# Delaware Nation Housing

904 W. Petree
Anadarko, OK 73005
405 / 480-2220
Fax: 405 / 480-2223


## Housing Assistance Application Check Sheet

In order to determine eligibility, the following items are required for all household members:

[ ] Completed Application (including all verifying Documentation)

[ ] Degree of Indian Blood-copy of CDIB card; copy of BIA enrollment card; or copy of tribal enrollment letter of all Native American members.

[ ] Verification of all Anticipated Income Sources, including Employment (12 Months), Social Security, Public Assistance/Welfare, Land Leases/ Oil and Gas Royalties, Retirements/Disability Benefits, Child Support/ Alimony, Unemployment Benefits, and etc. All members 18 and older must provide an "Information Release Authorization" for BIA accounts and land holdings and income verifications.

[ ] Copy of Property Deed Title (Proof of Ownership). Rental and Multiple or Jointly Owned Property will require additional forms, please request.

[ ] Copy of Marriage Certificate

[ ] Copy of Divorce Decree or Legal Separation

[ ] Notarized Affidavit of Common-Law Marriage Acknowledgment

[ ] Verification of Child Care Services

[ ] Verification of Medical Deductions

[ ] Verification of Higher Education Grants

[ ] Copy of Social Security Card(s) for each Family Member

[ ] Copy of Original Birth Certificate(s) for each Family Member

[ ] Other forms that need to be signed and filled out: Authorization for the Release of Public Information, Federal Privacy Act and Employment Verification Form

[ ] Other: _____

Please review this list and make sure that you have provided all requested information for your application to be complete. If this information is not provided, the resident services department will not be able to determine your tentative eligibility, and your application will be considered ineligible.

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**Please indicate for which you are applying: Lease-Purchase _____ Low Rent _____**

## HOUSING ASSISTANCE APPLICATION

**The following are requirements when applying for the Homebuyer and Low Rent Program:**

- You must update your application every year to remain on the lease purchase Housing Department waiting list.
- You must qualify as a family and all admission requirements listed in policies.
- You must sign a lease agreement.
- You will be responsible for all maintenance on home (Homebuyers).
- You will be responsible for keeping the home safe, drug free & sanitary at all times.
- You must keep your utility services accounts paid for at all times.
- You will be responsible for making your house payments promptly on the first but no later than the fifth day of each month.
- You may have your home inspected every year by Housing Department inspectors.
- You may not exceed the HUD income limits as shown in the table below.

**2026 Median Family Income $104,200 United States**

| Percentage | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
|---|---|---|---|---|---|---|---|---|
| 80% | $59,850 | $68,400 | $76,950 | $85,450 | $93,200 | $99,150 | $106,000 | $112,800 |
| 100% | $74,760 | $85,440 | $96,120 | $106,800 | $115,344 | $123,888 | $132,432 | $140,976 |

**NOTE:** In order to remain on the Waiting List, you must update periodically, even if the information already given is still the same. **Reminder:** Notify the DNH of any changes that may occur in your household. After a year with no update, you will be automatically removed from the waiting list and will have to reapply.

I understand the above requirements and responsibilities of the Housing Assistance Program and I am submitting an application:

_____ _____
Applicant Signature Date

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## HOUSING ASSISTANCE APPLICATION

The following is a list of items that are needed in order to process your Delaware Nation Housing Assistance Application. ***Your Delaware Nation Housing Assistance Application will not be processed until copies of these items are received.*** Please send copies of all items that apply to your situation.

**PLEASE CHECK EVERYTHING THAT YOU HAVE ENCLOSED:**

_____ENCLOSE COPIES OF ALL HOUSHOLD MEMBERS TRIBAL ID CARDS
_____ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS SOCIAL SECURITY CARDS
_____ENCLOSE COPY OF MARRIAGE LICENSE OR DIVORCE DECREE (IF APPLICABLE)
_____ENCLOSE COPIES OF PAYSTUBS FOR HOUSEHOLD MEMBERS THAT ARE EMPLOYED
_____ENCLOSE COPIES OF CURRENT YEARS AWARD LETTER FOR SOCIAL SECURITY AND SSI DISABILITY
_____ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS BIRTH CERTIFICATES

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PHONE NO:_____ CELL #: _____

**APPLICANT CERTIFICATION:**

I/We certify that the above and attached information are complete and accurate to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance and residency.

_____ _____
Head of Household Signature Date

_____ _____
Spouse Signature Date

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## HOUSING ASSISTANCE APPLICATION

APPLICANT NAME:_____DOB:____/___/____

SSN: _____ TRIBE: _____ ROLL #:_____

MAILING ADDRESS:_____PHONE #: (____)_____

_____ YRS LIVING HERE:_____

**PLEASE LIST LANDLORDS FOR THE PAST 5 YEARS:**
(We must have either a telephone number or address of the landlords listed.)

ADDRESS:_____

DATE FROM:_____TO:_____REASON FOR MOVING: _____

LANDLORDS NAME:_____ADDRESS:_____

CONTACT NUMBER: _____

ADDRESS:_____

DATE FROM:_____TO:_____REASON FOR MOVING: _____

LANDLORDS NAME:_____ADDRESS:_____

CONTACT NUMBER: _____

ADDRESS:_____

DATE FROM:_____TO:_____REASON FOR MOVING: _____

LANDLORDS NAME:_____ADDRESS:_____

CONTACT NUMBER: _____

**PLEASE LIST (2) PERSONAL REFERENCES:**
(Must not be related)

NAME:_____ADDRESS:_____PHONE: _____

NAME:_____ADDRESS:_____PHONE: _____

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## HOUSING ASSISTANCE APPLICATION

**PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS, INCLUDING SPOUSE:**

| NAME | D.O.B. | SSN | RELATION TO APPLICANT | TRIBE | ROLL # | INCOME? |
|---|---|---|---|---|---|---|
| | | | | | | Y ❑ N ❑ |
| | | | | | | Y ❑ N ❑ |
| | | | | | | Y ❑ N ❑ |
| | | | | | | Y ❑ N ❑ |
| | | | | | | Y ❑ N ❑ |
| | | | | | | Y ❑ N ❑ |
| | | | | | | Y ❑ N ❑ |

**PLEASE LIST ALL HOUSEHOLD INCOME:**
*(NOTE: You must include CHECK STUBS, AWARD LETTERS or STATEMENTS from EMPLOYERS with your application)*

| Person with INCOME | TYPE of INCOME | MONTHLY AMOUNT | ADDRESS of EMPLOYER (Street/PO Box, Town, State, Zip Code) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**OTHER INCOME:**

SS/SSI ☐ VA ☐ IIM ☐ CHILD SUPPORT ☐ PENSION ☐ UNEMPLOYMENT ☐

NAME OF PERSON RECEIVING OTHER INCOME:_____

SS/SSI ☐ VA ☐ IIM ☐ CHILD SUPPORT ☐ PENSION ☐ UNEMPLOYMENT ☐

NAME OF PERSON RECEIVING OTHER INCOME:_____

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## HOUSING ASSISTANCE APPLICATION

**EMPLOYER INFORMATION:**

APPLICANT: _____
NAME OF EMPLOYER MAILING ADDRESS P#

SPOUSE: _____
NAME OF EMPLOYER MAILING ADDRESS P#

Other ADULT: _____
NAME OF EMPLOYER MAILING ADDRESS P#

Other ADULT: _____
NAME OF EMPLOYER MAILING ADDRESS P#

**PLEASE READ & ANSWER THE FOLLOWING QUESTIONS AS BEST AS YOU CAN:**

Have you ever lived in a PUBLIC/INDIAN Housing Authority project? YES ☐ NO ☐
If YES, Where? _____

Do you own or are you purchasing a HOME? YES ☐ NO ☐

Have you or any other member of your family ever been evicted? YES ☐ NO ☐
If so, explain the circumstances: _____

_____

Is anyone listed on this application HANDICAPPED or DISABLED? YES ☐ NO ☐
If YES, Who and What type? _____

Has anyone listed on this application ever been convicted of a FELONY? YES ☐ NO ☐
If YES, Who and What type? _____

_____

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## HOUSING ASSISTANCE APPLICATION

**PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING:**

- I certify that the information on this application is true and complete to the best of my knowledge
- I understand that the information provided is used to determine eligibility and does not necessarily qualify me for the program.
- I give permission to the Delaware Nation Housing to make inquiries for the purpose of verification of statements made in this application, including inquiries with any current or former landlords or employers.
- I understand that providing false information may disqualify me or could result in the Delaware Nation Housing evicting me from any premises that it later leases to me.

| | |
|---|---|
| Applicant's Signature | Date |
| Spouse's Signature (if applicable) | Date |

**By signing this application, I certify under penalty of law that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program assistance for one-calendar year from the date fraud was committed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application**

| | |
|---|---|
| Applicant Signature | Date |
| Housing Director Signature | Date |

**NOTE:** It is the responsibility of the applicant to notify the Delaware Nation Housing of any changes of address, income or family composition and to respond to all correspondence received from the Delaware Nation Housing in a timely manner. Failure to comply will result in the application becoming inactive.

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## HOUSING ASSISTANCE APPLICATION

### NAHASDA Public Disclosures

Please indicate below if you are currently an employee of the Delaware Nation Housing, or have a relative or business associate, who is one of the following: 1) an employee of the Delaware Nation Housing or 2) a Delaware Nation Executive Committee member. Applicants who fall in this category will be publicly disclosed at the Delaware Nation Housing office and have notification sent to the Office of Housing and Urban Development (HUD) in Oklahoma City.

Applicant's Name:_____

_____ **No**, I am not an employee of the Delaware Nation Housing or a member of the Delaware Nation Executive Committee, nor do I have relatives or business associates who are employees of the Delaware Nation Housing or a member of the Delaware Nation Executive Committee.

_____ **Yes**, I am an employee of the Delaware Nation Housing or a member of the Delaware Nation Housing Executive Committee.

Title:_____

_____ **Yes**, I have a relative or business associate who is an employee of the Delaware Nation Housing or a member of the Delaware Nation Executive Committee.

| Name of Relative/ Business Associate | Relation to Applicant | Relative/ Business Associate Title |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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## HOUSING ASSISTANCE APPLICATION

**Instructions: Applicant please only complete highlighted areas.**

**RE: Verification of Employment (please return completed form to above address)**

Applicant Name:_____ SSN:_____ DOB:_____

The individual named above is an applicant/tenant for housing assistance that is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

I, the undersigned, do hereby authorize the release of the information requested to Delaware Nation Housing.
Applicant / Tenant Signature:_____ Date:_____
*(or see signed Authorization for the Release of Information*

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**EMPLOYMENT INFORMATION: This section is to be completed by the employer.**

Place of Employment: _____

Date Hired:_____ Occupation/Position: _____

**CURRENT**
Pay Rate: $_____ Per: Hour / Day / Week / Month *(Circle one)* Effective Date: _____

**PREVIOUS**
Pay Rate: $_____ Per: Hour / Day / Week / Month *(Circle one)* Effective Date: _____

**ENTER THE AVERAGE NUMBER OF HOURS WORKED DURING THE PAST TWELVE (12) MONTHS:**
Average Per DAY:_____ Per WEEK:_____ **OVERTIME** Per DAY:_____ Per WEEK: _____

**OVERTIME RATE:** $_____ Per: Hour / Day / Week / Month *(Circle One)*
**ESTIMATED OTHER:** Tips: $_____ Meals: $_____ Other: $_____

Is this employee participating in a job-training or vocational rehabilitation program? Yes No

Comments:_____
Date:_____ Title:_____ Phone:_____
Signature:_____

**Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

**For Office Use Only:**____Initial_____Annual_____Interim *Occupancy Specialist:_____

Comments:_____

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## HOUSING ASSISTANCE APPLICATION

### NOTICE/AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND INVESTIGATION

Name of Head of Household on Housing Application:_____

I, the undersigned individual, do hereby authorize the **Delaware Nation Housing, Anadarko, OK** to procure a criminal background report on me for the purpose of initial applicant eligibility screening, lease enforcement and/or eviction actions. This authorization and release form is valid during the housing application process, and if accepted into a housing program, for the entire duration of stay in a DNH housing unit.

This above-mentioned report will be disclosed only to DNH staff who has a job related need for the information and who is an authorized officer, employee, or representative of the recipient.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the **Delaware Nation Housing, Anadarko, OK** including, but not limited to any and all courts and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the **Delaware Nation Housing, Anadarko, OK** and all persons, National Crime Information Center, police departments, and other law enforcement agencies, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a criminal
background report hereby authorized.

Further, I certify that the information contained on this Notice/Authorization/Release form is true and correct and that my housing application will be terminated based on any false, omitted or fraudulent information.

**Signature:**_____ **Today's Date:**_____

**(PLEASE TYPE OR PRINT CLEARLY IN INK)**

Full Name:_____ Suffix: JR____SR____III____
[Do Not Abbreviate] First Middle Last

Other Names Used:_____ Dates Used:_____
(alias, maiden, or nicknames)

Current Address:_____
Street or P. O. Box City State Zip Code County Date Lived

Social Security Number:_____-_____-_____ Full Name on SSN:_____

Date of Birth (month/day/year): _____/_____/_____ Gender: Female____Male____

**TO BE COMPLETED BY DNH STAFF ONLY**

*This criminal background report will be kept under lock and key and be under the custody and control of the DNH executive director/lead official and/or his designee for such records.*

Date Report Received:_____

Reviewed By:_____

Report Determination: Favorable / Unfavorable

*Duplicate This Form As Necessary For Each Family Member 18 Years or Older*