of your hou		Provide l	name, re	elatio	onship, date	of birth, SSN	l, and ī	Tribal af		
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) Household Infor Please list all member	rmation s of your hou	usehold.	Provide I	name, re	elatio	onship, date	of birth, SSN	I, and	Tribal af		

come						
	the monthly incom	ne of all househol	ld members.			
Household member	Employment Hourly Amt + # of hrs/ wk	Social Security SSI / VA	Pensions Public -assistance or other	Lease & Royalties, IIM	Child Support	Total Ann Income
			Tot	al Anticipated A	Annual Income	
1. Have you	u ever been a partio		r any another Housin	g Authority?		Yes (
1. Have you	u ever been a partion Housing Authority	y?	r any another Housin	g Authority?		Yes (
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 Have you If yes, which When we What serve had a serve	u ever been a particle of Housing Authority re you a particle pant ices, assistance, and nome repairs did your received and your spouse of and your spouse county and your spouse county in the county is and your spouse county in the county is a spouse of the county is a spouse o	ication with this ce	or any other Housing me? e that is subsidized b	Authority?	When?	O Yes O
 Have you If yes, which When we What serve had a serve	u ever been a particle of Housing Authority or you a particle pant ices, assistance, and nome repairs did your received and your spouse of and your spouse of an Development?	ever owned a homever lived in a Mu	or any other Housing me? e that is subsidized b	Authority?	When?	O Yes O

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5) Personal References

1. Nearest Relatives

Please provi		e names of two (2) nearest relatives not living i	n your household	d.
Name		, ,	Telephone	
Address			Relationship	
Name			Telephone	
Address			Relationship	
		References e names of two (2) personal references not rela	ited to you or you	ur spouse.
Name			Telephone	
Address			Years known	
Name			Telephone	
Address			Years known	
Please provi	de the	and Credit References e names of Landlord & Credit references.		
Landlord Na			Telephone	
Add	ress			
Creditor Na	ame		Telephone	
Typ Busir	e of ness		Account #	
In order to d	letern	or Release of Information nine my eligibility for housing assistance, with i in any and all information necessary to make t		
Applicant Signat				Date
Signature ar	nd Da	te of All 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 and any changes in the household size.

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, or knowingly misrepresent any information.

No Duplicate Residence or Assistance

I certify that the house is and will continue to 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 or termination of assistance.

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.

Applicant Signature	Date
Spouse's Signature	

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 Section106 (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.

Spouse's Signature	Date	_
	24.0	
Applicant Signature	 Date	
I have been provided with a copy of the Federal Privacy Act I	Notice and i understand my rights therein.	
I have been provided with a copy of the Federal Drivacy Act (Notice and Lunderstand my rights therein	

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.

Applicant Signature	Date

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 particle. Kiowa Tribe Housing Authority programs and that he/she is independent of any persons not listed above.	-
Applicant Signature	Date
Spouse's Signature	Date