



23701 South 655 Road Grove, Oklahoma 74344 | P: 918-787-5452 | F: 918-787-5521 | www.sctribe.com

**NAHASDA Housing Assistance  
Application Packet**

**Please  
Print**

\_\_\_\_\_ Date

\_\_\_\_\_ Name Roll #

\_\_\_\_\_ Address City/State Zip Code

\_\_\_\_\_ Phone Number Cell Number Work Number

\_\_\_\_\_ Email Address

**Housing Assistance is Offered to Native Americans Living Within the Seneca-Cayuga Nation's  
Former Reservation Boundary or Any Seneca-Cayuga Nation Member  
Living Within a 50-Mile Radius of the Grove Government Complex**

Please list the type of service you are requesting

- \_\_\_\_\_ Modernization & Rehabilitation of my Home
- \_\_\_\_\_ Rental or Emergency Assistance

**Checklist for Application**

The Application Must be Completed, Dated, and Signed in Ink  
Return the Application with a Copy of the Following Documents

- \_\_\_\_\_ Copy of the Tribal Enrollment Card for ALL Tribal Members Living in the Household
- \_\_\_\_\_ Copy of the Social Security Card for ALL Tribal Persons Living in the Household
- \_\_\_\_\_ State Certified Birth Certificate for ALL Persons Living in the Household
- \_\_\_\_\_ Signed Income Verification
- \_\_\_\_\_ Copy of Income Tax
- \_\_\_\_\_ Notarized Housing Affidavit
- \_\_\_\_\_ Flood Zone Map
- \_\_\_\_\_ Served within 2 or 10 Years

For Rehabilitation and Modernization Request

- \_\_\_\_\_ Copy of Homeowners Insurance
- \_\_\_\_\_ Property Deed

For Rental Assistance Requests

- \_\_\_\_\_ Copy of Lease Agreement

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Please Allow 30 Days for Written Eligibility Determination

<b>FOR OFFICE USE ONLY</b>					
<b>Received</b>			<b>Approved/Declined</b>		
Date:	Time:	Initials:	Date:	Time:	Initials:

## Household Composition

Full Name of All Household Members	Relation to Head of Household	Sex M/F	Date of Birth	Native American Y/N	List Tribe	Social Security Number

*If you need additional space to list your family members, please use separate sheet of paper and attach it to this application*

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

Explain:

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Is there a special condition that you feel would be relevant to your application that the Seneca-Cayuga Housing Department should be aware of? If yes, please explain below.

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Are you a Veteran? Y/N \_\_\_\_\_ Are you Disabled? Y/N \_\_\_\_\_ Are you Elderly? Y/N \_\_\_\_\_

What are you applying for and why?

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## Total Household Income

Please list the Dollar Amount Received

Household Member (s)	Employer	Gross Weekly Wages	Welfare TANF	Child Support Received	Social Security Benefits	Unemployment Benefits	All Other Income

Please explain sources of other income: \_\_\_\_\_

**Warning** – Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to make willful, false statements or misrepresentation of any material facts involving the use or obtaining of federal funds.

**All Applicants are subject to a background check before approval.**

**Privacy Act Notice:** Any persons who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning any 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.

**I/we certify that all information provided on this application, including income, assets, and household composition is true and accurate. I/we understand that fals statements or information is punishable under Federal Law.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co-Tenant

\_\_\_\_\_  
Date

## Verification of Employment

Regulations require the Seneca-Cayuga Nation Housing Assistance Program to verify the income of families participating on 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.

*Please Print*

\_\_\_\_\_  
**Applicants Name**

\_\_\_\_\_  
**Spouse/Co-Tenant**

_____ Employee Signature	_____ Date
_____ Social Security Number	_____ Company Name
_____ Address	_____ Address
_____ City, State, Zip Code	_____ City, State, Zip Code
_____ Phone Number	_____ Phone Number

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### THIS SECTION IS TO BE COMPLETED BY EMPLOYER

Current Number of Hours worked per week: \_\_\_\_\_

If hours vary, state year-to-date earnings: \_\_\_\_\_

Current base pay rate (gross) \$ \_\_\_\_\_ per hour. Annual Gross \$ \_\_\_\_\_

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

Other (explain): \_\_\_\_\_

Circle which applies:    FULL-TIME    PART-TIME    SEASONAL

Date Employee was hired: \_\_\_\_\_ Date Employee was Terminated: \_\_\_\_\_

Employee Title: \_\_\_\_\_

\_\_\_\_\_  
**Authorized Representative's Signature**

\_\_\_\_\_  
**Employer's Federal ID Number**

\_\_\_\_\_  
**Position/Title**

\_\_\_\_\_  
**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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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 Nation Housing Assistance Program  
PO Box 453220  
Grove, OK 74345-3220  
(918) 787-5452 ext 110

Counselor: \_\_\_\_\_  
Date: \_\_\_\_\_

**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 household 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.

**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		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 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.

# HOUSING DEPARTMENT AFFIDAVIT

State of Oklahoma )

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? \_\_\_\_\_

\_\_\_\_\_

Does anyone in the household have a felony conviction? Y/N \_\_\_\_\_

If yes, whom and for what? \_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_  
Signature

O \_\_\_\_\_  
Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires:

\_\_\_\_\_  
Notary Public

Dear Tribal Family,

The enclosed pamphlet, *Protect Your Family from Lead in Your Home*, is to inform you of the potential risk of lead hazard exposure. The Seneca-Cayuga Nation's Housing Department wished to make all participants aware of the dangers of lead exposure. Please sign and return this letter to the Seneca-Cayuga Housing Department.

Thank you for your prompt attention and assistance in this matter. If you require any additional information please do not hesitate to contact me.

Sincerely,

Michelle Morris  
Housing Department Administrator  
Seneca-Cayuga Nation

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Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Protect Your Family from Lead in Your Home*, informing me of the risk of lead hazard exposure.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Recipient