WYANDOTTE TRIBAL HOUSING DEPARTMENT
APPLICATION FOR HOUSING

ALL QUESTIONS IN THIS APPLICATION MUST BE ANSWERED. READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

This application is subject to the Privacy Act of 1974, P.L. 93-579 carefully before you sign and date this application. Sign in blue or black ink.

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

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Income</td>
<td>$50,400</td>
<td>$57,600</td>
<td>$64,800</td>
<td>$72,000</td>
<td>$77,800</td>
<td>$83,600</td>
<td>$89,300</td>
<td></td>
</tr>
</tbody>
</table>

*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

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
APPLICATION INFORMATION

NAME: ________________________________  Last   First   Middle

CURRENT ADDRESS: ________________________________

CITY ________________________________  STATE  __________  ZIP CODE  __________

TELEPHONE #: (_____) __________  DATE OF BIRTH: __________

SOCIAL SECURITY NUMBER: ________________________________

TRIBAL AFFILIATION: ________________________________  ROLL NUMBER: ________________________________

MARITAL STATUS: MARRIED  ______  SINGLE  ______  WIDOWED  ______  DIVORCED  ______  OTHER  (Please explain)  ______

SPOUSE'S NAME: ________________________________  Last   First   Middle

DATE OF BIRTH: __________  SOCIAL SECURITY NUMBER: ________________________________

TRIBAL AFFILIATION (IF ANY): ________________________________  ROLL NUMBER: ________________________________

PLEASE MARK THE TYPE(S) OF HOUSING YOU ARE INTERESTED IN:
Rental ______  Homeownership ______  Senior Rental (55+) ______

LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD ON A PERMANENT BASIS STARTING WITH YOURSELF

<table>
<thead>
<tr>
<th>FULL NAME (First, Middle, Last)</th>
<th>DATE OF BIRTH (Spouse, Son, Daughter, Etc.)</th>
<th>RELATIONSHIP (Spouse, Son, Daughter, Etc.)</th>
<th>SOCIAL SECURITY #</th>
</tr>
</thead>
</table>
LIST ALL INCOME FOR THE 12-MONTH PERIOD FOR EVERY MEMBER OVER THE AGE OF 18
(INCLUDE FULL TIME, PART TIME, OR SEASONAL INCOME, EVEN IF COMPLETING THE
APPLICATION DURING THE OFF-SEASON)

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

TOTAL INCOME: $

EXPENSE INFORMATION

□ YES  □ NO  Does your household have unreimbursed medical expenses in excess of 3% of annual income?

□ YES  □ NO  Does your household pay child care expenses for children under the age of 13 that enable a family to work or go to school?

□ YES  □ NO  Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

The total amount of estimated mileage for employed members of household 18 years of age and above to and from work is: __________________________
CURRENT HOUSING INFORMATION

1. Are you currently homeless or living in substandard housing? ________________
   If yes, please explain: ________________________________________________________
   ________________________________________________________
   ________________________________________________________

2. Do you (Check one) Own ___________ Rent ________ the house in which you are presently living?
   If renting, provide the Name, address, and telephone number of the owner(s).

   NAME ___________________________ ADDRESS __________________________
   TELEPHONE NUM. _______________ CITY _______ STATE _______ ZIP CODE _______

   A. How long at present location? ____________________________________________

   B. Is Electricity Available?    □ YES    □ NO

      Please provide the name of the power company __________________________

   C. Sewer System: _______ City Sewer _______ Septic tank _______ Chemical Toilet
      _______ Outdoor Plumbing

   D. Water Source: _______ City System _______ Rural Water _______ Private Well
      _______ Other (Please explain) __________________________

   E. Do you own land?    □ YES    □ NO    If Yes, please provide the location of the land,

      address, or legal description. __________________________________________

   __________________________________________

   F. If you currently own land, is water, sewer, or utilities available on this land?  □ YES  □ NO

GENERAL INFORMATION

1. If you are requesting assistance for a housing unit or the renovation/rehabilitation of an existing unit, have you applied for assistance from an Indian Housing Authority or a private lending institution?

      □ YES  □ NO

2. Does anyone in your family, who is a permanent resident listed in this application, have a severe health problem? □ YES □ NO

      Handicap or permanent Disability? □ YES □ NO

      If yes, provide name and brief explanation: ____________________________________

      ____________________________________
PLEASE WRITE IN **MONTHLY PAYMENTS**

**HOUSING:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>RENT OR OWN (Circle One)</td>
<td></td>
</tr>
<tr>
<td>UTILITIES</td>
<td></td>
</tr>
<tr>
<td>FOOD</td>
<td></td>
</tr>
<tr>
<td>INSURANCE</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL MONTHLY EXPENSES:** $ 

**DEBT REPAYMENTS:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTOMOBILE</td>
<td></td>
</tr>
<tr>
<td>PERSONAL LOANS</td>
<td></td>
</tr>
<tr>
<td>FURNITURE/APPLIANCES</td>
<td></td>
</tr>
<tr>
<td>CREDIT CARDS (COMBINED)</td>
<td></td>
</tr>
<tr>
<td>MEDICAL BILLS</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL MONTHLY EXPENSES** 

Have you filed Bankruptcy within the last seven years? □ YES □ NO

**DO YOU AGREE TO ALLOW THE WYANDOTTE NATION HOUSING PROGRAM TO OBTAIN A CREDIT REPORT?** □ YES □ NO

Will any household member, including children, live in the unit on a less than full time basis? 

Do you anticipate any change in your household (someone moving in or out) during the next 12 months? 

Does any adult member of the household have zero income? If yes, please list the name(s) and explain: ________________________________________________________________
Does/will the household receive rental assistance? If yes, indicate from what source


Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing, or visual impairments?


I CERTIFY THAT ALL OF THE INFORMATION GIVEN ABOVE IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS GIVEN IN GOOD FAITH, AND I/WE UNDERSTAND AND AGREE THAT ANY FALSE STATEMENTS GIVEN BY ME OR MY SPOUSE WILL BE JUSTIFICATION FOR DISAPPROVAL ACTION TO BE TAKEN ON THIS APPLICATION.

Applicant's Signature  

Date

Spouse's Signature 

Date
Authorization to Conduct Background Investigation

I hereby authorize Justifacts Credential Verification, Inc., an agent for Wyandotte Nation, to ascertain information regarding my background to determine any and all information of concern to my record and I release all persons named in my application from all liability for any damages or account of my furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for obtaining a lease for a rental unit. Additionally, you are hereby authorized to check for any criminal records through an investigative service of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. I understand that my consent will apply throughout the length of the lease, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer reports about me.

PLEASE PRINT CLEARLY

FULL NAME

OTHER NAMES USED, MAIDEN NAME, DATES

CURRENT ADDRESS

PHONE

LIST ALL ADDRESSES FOR PAST 7 YEARS

Dates

Dates

EMAIL ADDRESS

SOCIAL SECURITY #

DATE OF BIRTH

DRIVER'S LICENSE #

STATE ISSUED

*** HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ______ NO ______

If yes, please explain:

Notice to California Applicants — By signing below, you acknowledge receiving the "Notice to California Residents".

SIGNATURE: ___________________________ DATE: ___________________________
State Specific Notices

Notice to California Residents:

The Company intends to obtain and use a consumer report or an investigative consumer report from Justifacts Credential Verification, Inc. (5250 Logan Ferry Rd Murrysville PA 15668 800-356-6885 www.justifacts.com), to be used for employment purposes. These purposes may include but are not limited to:

- considering your application for employment;
- making a decision whether to offer you employment with the company;
- deciding whether to continue your employment (if you are hired by the company);
- doing periodic rescreening of current employees, and/or;
- making any other employment decisions affecting you.

A consumer report may include information about your character, general reputation, personal characteristics, or mode of living, which is used or collected for employment purposes. An investigative consumer report also involves personal interviews with sources such as employers, educators, etc.

The nature and scope of any report that the company obtains may include verification of previous employment, verification of any educational degrees/certificates, motor vehicle records, criminal records and other public records.

Under Section 1786.22 of the California Civil Code, you have the right to request from Justifacts (5250 Logan Ferry Rd, Murrysville PA 15626 – 800-356-6885, www.justifacts.com), upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you to whom Justifacts has previously furnished within the three-year period preceding your request. Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows: (1) In-person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided. (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer. Justifacts shall provide trained personnel to explain to you any information furnished, including coded information. You are permitted to be accompanied by one other person of your choosing, who shall furnish reasonable identification. Justifacts may require you to furnish a written statement granting permission to Justifacts to discuss your file in such person's presence.
☐ California Applicants Only: Please check this box if you would like a copy of the background check mailed to you. Applicants may receive a copy from either the prospective employer or Justifacts.

Massachusetts Residents: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a copy of such report upon its completion.

Minnesota Residents:

☐ Minnesota Applicants Only: Please check this box if you would like a copy of the background check mailed to you. You will receive a copy direct from Justifacts or its designee.

New Jersey Residents: You have the right, upon request, to receive from the Consumer Reporting Agency, a copy of the report upon its completion.

New York Residents: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. Upon furnishing you the name and address of the consumer reporting agency to whom the request was made, you shall also be informed of your right to inspect and receive a copy of such report by contacting that agency.

Oklahoma Residents:

☐ Oklahoma Applicants Only: Please check this box if you would like a copy of the background check mailed to you. You will receive a copy direct from Justifacts or its designee.
Washington Residents:

You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company.

Additionally, you have certain rights and remedies under Washington law as summarized below:

**A SUMMARY OF YOUR RIGHTS UNDER THE WASHINGTON FAIR CREDIT REPORTING ACT**

The Washington Fair Credit Reporting Act, located at Chapter 19.182 RCW, substantially parallels the federal Fair Credit Reporting Act and the rights and remedies set forth in the Federal Trade Commission's Summary of Rights, except that, effective July 22, 2007, the Washington State law imposes greater limitations on the reasons for which an employer may obtain a consumer report. Beginning July 22, 2007, an employer may not obtain a consumer report that indicates the consumer's credit worthiness, credit standing, or credit capacity, unless (1) the information is substantially job related and the employer's reasons for using the information are disclosed in writing, or (2) the information is required by law.

You may exercise your rights and remedies under this Act by contacting:

Washington State Attorney General's Office
In State Toll-Free Number:
800-551-4636
Out of State Number:
206-464-6684
Website: http://www.atg.wa.gov/Default.aspx
A Summary of Your Rights under the Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or any other type of consumer report to deny your application for credit, insurance, or employment or to take adverse action against you must tell you, and give you the name, address, and phone number of the agency that provided the information.

- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit file;
  - You are the victim of identity theft and place a fraud alert in your file;
  - Your file contains inaccurate information as the result of fraud;
  - You are on public assistance;
  - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from the consumer reporting agencies that create credit scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information free from the mortgage lender.

- You have a right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However a consumer reporting agency may continue to report information if it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited. A consumer report agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- You must give your consent for reports to be provided to employers. A consumer-reporting agency may not give out information about you to your employer, or potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to www.consumerfinance.gov/learnmore.

- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers of credit and insurance must include a toll-free number you can call if you choose to remove
Your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688)

- **You may seek damages from violators.** If a consumer reporting agency, or in some cases, a user of consumer reports or a furnish of information to a consumer reporting agency, violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information visit [www.consumerfinance.gov](http://www.consumerfinance.gov) Learn More.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For info about your federal rights contact:

<table>
<thead>
<tr>
<th>TYPE OF PERSONS</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Banks, savings associations and credit unions with total assets of over $10 billion and their affiliates.</td>
<td>a. Bureau of Consumer Protection 1700 G Street NW Washington DC 20552</td>
</tr>
<tr>
<td>b. Such affiliates that are not banks, savings associations or credit unions also should list, in addition to the Bureau:</td>
<td>b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357</td>
</tr>
<tr>
<td>2. To the extent not included in Item 1 above:</td>
<td></td>
</tr>
<tr>
<td>b. State member banks, branches and agencies of foreign banks other than federal branches, federal agencies, and insured state branches of foreign banks, commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</td>
<td>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</td>
</tr>
<tr>
<td>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and Insured state savings associations</td>
<td>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</td>
</tr>
<tr>
<td>d. Federal Credit Unions</td>
<td>d. National Credit Union Administration Office of Consumer Protection (OC) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria VA 22314</td>
</tr>
<tr>
<td>3. Air Carriers</td>
<td>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.J. Washington DC 20590</td>
</tr>
<tr>
<td>4. Creditors Subject to Surface Transportation Board</td>
<td>Office of Proceedings, Surface Transportation Board Department of Transportation 305 E Street, S.W. Washington DC 20423</td>
</tr>
<tr>
<td>5. Creditors Subject to Packers and Stockyards Act</td>
<td>Nearest Packers and Stockyards Administration Area Supervisor</td>
</tr>
<tr>
<td>6. Small Business Investment Companies</td>
<td>Associate Deputy Administrator for Capital Access United States Small Business Administration 400 Third Street, S.W. 8th Floor Washington DC 20416</td>
</tr>
<tr>
<td>7. Brokers and Dealers</td>
<td>Securities and Exchange Commission</td>
</tr>
<tr>
<td></td>
<td>100 F Street SE</td>
</tr>
<tr>
<td></td>
<td>Washington DC 20549</td>
</tr>
<tr>
<td>8. Federal Land Banks, Federal Land Bank</td>
<td>Farm Credit Administration</td>
</tr>
<tr>
<td>Associations, Federal</td>
<td>1501 Farm Credit Drive</td>
</tr>
<tr>
<td>Intermediate Credit Banks, and Production</td>
<td>McLean VA 22102-5090</td>
</tr>
<tr>
<td>Credit Associations</td>
<td></td>
</tr>
<tr>
<td>9. Retailers, Finance Companies, and All Other</td>
<td>FTC Regional Office for region in</td>
</tr>
<tr>
<td>Creditors Not Listed Above</td>
<td>which the creditor operates</td>
</tr>
<tr>
<td></td>
<td>or Federal Trade Commission:</td>
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<tr>
<td></td>
<td>Consumer Response Center</td>
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<td></td>
<td>FCRA Washington DC 20580</td>
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<td>(877) 382-1357</td>
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