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

☐ 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-employeed, 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

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

APPLICATION INFORMATION

NAME: _____
Last First Middle

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE #: ( ) _____ **EMAIL** _____

PREFERRED CONTACT METHOD: ☐ PHONE ☐ EMAIL

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

TRIBAL ROLL NUMBER: _____

PHYSICAL ADDRESS WHERE SHELTER WILL BE INSTALLED:

_____

_____

**PLEASE NOTE THIS ADDRESS MUST BE THE APPLICANT'S PRIMARY RESIDENCE.*

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

FULL NAME *(First, Middle, Last)*	**DATE OF BIRTH**	**RELATIONSHIP** *(Spouse, Son, Daughter, Etc.)*

_____ By initialing here, you acknowledge that you understand that should your application be chosen to receive assistance, you will be asked to sign an agreement stating that you will remain in the home for a period of (3) years. Should the home be sold within the (3) year period, repayment of the grant will be required as follows:

1st Year: Full Repayment of Grant
2nd Year: 60% Repayment of Grant
3rd Year: 30% Repayment of Grant

At the completion of the third year, the grant shall be considered completely satisfied and no repayment will be expected.

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)

Description		Annual Amount
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 inheritence, 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 ommision 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 responsibilty 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 _____