

SENECA - CAYUGA NATION

PO Box 453220 Grove, OK 74345-3220 Phone (918) 787-5452 Ext 6060 Fax (918) 516-0591
Email: rjones@sctribe.com

NAHASDA DOWN PAYMENT ASSISTANCE PROGRAM

Down payment for Home Ownership is funds provided on behalf of an eligible applicant for closing costs/down payment. The applicant must secure non-predatory financing for the balance of the dwelling. Seneca-Cayuga Nation tribal members will receive preference and must live within a 50 mile radius of the main tribal headquarters in Grove Oklahoma. The dwelling unit must be a single family unit in decent, safe and sanitary condition as determined by SCN. The dwelling unit must be acquired or built in either Ottawa or Delaware counties of Oklahoma. The dwelling must remain the primary resident of the applicant.

**COMPLETE IN BLACK OR BLUE INK ONLY
INCOMPLETE APPLICATIONS WILL BE RETURNED
IN ORDER TO RECEIVE SERVICES, YOU MUST QUALIFY BY MEETING ALL ELIGIBILITY
REQUIREMENTS AND PROGRAM FUNDING MUST BE AVAILABLE.**

The following items are required during the application process:

1. Copy of Tribal Enrollment Card for ALL members living in the household.
2. Copy of Social Security Card for ALL members living in the household
3. All household income must be verified for all members over the age of 18. A statement from the employer on company letterhead stating your earnings or the Employment Verification form attached. This also includes unearned income such as Social Security, AFDC, V.A., Social Security SSI, etc. You can submit the most recent year's award letter as verification for these. If one is unemployed you must submit a letter from the State Unemployment Office or a notarized statement that you do not have any income from any source.
4. Copy of complete prior year federal income tax return forms, including W-2's
5. Marriage License/Divorce decree(only if applicant is receiving child support)
6. Written references from two landlords/bank, lending institution stating rental history

Answer all questions on your application:

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, such as family composition, income, or prior resident history will be grounds for disapproval of this application.

PO Box 453220
Grove, OK 74345-3220
Phone: 918-787-5452 Ext. 6060

ApplicantName: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing address if different from above _____

Home Phone _____ Cell Phone _____ Work # _____

HOUSEHOLD COMPOSITION:

| Name of all Members:(Last, First, MI) | Relationship To Head | Sex M/ F | Date of Birth | Native Y/N | List Tribe | Tribal Enrollment # |
|---|-------------------------|----------------|------------------|---------------|------------|---------------------------|
| | Head | | | | | |
| | | | | | | |
| | | | | | | |
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****If you need additional space to list your family members, please use separate sheet of paper and attach it to this application.

By taking the time to completely fill in each section and provide all the requested information and signatures, you will avoid needless delays in certifying your eligibility. Your cooperation is appreciated. Submitting an application DOES NOT guarantee approval for services. Please allow 30 days for written eligibility determination.

Privacy Act Notice: Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00 Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek relief, as may be appropriated, against the officer or employee of HUD, Seneca-Cayuga Housing Assistance Program or the owner responsible for the unauthorized disclosure or improper use.

Preference Information:

A preference for housing assistance may be indicated if any of the following circumstances can be verified for your family. Please check any that apply to you.

- ☐ Are you considered to be elderly or near elderly member of a Federally Recognized Tribe or considered to be a person with disabilities of any age? A disabled person is one that is defined in Section 223 of the Social Security Act or Section 102 of the Development Disabilities Assistance and Bill of Rights Act.

Explain: _____

- ☐ Are you currently homeless or living in sub-standard or overcrowded conditions?

Explain: _____

General Information:

Are you renting? Yes ___ No ___

Do you now own a home? Yes ___ No ___

Does your home have:

Heat? Yes ___ No ___

Electricity? Yes ___ No ___

Water? Yes ___ No ___

Sewer? Yes ___ No ___

Is your home overcrowded? Yes ___ No ___

Does your name or the name of anyone who will be residing in the home appear on any mortgage? Yes ___ No ___

Head of Household

| | | | | |
|--|--|-----------------------------------|---------------------|------|
| Last Name | | First Name | | M.I. |
| Telephone Numbers: Cell | | Work | Home | |
| Sex: [M] [F] | | Date of Birth | Social Security No. | |
| Place of Birth: | | Maiden/Other Names: | | |
| Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Alaska Native | | | | |
| Tribal Enrollment: | | | | |
| Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Currently In Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service: | | | | |
| Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No School Name & Address: | | | | |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | | |
| Occupation: | | Employer: | | |
| Employer's Address: | | Phone: | | |
| What language do you speak? <input type="checkbox"/> English <input type="checkbox"/> Seneca <input type="checkbox"/> Cayuga <input type="checkbox"/> Other: | | | | |
| Welfare Information: | | Child Support Information: | | |
| Case No.: | | Case No.: | | |
| Case Worker: | | Case Worker: | | |
| Phone No. | | Phone No. | | |
| References: List names, addresses and phone numbers of 3 people (not relatives) who you have known for at least 5 years. References might include employers or former employers, teachers, clergy, your family doctor or your landlord. | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Spouse or Co-Tenant

| | | |
|--|--------------------|-----------------------------------|
| Last Name | First Name | M.I. |
| Telephone Numbers: Home | Work | Cell |
| Sex: <input type="checkbox"/> [M] <input type="checkbox"/> [F] | Date of Birth | Social Security No. |
| Place of Birth: | Maiden/Other Name: | |
| Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Alaska Native | | |
| Tribal Enrollment: | | |
| Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Currently In Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service: | | |
| Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No School Name & Address: | | |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | |
| Occupation: | | Employer: |
| Employer's Address: | | Phone: |
| What language do you speak? <input type="checkbox"/> English <input type="checkbox"/> Seneca <input type="checkbox"/> Cayuga <input type="checkbox"/> Other: | | |
| Welfare Information: | | Child Support Information: |
| Case No.: | Case No.: | |
| Case Worker: | Case Worker: | |
| Phone No. | Phone No. | |
| References: List names, addresses and phone numbers of 3 people (not relatives) who you have known for at least 5 years. References might include employers or former employers, teachers, clergy, your family doctor or your landlord. | | |
| 1. | | |
| 2. | | |
| 3. | | |

Additional Household Members

| | | |
|---|---------------|---------------------|
| Last Name | First Name | M.I. |
| Sex: [M] [F] | Date of Birth | Social Security No. |
| Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Other Tribal Enrollment: | | |
| Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No School Name & Address: | | |
| Occupation: | | Employer: |
| Employer's Address: | | Phone: |
| What language do you speak? <input type="checkbox"/> English <input type="checkbox"/> Seneca <input type="checkbox"/> Cayuga <input type="checkbox"/> Other: | | |
| Relationship To Head of Household: | | |

Additional Household Members

| | | |
|---|---------------|---------------------|
| Last Name | First Name | M.I. |
| Sex: [M] [F] | Date of Birth | Social Security No. |
| Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Other Tribal Enrollment: | | |
| Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No School Name & Address: | | |
| Occupation: | | Employer: |
| Employer's Address: | | Phone: |
| What language do you speak? <input type="checkbox"/> English <input type="checkbox"/> Seneca <input type="checkbox"/> Cayuga <input type="checkbox"/> Other: | | |
| Relationship To Head of Household: | | |

Separated or divorced?

If so, list the name and address of your spouse (or ex-spouse):

Name _____ Social Security No. (if known) _____
Address _____ City _____ State _____ Zip _____

Income Information

List the details of the income each person in your household receives. Include wages, public assistance, social security, SSI, disability compensation, unemployment, interest, babysitting, child support, annuities, dividends, income from property, grants, Alaska National Guard or Armed Forces Reserves, and self-employment.

Please provide proof of income (copies of wage statements or other paperwork documenting Social Security, SSI, child support, etc.).

| Family Member Name | Income Source | Amount | Hr/Wk/Mo/Yr |
|--------------------|---------------|----------|-------------|
| _____ | _____ | \$ _____ | per _____ |
| _____ | _____ | \$ _____ | per _____ |
| _____ | _____ | \$ _____ | per _____ |
| _____ | _____ | \$ _____ | per _____ |
| _____ | _____ | \$ _____ | per _____ |

Employment

| Employer | Address | Phone | Dates of employment |
|----------|---------|-------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Asset Information

To accurately figure income eligibility the following information is required. Please provide current cash value. List the assets of all family members, including checking accounts, savings accounts, IRAs, CDs, real estate, stocks, bonds, recreational vehicles and their value. **Please provide documentation.**

Checking Account

Bank: _____ Address: _____

Account No. _____ Balance: \$ _____

Savings Account

Bank: _____ Address: _____

Account No. _____ Balance: \$ _____

Credit Union Shares

Bank: _____ Address: _____

Account No. _____ Balance: \$ _____

Other Assets

| | | | |
|-------------------------------|----------|---------------------|----------|
| Stocks & Bonds (Value) | \$ _____ | War Bonds (Value) | \$ _____ |
| IRA/CDs (Value) | \$ _____ | Real Estate (Value) | \$ _____ |
| Recreational Vehicles (Value) | \$ _____ | Other Values | \$ _____ |
| Other Values | \$ _____ | | |

Have you sold any real estate in the last two years?

If yes, describe: _____

Do you have any significant Lump Sum Receipts? --Such as inheritances capital gains from the sale of stock or other assets one-time lottery winnings or settlements on insurance and other claims. If yes, describe: _____

Signatures

I have answered all questions to the best of my ability and knowledge, and authorize the Seneca-Cayuga Tribe of Oklahoma Housing Assistance Program to communicate with the above individuals and/or companies in processing my application. THIS APPLICATION IS NOT A BINDING CONTRACT AND DOES NOT BIND EITHER PARTY. The above information is true and correct and I realize falsification is automatic reason for this application to become null and void and the applicant shall be considered ineligible for the program. Punishable by Section 1001 of Title 18 of the U.S. Code which makes it a criminal offense to make willful, false statements for misrepresentations of any material fact involving the use or obtaining of federal funds.

Applicant

Spouse/other

Date

Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Seneca-Cayuga Housing Assistance Program
23701 South 655th Road
Grove, Oklahoma 74344
(918) 787-5452

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency /Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to Has for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form. Who Must Sign the Consent Form:

Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the house-hold or whenever members of the household become 18 years of age. Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained: State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.) U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.) U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].) Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Authorization for the Release of Information/ Privacy Act Notice

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures

Head of Household

Date

Social Security Number (if any) of Head of Household

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

INCOME VERIFICATION

Personnel:

Regulations require the Seneca-Cayuga Tribe of Oklahoma Housing Assistance Program to verify the income on families participating in our NAHASDA Program. The person whose name appears below has given their written consent for the release of their income to the Division of Housing. This information is for the purpose of determining eligibility only and will be kept confidential.

Applicants Name (Please Print) _____

Spouse/Other (Please print) _____

Employee Signature _____

Date _____

Social Security Number _____

Company Name _____

Address _____

Address _____

City State Zip _____

City State Zip _____

Telephone Number _____

Telephone Number _____

THIS SECTION IS TO BE COMPLETED BY EMPLOYER

Current Numbers of hours worked per week: _____

If hours vary, state year-to-date earnings: _____

Current base pay rate (gross) \$ _____ hour Annual Gross \$ _____

Employee is paid by (Circle) WEEKLY BI-WEEKLY MONTHLY YEARLY

Other (Explain): _____

Seasonal: _____ Part-time: _____ Full-time: _____

Date employee hired: _____ Date employee terminated: _____

Employee title: _____

Authorized Representative's Signature _____

Employer Federal ID Number _____

Position/Title _____

Date _____

UNEMPLOYMENT STATEMENT

DATE: _____

TO WHOM IT MAY CONCERN:

I, _____, hereby state that I am not presently employed or receiving any other income.

The only source of income I have is

_____.

Applicant's Signature and Date

Subscribed and sworn to, before me, this _____ Day of _____ 20____.

Notary Public

My Commission expires

AGENCY INCOME VERIFICATION

(Veterans, DHS)

Participant: _____ Claim #: _____

Address: _____ Date of Birth: _____
(Only applies to VA recipients)

City/State/Zip: _____

USE THIS FORM IF IT APPLIES TO A SOURCE OF YOUR INCOME

The client whose name appears above has indicated that he/she is receiving income from your agency. If you would supply the requested information regarding the income on your client, a prompt reply will be appreciated since we are required to complete our determinations within a specified time.

CLIENT: I am the individual to whom the record pertains. I understand that any false representation to knowingly and willfully obtain information from any agency records is punishable by a fine of not more than \$5,000 or 1 year in prison.

Signature of Head of Household _____ Social Security #/Claim Number _____

Signature of Spouse/Other _____ Social Security #/Claim Number _____

Signature _____ Social Security #/Claim Number _____

DO NOT WRITE BELOW THIS LINE **AGENCY USE ONLY**

Requesting TPQY Yes _____ No _____

| | VA | DHHS |
|-------------------|----|------|
| HEAD OF HOUSEHOLD | \$ | \$ |
| SPOUSE/OTHER | \$ | \$ |
| OTHERS | \$ | \$ |

Does the recipient receive any other funds from any other source? (i.e. pensions, royalties) If yes, please explain

By: _____ Phone # () _____

Title: _____ Date: _____

Child Support Statement

PLEASE MARK THE STATEMENT THAT APPLIES TO YOU CONCERNING CHILD SUPPORT. THIS IS A CONFIDENTIAL STATEMENT TO BE RETAINED IN YOUR FILE. IT IS NOT A LEGAL DOCUMENT.

1. _____ I have no legal divorce through the courts as no legal ceremony was performed. I do not receive any support and have no income other than what is stated on my application. Support of the following child/children is my responsibility and is provided by me.

Name of Children:

2. _____ I have a legal divorce and divorce papers are attached.

3. _____ I have contacted Legal Aid for assistance in obtaining child support. (Attach documentation for child support)

4. _____ Child support is paid through the Court Clerk (Attach a statement from the Court Clerk's office showing the amount of child support paid and the date last paid.)

FAILURE TO PROVIDE DOCUMENTED PROOF OF CHILD SUPPORT WILL PREVENT FURTHER PROCESSING OF YOUR APPLICATION.

I certify the information given is true and correct to the best of my knowledge. I understand that false statements are punishable under federal law. I understand that false statements or information are grounds for termination of housing assistance.

Applicant's Signature

Date

Spouse's Signature

Date

NAHASDA Housing Assistance Program

Release for "NCIC" and "III" Check

I/We,

_____,
Applicant Name (first) Middle Last Maiden

_____,
Spouse/Other (first) Middle Last Maiden

Hereby give permission for the **Release of Information** concerning a **National Crime Information Center** check, and an **Interstate Information check** to the Seneca-Cayuga Tribe of Oklahoma Housing Assistance Program with regard to their legal responsibilities concerning eligibility requirements for housing assistance.

Applicants Signature Social Security Number Date

Spouse/Other Signature Social Security Number Date

Household Member 18 or over Social Security Number Date

Household Member 18 or over Social Security Number Date

HOUSING DEPARTMENT

AFFIDAVIT

State of Oklahoma)

ss

County of _____)

X_____ and O_____
both of lawful age, being first duly sworn on oath, state:

That the following information is a true and accurate statement of family and housing status:

HOUSING: Has applicant or spouse ever participated in Mutual Help, Low Rent or Section 8 housing programs? _____ If yes, where and when _____

FAMILY: Does any family member have a history of drug and alcohol crimes or other criminality acts? _____ If yes, whom and for what? _____

Further affiants saith not.

X_____
Signature

O_____
Signature

Subscribed and sworn before me this _____ day of _____, _____.

My commission expires: _____

Notary Public _____