



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

**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, 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)
- Deed to home showing ownership
- Proof of Current Property Taxes, unless home is on Trust Property
- Copy of Current Utility Bill Showing Applicant's Name
- 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)
  - No income: Notarized statement of zero income for adults ages 18 and older

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.

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 file will be closed and you can re-apply.

**\*\*This program is funded by the HUD NAHASDA and the eligible service area is: Caddo, Comanche, Cotton, Kiowa, and Tillman Counties. \*\***



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OFFICE USE ONLY:  
DATE & TIME RECEIVED

## STORM SHELTER 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
	<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?  Yes  No  
*If so, provide a Statement from the attending Physician.*

#### 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.*

### 4) Previous Participation

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

*If yes, which Housing Authority?*

<i>If yes, which Housing Authority?</i>
<i>When were you a participant?</i>
<i>What services, assistance, and home repairs did you receive?</i>

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

*If yes, which one?*

*When?*

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

4. Are you and your spouse currently in a home that is subsidized by the Department of Housing and Urban Development?  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

*What assistance was received?*

## 5) 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. 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.*

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**Applicant Signature**

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**Date**

**Signature and Date of All Household Adults:**

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# 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.

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**Applicant Signature**

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**Date**

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**Spouse's 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.

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**Applicant Signature**

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**Date**

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**Spouse's Signature**

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**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 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.

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**Applicant Signature**

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**Date**

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**Spouse's Signature**

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**Date**