



Wyandotte Nation Housing

14325 Porcupine Road,

Wyandotte, OK 74370

Phone: (918) 678-6336

Phone: (918) 678-6339

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

**WYANDOTTE NATION HOUSING DEPARTMENT
STORM SHELTER PROGRAM**

To be eligible for this program your gross household income may not exceed the income limits set forth in the policy.

Family Size	1	2	3	4	5	6	7	8
Maximum Income	\$72,940	\$83,360	\$93,780	\$104,200	\$112,536	\$120,872	\$129,208	\$137,544

*The income guidelines will be updated as necessary.

- 1) Complete the application beginning on page 2
- 2) Submit the following required documentation with your application
 - Tribal Citizenship Card (front and back)
 - Proof of income for all adults (18 and older) from all sources on chart of page 3 including but not limited to:
 - 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 award letter showing monthly benefits.
 - Warranty Deed
 - Residence must be in the state of Oklahoma (grant-funded restriction).

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**

LIST ALL INCOME FOR THE 12-MONTH PERIOD FOR **EVERY MEMBER** OVER THE AGE OF 18 (GROSS INCOME INCLUDING FULL TIME, PART TIME, OR SEASONAL INCOME, EVEN IF COMPLETING THE APPLICATION DURING THE OFF-SEASON)

<u>Description</u>	<u>Annual Amount</u>
Wages, salaries	\$
Income earned from self-employment or job that pays in cash only	\$
Regular pay for member of the armed forces	\$
Public Assistance (TANF, GA)	\$
Worker's compensation	\$
Unemployment benefits or severance pay	\$
Child support	\$
Alimony/ Spousal Maintenance	\$
Social Security Income (including unearned income of minor children)	\$
Disability benefits including social security disability	\$
Regular payments from pensions (PERA, railroad, etc.)	\$
Regular payment from retirement benefits	\$
Death benefits	\$
Regular payments from annuities or life insurance dividends	\$
Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
Net income from rental property	\$
Regular cash and non-cash contributions (assistance with paying bills)	\$
TOTAL INCOME:	\$

Disclosure Statement

I have answered each question and provided all the requested information to the best of my ability. No fraudulent statements have been made or implied, and I have no objection to inquiries being made for the purpose of verification of statements. Providing false or misleading information or any material omission is subject to prosecution and/or rejection of my application. By signing this application I agree to provide any additional information requested. I understand it is my responsibility to notify WNHD of any changes of address, income, or family composition. I understand it's my responsibility to answer any correspondences that WNHD sends to me. I understand that failure to comply will result in my application being inactive.

Applicant's Signature

Date

Joint Applicant Signature (If Applicable)

Date