



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. 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 documentation must be submitted with application. We will only accept original applications in person or by mail. Due to previous issues we will not accept emailed or faxed applications. Please allow 30 days to determine eligibility.**

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
- If Rental Home is on Trust Land, Landlord will need to submit a Title Status Report (TSR)
- Current proof of income (earned and/or unearned)
 - IIM Transaction Report for past 12 months, or BIA letter stating not a land owner
 - Payroll check stubs for the past 90 days or Current Income Tax Statement
 - Social Security (current award letter)
 - Unemployment benefits (determination award letter)
 - TANF (award letter)
 - Child support paid and/or received (copy of court order)
 - Education Scholarship/Stipends (current award letter)
 - VA benefits (current award letter)

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.

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. For the RHA program, KTHA limits assistance to applicant/recipient once every five (5) years. 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 | | | |
| | | | | |
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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.

Have you 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: _____

Have you received rental assistance from KTHA within last 5 years? ☐ 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 |
|---------------------------------|--|-----------------------------|--|------------------------------|------------------|------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Anticipated Annual Income | | | | | | |

Please submit Income Verifications with your application; non-disclosure of income sources will delay the processing of your application. Please copy this page if additional income will not fit in this section.

3) Landlord Information

Please provide all of the information. The Landlord will also need to submit a IRS Form W-9. If the home you are renting is on Trust Land, then you will need to bring in a Title Status Report (TSR) showing the Landlord owns the home.

| | | | |
|----------------|--|--------------|--|
| 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: _____