14325 Porcupine Rd Wyandotte, OK 74370 Phone: (918) 678-2297 Fax: (918) 678-4320



| For Use of Housing Staff Only |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|
| Date Received:                |  |  |  |  |  |  |
| Application Points:           |  |  |  |  |  |  |
|                               |  |  |  |  |  |  |

# HOUSING IMPROVEMENT PROGRAM WYANDOTTE NATION

To be eligible for this program your household income may not exceed the income limits as allowed by HUD\*.

| Family Size    | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Maximum Income | \$42,280 | \$48,320 | \$54,360 | \$60,400 | \$65,232 | \$70,064 | \$74,896 | \$79,728 |

\*The income guidelines change annually

- 1) Complete the application that starts on page two (2) of this document.
- 2) Include the following required documentation with your application:
  - ♦ Copy of Tribal Membership Card
  - ♦ Copy of Proof of Income for all items listed on chart
  - ♦ Copy of Warranty Deed

Incomplete applications will be returned

Return the completed application with all required documentation to the Housing Department at:

Wyandotte Nation Housing Department 14325 Porcupine Rd Wyandotte, OK 74370 Phone: (918) 678-6336 or (918) 678-6339

Fax: (918) 678-4320

| Date:                                |                         | Phone:         | ( )                   |           |  |  |  |
|--------------------------------------|-------------------------|----------------|-----------------------|-----------|--|--|--|
| Name:                                |                         |                |                       |           |  |  |  |
| Tribe:                               | Carial Consuits Number. |                |                       |           |  |  |  |
| Present Address:                     |                         |                |                       |           |  |  |  |
| Location of property to be repaired: |                         |                | City                  | State Zip |  |  |  |
| Family Information:                  | <u>Age</u>              | <u>Sex</u>     | Occupation            | Employer  |  |  |  |
| Applicant                            |                         |                |                       |           |  |  |  |
| Spouse                               |                         |                |                       | _         |  |  |  |
| Others in Househ                     |                         |                | thers living in the h |           |  |  |  |
|                                      |                         |                |                       |           |  |  |  |
|                                      |                         |                |                       |           |  |  |  |
| Describe any severe health, handi    | _                       | ent disability | problem <u>s:</u>     |           |  |  |  |
|                                      |                         |                |                       |           |  |  |  |
|                                      |                         |                |                       |           |  |  |  |
|                                      |                         |                |                       |           |  |  |  |
| Description of Housing Assistance R  | equest:                 |                |                       |           |  |  |  |
|                                      |                         |                |                       |           |  |  |  |
|                                      |                         |                |                       |           |  |  |  |
|                                      |                         |                |                       |           |  |  |  |
| Local Description of Property        |                         |                |                       |           |  |  |  |
| Legal Description of Property:       |                         |                |                       |           |  |  |  |
|                                      |                         |                |                       |           |  |  |  |
|                                      |                         |                |                       |           |  |  |  |

| ocation of Property:  |
|---|
|   |
| resent Dwelling Condition:  |
|   |
| Owner of Dwelling:  |
| ize of Dwelling: (square feet, include number of rooms and number of bedrooms)                            |
| Distance to water, sewer, and electricity (Supply and information concerning IHS facilities provided)     |
|   |
| lave you or anyone in your household received Housing Improvements before?                                |
| If yes: When, where, and how much?  |
| lave Improvement Funds been used to provide any repairs on the home you are now living in?  If yes: When? |

| LIST | Γ <b>ALL</b> INCOME FO | OR THE 12-M | ONTH PERIOD    | FOR <b>EVERY M</b> | <b>1EMBER</b> OVER | THE AGE OF  | 18 (INCLUDE F  | ULL TIME, |
|------|------------------------|-------------|----------------|--------------------|--------------------|-------------|----------------|-----------|
|      | PART TIME, OR S        | SEASONAL IN | ICOME, EVEN II | F COMPLETIN        | G THE APPLICA      | ATION DURIN | IG THE OFF-SEA | ASON)     |

| <u>Description</u>  | Annual Amount    |
|---|------------------|
| 1. Wages, salaries  | \$               |
| 2. Income earned from self-employment or job that pays in cash only                 | \$               |
| 3. Regular pay for member of the armed forces                                       | \$               |
| 4. Public Assistance (TANF, GA)   | \$               |
| 5. Worker's compensation  | \$               |
| 6. Unemployment benefits or severance pay   | \$               |
| 7. Student financial assistance (public or private, not including student loans     | \$               |
| 8. Child support  | \$               |
| 9. Alimony/ Spousal Maintenance   | \$               |
| 10. Social Security Income (including unearned income of minor children)            | \$               |
| 11. Disability benefits including social security disability                        | \$               |
| 12. Regular payments from pensions (PERA, railroad, etc.)                           | \$               |
| 13. Regular payment from retirement benefits  | \$               |
| 14. Death benefits  | \$               |
| 15. Regular payments from annuities or life insurance dividends                     | \$               |
| 16. Regular payments from inheritence, insurance settlement, lottery winnings, etc. | \$               |
| 17. Net income from rental property   | \$               |
| 18. Regular cash and non-cash contributions (assistance with paying bills)          | \$               |
|   | TOTAL INCOME: \$ |

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that, if I falsify information on this application that I may be disqualified for any assistance.

| Applicant's Signature _ |  |
|-------------------------|--|
| Date:                   |  |

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## **AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK**

## THIS FORM MUST BE NOTARIZED

| Enforcement Agency.   | O) to conduct a Crimic I further agree upon  | inal Backgr<br>this writte   | ound Check<br>n consent th   | at I will not file, or cau  | tte Nation Housing ral, State, Tribal, or Local Law use to be filed on my behalf, any he results of said CBC.   |
|---|--|--|--|---|---|
| participation in a prog<br>or physical violence<br>adversley affect the h<br>full and complete in | gram terminated due<br>the to persons or prope<br>ealth, safety, or welf<br>enformation as to my | to any crimerty, drug rearty, drug rearty, drug rearty are of WNI identity, also | ninal activity<br>elated, or oth<br>HD or their l<br>iases, previo | r, specifically those crimer violent crimes or creater tributer and participants. I further a | cation can be denied and/or my minal activities involving crimes riminal activity which would agree that my failure to provide revious places of residences is yandotte Nation. |
| Signa   | ture   | _  | Birth  | Date  | Social Security Number  |
|   | CRIMIN   | AL BACK  | KGROUNI  | O INFORMATION   |   |
| Legal Name (Print)  | Last   |  | First  | Middle  | Maiden  |
| Please list other names or  |  | _  |  |   |   |
|   |  |  | 1  |   | ength of time since the age of 18)  |
| City  | County   | State  | Country  | Dates Resided   | Name(s) Used  |
|   |  |  |  |   |   |
|   |  |  |  |   |   |
|   |  |  |  |   |   |
|   |  | <u> </u>   |  |   |   |
| STATE OF  |  |  |  |   |   |
| COUNTY OF   |  |  |  |   |   |
| On this   | day of   |  | ,  | , before me, a Notary Pu  | blic in and for the above State   |
| and County, personall   | y appeared and acknow  | wledged to m   |  |   | free and voluntary act and deed.  |
|   |  |  |  |   |   |
|   | SEAL   |  |  | NOTARY PUBLIC   |   |
|   |  |  |  | MY COMMISSION   | EXPIRES:  |

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|   |  |  |  |   |   |
|   |  | <u> </u>   |  |   |   |
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