



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

HOUSING ASSISTANCE APPLICATION
-Rental Housing Assistance (RHA)

Thank you for your interest in applying for rental housing assistance 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".

In addition to the KTHA Application, we will need copies of the following documentation:

- Driver's License, State I.D., or Birth Certificate for household members age 18 and over
- Birth Certificates for minor children age 17 and under listed on the application.
- Social Security Cards for everyone listed on the application
- Tribal I.D. or proof of Tribal enrollment for Head of Household or Spouse
- Marriage License, Proof of Common Law Marriage, or Marriage Certification Statement
- Proof of Guardianship (If applicable)
- Copy of Rental or Lease Agreement (must have applicant's name listed)
- Completed W-9 form from Landlord
- 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 rental housing assistance. **KTHA will not accept incomplete applications, all documentation must be submitted with application. Please allow 30 days to determine eligibility.**

Once the application has been approved for rental housing assistance, the check will be mailed directly to the Landlord. Due to limited funding, the assistance will be made on a first come first serve basis.

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

****This program is funded by the HUD NAHASDA and the eligible service area is:
All counties within the State of Oklahoma. ****



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OFFICE USE ONLY:
DATE & TIME RECEIVED

RENTAL HOUSING ASSISTANCE (RHA) APPLICATION

Date

1) Applicant Information (Head of Household)

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

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

Have your or any member of your household applied for rental housing assistance from any other Tribe or Agency?

☐ Yes ☐ No

If so, name of Tribe or Agency: _____

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
Total Anticipated Annual Income						

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

3) Landlord Information

Please provide all of the information. The Landlord will also need to submit a IRS Form W-9.

Name			
Address		City	
State/Zip Code		Phone Number	

Monthly Rent Amount: _____

Are Utilities included in Monthly Rent? ☐ Yes ☐ No

4) Consent and 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

Spouse's Signature

Date

STATEMENT OF UNEMPLOYMENT/NO INCOME VERIFICATION

I _____ do hereby declare that I am unemployed
(Print name)

and/or I do not receive any income as of _____.
(Date)

SSN: _____ DOB: _____ SEX: _____

Phone: _____.

Relationship to applicant: _____

I understand that I must provide the Kiowa Tribe Housing Authority with this signed statement for eligibility determination for rental housing assistance.

Signature: _____ Date: _____

NOTE TO PARTICIPANT/APPLICANT: This statement must be notarized for Authenticity.

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Subscribed and sworn to before me this _____ day of _____, 2025

Notary Public

My Commission Expires: _____