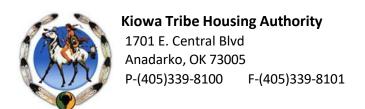
HOUSING ASSISTANCE APPLICATION -Rental Housing Assistance (RHA)



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)
 - o 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)
 - o 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.

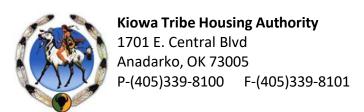
The completion and returning of the application packet does not guarantee you rental housing assistance. KTHA will not accept incomplete applications, all documentation must be submitted with application. Please allow 30 days to determine eligibility.

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. **



Date

OFFICE USE ONLY:
DATE & TIME RECEIVED

RENTAL HOUSING ASSISTANCE (RHA) APPLICATION

Applicant's Name							Middle N	ame			
Last Name							Maiden N	ame			
Date of Birth			Tribe				Tribal Roll	No.			
Mailing Address		'									
Physical Address											
City				State			Zip Code		Co	ounty	
Phone #					Alt. P	hone #			•		
Occupation				Employ	er				Phone #		
Marital Status	Marrie	ed	Si	ngle	С) Widowe	ed (Oth	ier:	•	
Are you or anyon	e in the hous	sehold a	veteran?	, (Yes	0	No				
Please list all member Household Member						-		l, and			ffiliation
Please list all member Household Member			iship to H			nip, date se of Birtl		I, and i			ffiliation
						-		l, and i			ffiliation
			iship to H			-		l, and			ffiliation
			iship to H			-		l, and			ffiliation
			iship to H			-		I, and 1			ffiliation
			iship to H			-		I, and			ffiliation
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For every person you listed above, please submit a copy of his/her Tribal enrollment verification or CDIB, Birth Certificate and Social Security Card.

O Yes	No		d for rental housing	assistance	Trom an	y other mide (
come							
Please list below	the monthly incor	me of all househol	d members.				
Household member	Employment Hourly Amt + # of hrs/ wk	Social Security SSI / VA	Pensions Public -assistance or other	Lease Royalti IIM		Child Support	Total Annu Income
			То	tal Anticip	ated An	nual Income	
Landlord Inf	ormation	on The Landlard	vill also need to sub	mit a IPS E	orm W-0		
Name	r oj the mjormati	on. The Landiora V	will diso fieed to sub	mit a ms re	onn vv-3.		
Address					City		
State/Zip Code			Phone Nu	umber			
Monthly Re	nt Amount:included in Mont	hly Rent?	Yes O No				
	Release of Infor	,	1103				
			assistance, with m			=	
Applicant Signat	ure					Date	
Spouse's Signatu	ıre					Date	

STATEMENT OF UNEMPLOYMENT/NO INCOME VERIFICATION

I	do h	ereby declare that I am unemployed
(Print name)		
and/or I do not receive a	ny income as of(Date)	
SSN:	DOB:	SEX:
Phone:		
Relationship to applicant	:	
	provide the Kiowa Tribe Housir on for rental housing assistance	ng Authority with this signed statement e.
Signature:		Date:
		t must be notarized for Authenticity.
Subscribed and sworn to	o before me this day o	of, 2025
Notary Public		
My Commission Expires	:	