

14325 Porcupine Rd
 Wyandotte, OK 74370
 Phone: (918) 678-6339
 Fax: (918) 678-4320



For Use of Housing Staff Only	
Date Received:	_____
Application Points:	_____

**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

READ THE CERTIFICATION 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*.

Family Size	1	2	3	4	5	6	7	8
Maximum Income	\$54,768	\$62,595	\$70,416	\$78,240	\$84,499	\$90,758	\$97,018	

*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) _____

Email: _____ **Emergency Contact:** _____

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

<u>FULL NAME</u> <i>(First, Middle, Last)</i>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP</u> <i>(Spouse, Son, Daughter, Etc.)</i>	<u>SOCIAL SECURITY #</u>

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)

<u>Description</u>	<u>Annual Amount</u>
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 inheritance, insurance settlement, lottery winnings, etc.	\$
17. Net income from rental property	\$
18. Regular cash and non-cash contributions (assistance with paying bills)	\$
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: _____

- YES NO Have you ever been convicted on a felony charge

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:

RENT OR OWN (Circle One) \$ _____

UTILITIES \$ _____

FOOD \$ _____

INSURANCE \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

DEBT REPAYMENTS:

AUTOMOBILE \$ _____

PERSONAL LOANS \$ _____

FURNITURE/APPLIANCES \$ _____

CREDIT CARDS (COMBINED) \$ _____

MEDICAL BILLS \$ _____

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? YES NO

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