



Housing Authority

DAMON DUNBAR

EXECUTIVE DIRECTOR

Cheyenne and Arapaho Housing Authority Rental Program Application

Complete each page in this packet thoroughly and submit all information marked below if it applies to your household.

- () **TRIBAL ID CARDS OR CERTIFICATE DEGREE OF INDIAN BLOOD:** For all persons listed in your household composition.
- () **SOCIAL SECURITY CARDS:** Copies for all persons listed in your household composition. (Please do not send originals)
- () **MARRIAGE LICENSE or DIVORCE DECREE:** Copy, if legally married.
- () **EMPLOYMENT VERIFICATION:** Copy of most recent check stubs for household members who are employed.
- () **GOVERNMENT INCOME (TANF, SSA, SSI, VA, etc.):** If applicable for all household members who receive these funds. Award Letter or copy of check.
- () **Six (6) MONTHS' IIM STATEMENT from AGENCY:** For all who receive IIM listed on your household composition. You can request a printout of disbursements only.
- () **CHILD SUPPORT:** Documentation of how much you receive in child support if applicable.
- () **LAST YEAR'S INCOME TAX RETURN:** If applicable.
- () **SIGNATURES ON APPLICATION:** For all listed on your family composition 18 years and older.
- () **OTHER:** Have all people listed on your household composition 18 years and older sign over other family member over age 18. If you are not legally married, have your significant other sign also as other family member over age 18, also do not have them sign as spouse if not legally married. On page 3, relationship to applicant, list them as other adult.

**The following is a list of items are needed in order to process your
Cheyenne-Arapaho Housing Authority Rental Program Application**

<< Check everything that applies to your application >>

- _____ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS TRIBAL ID CARDS
 - _____ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS SOCIAL SECURITY CARDS
 - _____ ENCLOSE COPY OF MARRIAGE LICENSE OR DIVORCE DECREE
 - _____ ENCLOSE COPIES OF MOST RECENT PAYSTUBS FOR ALL HOUSEHOLD MEMBERS THAT ARE EMPLOYED
 - _____ ENCLOSE COPIES OF IIM CHECKS FOR LAST SIX (6) MONTHS
 - _____ ENCLOSE COPIES OF SSI CHECKS FOR THE LAST THREE (3) MONTHS
-

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 or Other Adult Signature

Date



RENTAL PROGRAM APPLICATION FEATURES:

Rental Program Eligibility Requirements:

The following requirements will be required for eligibility for the rental program:

1. Must be a Cheyenne and Arapaho Tribal Member
2. Must have income and meet income guidelines
3. Household members age 18 and over must pass a background check
4. Must submit copies of SSN card and a photo identification for all household occupants.

How to apply:

- Complete a Rental Program Application and if you qualify, you will be placed on the waiting list.

If qualified for a home to become a Rental Tenant:

- You must qualify on all Admission requirements listed in the Rental Policy.
- You must sign a Rental Lease Agreement.
- You must pay the required deposit and first month's rent at the signing of the Rental Lease Agreement.
- You will be responsible for making the rental payments at the first of each month.
- You will be responsible for the utilities and/or services based upon occupancy of the premises.
- You must keep your utilities on at all times. Failure to do so will be considered as abandonment and termination of the Rental Lease Agreement.
- You will perform all maintenance on home and pay for any damage beyond normal wear & tear.
- You will be responsible for keeping the home safe & sanitary at all times.
- Any violation will terminate your Lease Agreement.

I understand the above requirements and responsibilities of the Rental Lease Agreement and I am submitting an application:

NAME: _____ DATE: _____

NAME: _____ DATE: _____



Rental Program Application

DATE: ____/____/____

APPLICANT NAME: _____ D.O.B.: ____/____/____

S.S.N.: _____ TRIBE: _____ ROLL NO.: _____

MAILING ADDRESS: _____
Address
City
State
Zip

PHONE #: (____) _____ MSG Ph. #: (____) _____

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS INCLUDING SPOUSE

Please list everyone that currently resides in the home. Attach a **copy** of all household members' social security cards, valid CDIB cards, Valid State ID or DL.

NAME	RELATION TO APPLICANT	D.O.B.	SOCIAL SECURITY NUMBER	TRIBE	ROLL #

Please include most recent pay stubs, **AWARD LETTERS** or **STATEMENTS** from **EMPLOYERS** with your application.

PERSON WITH INCOME	TYPE OF INCOME	MONTHLY AMOUNT


EMPLOYER INFORMATION:

APPLICANT NAME OF EMPLOYER	MAILING ADDRESS	Phone#
<hr/>		
SPOUSE NAME OF EMPLOYER	MAILING ADDRESS	Phone #
<hr/>		
OTHER ADULT NAME OF EMPLOYER	MAILING ADDRESS	Phone #

OTHER INCOME: Please attach a copy of award letter or documentation showing income

SS/SSI _____ VA _____ IIM _____ CHILD SUPPORT _____
PENSION _____ UNEMPLOYMENT _____ OTHER _____

NAME OF PERSON RECEIVING OTHER INCOME: _____

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**

Do you own REAL ESTATE? **YES** **NO**

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? _____

Must list three (3) towns where you want to reside. (Must also be in our 11 County Service area)

[1] _____ [2] _____ [3] _____

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 further understand that false information may disqualify me.

APPLICANT'S SIGNATURE: _____ **Date:** _____

SPOUSE'S SIGNATURE: _____ **Date:** _____



Housing Information

Present Housing: Rent ____ Own ____ Buying ____ Living with Relatives ____ Hotel ____

If renting or buying:

If living with Relatives:

Name of Landlord or Mortgage Holder

Name of Relative (Relation)

Address

Address

City State Zip

City State Zip

Telephone Number:

Telephone Number:

Previous Address: _____
Address City State Zip How Long?

Have you ever been housed by the Cheyenne and Arapaho Housing Authority or any other Housing Authority? **YES/NO**

If yes, by whom, where & when? _____

Have you or your spouse ever owned or co-owned a Mutual Help Home? **YES/NO**

If yes under what name? _____ When? _____

Have you ever been evicted from the Cheyenne and Arapaho Housing Authority or any other Housing Authority?

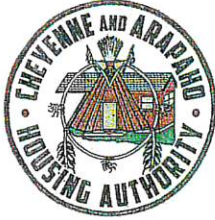
YES/NO

If so, by whom, where & when? _____

Do you have any debts with the Cheyenne and Arapaho Housing Authority of any other Housing Authority? **YES/NO**

If so, by whom, where & when? _____





HOUSING AUTHORITY

DAMON DUNBAR
EXECUTIVE DIRECTOR

Criminal Record Search Consent Form

Personal Information:

I, _____ have made application
Last Name First Middle Maiden

with _____ for _____
Company Name State Purpose

Current Address City State Zip Code

Previous Address City State Zip Code

_____/_____/_____
Date of Birth Sex Social Security Number Driver's License State Home Phone

Have you ever been convicted of a crime? Yes No. If yes, provide approximate date and explain: _____
Approximate Date(s)

Description of Crime(s)

Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to review my entire criminal history including arrests and convictions for the purpose stated above. I acknowledge that a photographic copy or telephone facsimile copy of this authorization shall be valid as the original.

Applicant Signature

Date

OUT-OF-STATE ADDRESS HISTORY

If you have resided in any states other than the one(s) provided in the address history above within the past 15 years please complete the additional information below.

_____ City / County	_____ State	_____ City / County	_____ State
_____ City / County	_____ State	_____ City / County	_____ State

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Cheyenne and Arapaho Housing Authority
2100 Dog Patch Road
Clinton, OK 7361

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
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

Privacy Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.