

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



For Use of Housing Staff Only

Date Received: _____

Qualified: _____

Date Completed: _____

**WYANDOTTE NATION HOUSING DOWN PAYMENT ASSISTANCE
AND CLOSING COST ASSISTANCE PROGRAM APPLICATION**

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	\$58,352	\$66,688	\$75,024	\$83,360	\$90,029	\$96,698	\$103,366	\$110,035

*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 Driver's License and Social Security card for each applicant (18 & over)**
- **Income Verification for each applicant (18 & over) including the following:**
 - **Copy of last two (2) pay stubs**
 - **Copy of last two (2) year's W-2's**
 - **If self-employed, include a complete copy of last year's tax return, including ALL schedules.**
 - **If receiving Social Security, Retirement, or disability income, include a copy of most recent awards letter showing monthly benefits.**
- **Copy of Loan Approval letter from bank**
- **Copy of contract**

3) **Home being purchased must be within 50 miles of tribal office headquarters.**

4) **Must be a first-time homebuyer**

5) **Completed Criminal Background Authorization forms required for all applicants 18 and over**

- **Additional Forms can be requested from the office if necessary**

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**

APPLICANT INFORMATION

NAME: _____
Last First Middle

CURRENT ADDRESS: _____ No. Years: _____

CITY _____ STATE _____ ZIP CODE _____

FORMER ADDRESS: _____ No. Years: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: () _____ CELL PHONE: () _____

EMAIL ADDRESS: _____ PREFERRED CONTACT METHOD: _____

S.S.N. _____ DATE OF BIRTH: _____

TRIBAL AFFILIATION _____ ROLL NUMBER: _____

PRESENT EMPLOYER: _____ YEARS EMPLOYED: _____

POSITION/TITLE: _____ SUPERVISOR NAME: _____

EMPLOYER PHONE: _____

JOINT APPLICANT INFORMATION (IF APPLICABLE)

NAME: _____
Last First Middle

S.S.N. _____ DATE OF BIRTH: _____

TRIBAL AFFILIATION _____ ROLL NUMBER: _____

PRESENT EMPLOYER: _____ YEARS EMPLOYED: _____

POSITION/TITLE: _____ SUPERVISOR NAME: _____

EMPLOYER PHONE: _____

TOTAL NUMBER OF INDIVIDUALS RESIDING IN HOUSEHOLD: _____

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: \$	

LEAD BASE PAINT ACKNOWLEDGEMENT

I acknowledge that if applicable, I will submit a copy of the "Disclosure of Information on Lead Base Paint and/or Lead Base Paint Hazards" document to the WNHD. (Document and signature(s) below are only required if the home was constructed prior to 1978.

Applicant Signature

Date

Joint Applicant Signature (If Applicable)

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.

Authorization to Conduct Background Investigation

I hereby authorize Justifacts Credential Verification, Inc, an Agent for **Wyandotte Property Management** 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 on account of his/her 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 my 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:** _____

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.

Name-Based Criminal History Information Form

Purpose: This form is used to obtain a search of active, nationwide Wants and Warrants.

Note: The form references "any Georgia criminal history record information" because Justifacts contracts a police agency in the State of Georgia to obtain this information.

ALL FIELDS ON LINES 1 THROUGH 5 ARE REQUIRED BY LAW, AND ERRORS CANNOT BE CORRECTED ON THIS FORM, NOT EVEN IF YOU INITIAL THE CORRECTIONS.

ERRORS AND OMISSIONS REQUIRE YOU TO START OVER

Line 1: Full Legal Name Only (Print)

Type or print your full, legal name, including your complete middle name if you have one. Do not provide any nicknames or prior last names.

Line 2: Complete, Current Address

Type or print your complete, *current* address. You **MUST** include the city, state, and zip code!

Line 3: Sex; Race; Date of Birth; Social Security Number - ALL FIELDS ARE REQUIRED

Type or print your personal data in the appropriate fields

Options for Sex are Male and Female only.

Options for Race are American Indian*, Asian, Black, Mixed and/or 2 or More, Pacific Islander, White and/or Hispanic, and Unknown.

*Write out American Indian or Native American instead of using NA, a standard abbreviation for Not Applicable.

Line 4: Signature; Signature Date

Sign the form and enter a complete date [month, day, and year] on the corresponding line.

Line 5: Purpose Code for Employment (Check Only One)

Select ONE purpose for this screening.

Line 6 & Line 7: Validity Term *these lines are optional and may be skipped*

If you want your form to be valid for a particular number of days, then check the box on Line 6 and type or print the number of days on the corresponding line; please give *at least 7* days.

If you want your form to be valid for as long as this employer needs it, then check the box on Line 7 and type or print your name on the corresponding line.

You are not required to complete this section - the validity term will default to 90 days from the signature date, per Georgia State law, if you skip this section.

Upload a PDF or photo of your completed, signed form using the Justifacts Applicant Portal task.

Please upload the highest resolution (i.e. the largest file size) that your device offers to you.



BALDWIN POLICE DEPARTMENT

CRIMINAL HISTORY AUTHORIZATION CONSENT FORM

I hereby authorize _____ to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia criminal history record information as authorized by
state and federal law.

Full Legal Name Only(Print)

Current Address (Include street address, city, state and zip code)

Sex/Gender

Race

Date of Birth

Social Security Number

Signature

Date

Purpose Code for Employment: (Check Only One)

Employment with Mentally Disabled (Purpose Code M)

Employment with Elder Care (Purpose Code N)

Employment with Children (Purpose Code W)

Regular Employment/Housing/Volunteer (Purpose Code E)

This authorization is valid for _____ days from date of signature.

I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

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- 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;
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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.

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Type or print your personal data in the appropriate fields

Options for Sex are Male and Female only.

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*Write out American Indian or Native American instead of using NA, a standard abbreviation for Not Applicable.

Line 4: Signature; Signature Date

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Date of Birth

Social Security Number

Signature

Date

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Employment with Mentally Disabled (Purpose Code M)

Employment with Elder Care (Purpose Code N)

Employment with Children (Purpose Code W)

Regular Employment/Housing/Volunteer (Purpose Code E)

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