



# Housing Authority of the Sac and Fox Nation

201 N. Harrison • P.O. Box 1252 • Shawnee, OK 74801 • Ph (800)831-7515 • (405)275-8200 • Fax (405)275-8203

## UPDATE APPLICATION

Date: \_\_\_\_\_ Name the Application is under: \_\_\_\_\_

**REMEMBER THE DATE YOU ARE UPDATING, YOU MUST UPDATE ANNUALLY OR YOU WILL BE TAKEN OFF THE WAITING LIST. IT IS YOUR RESPONSIBILITY TO UPDATE. UPDATE FORMS ARE NOT MAILED TO YOU WITHOUT YOUR REQUEST.**

PLEASE CHECK ONLY THE LOCATIONS YOU APPLIED FOR

### **Low Rent Program**

Shawnee \_\_\_\_\_ Cushing \_\_\_\_\_ Stroud \_\_\_\_\_

### **Lease Option Program**

Shawnee \_\_\_\_\_ Cushing \_\_\_\_\_ Stroud \_\_\_\_\_ Meeker \_\_\_\_\_  
Prague \_\_\_\_\_ Chandler \_\_\_\_\_ Davenport \_\_\_\_\_ Agra \_\_\_\_\_

## **HOUSEHOLD COMPOSITION**

Name	Relation to Head	Sex	Date of Birth	Student (Yes/No)	Disabled (Yes/No)	S.S. Number	Tribe
	HEAD						

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

## **TOTAL ANNUAL INCOME**

Income Verification must be complete for all income being claimed within your household.

Please list all available income below:


TOTAL ANNUAL HOUSEHOLD INCOME: \$ \_\_\_\_\_



# Housing Authority of the Sac and Fox Nation

201 N. Harrison • P.O. Box 1252 • Shawnee, OK 74801 • Ph (800)831-7515 • (405)275-8200 • Fax (405)275-8203

## INCOME VERIFICATION

In order to establish eligibility for occupancy of public housing, the Sac & Fox Housing Authority is required to verify the income of all tenants and household members above 18 years of age for public housing. The following has informed us that he/she is, or has within the past 12 months, been employed by your firm. Your cooperation and prompt return of the information requested below will be greatly appreciated. Such information will be held in confidence and used only by the Sac & Fox Housing Authority as legally necessary. **\*\*This must be faxed back to number above.**

EMPLOYEE'S NAME: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_

OCCUPATION/POSITION: \_\_\_\_\_

EMPLOYMENT IS: ( ) TEMPORARY ( ) FULL TIME  
( ) SEASONAL ( ) PART-TIME

CURRENT PAY RATE: \$ \_\_\_\_\_ PER \_\_\_\_\_

EFFECTIVE SINCE: \_\_\_\_\_ AVERAGE HOURS WORKED PER WEEK: \_\_\_\_\_

ACTUAL EARNINGS DURING THE PAST 12 MONTHS OR FOR PERIOD OF EMPLOYMENT IF LESS THAN 12 MONTHS:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ \$ \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMPLOYERS'S SIGNATURE: \_\_\_\_\_

EMPLOYER'S TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYERS'S EMAIL: \_\_\_\_\_

**\*\*\*THIS DOCUMENT MUST BE FAXED BACK BY THE EMPLOYER\*\*\***



## AUTHORIZATION FOR RELEASE OF INFORMATION

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to HOUSING AUTHORITY OF THE SAC AND FOX NATION any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8; Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements previous or current information regarding me or my household may be needed. Verifications inquiries that may be requested but are not limited to:

IDENTITY AND MARITAL STATUS	EMPLOYMENT, INCOME, ASSETS	RESIDENCES AND RENTAL ACTIVITY
MEDICAL OR CHILD CARE ALLOWANCES	CREDIT AND CRIMINAL ACTIVITY	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

PREVIOUS LANDLORDS	PAST AND PRESENT EMPLOYERS	VETERANS ADMINISTRATION
COURTS AND POST OFFICES	WELFARE AGENCIES	RETIREMENT SYSTEMS
SCHOOLS AND COLLEGES	STATE UNEMPLOYMENT AGENCIES	BANKS/FINANCIAL INSTITUTIONS
LAW ENFORCEMENT AGENCIES	SOCIAL SECURITY ADMINISTRATION	CREDIT PROVIDERS/CREDIT BUREAUS
SUPPORT AND ALIMONY PROVIDERS	MEDICAL AND CHILD CARE PROVIDERS	UTILITY COMPANIES

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer that I have a right to notification of any course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	<u>DATE</u>
HEAD OF HOUSEHOLD: _____	_____	_____
SPOUSE: _____	_____	_____
ADULT MEMBER: _____	_____	_____
ADULT MEMBER: _____	_____	_____
ADULT MEMBER: _____	_____	_____

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.**

## DECLARATION OF SECTION 214 STATUS

**Notice to Applicants and Tenants:** In order to be eligible to receive the housing assistance sought, each applicant, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury<sup>1</sup>, that to the best of my knowledge, I am lawfully within the United States because (Please check appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach proof of age.<sup>2</sup>
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - ☐ Immigration status under §§ 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)<sup>3</sup>
  - ☐ Permanent residence under § 249 of the INA<sup>4</sup>
  - ☐ Refugee, asylum or conditional entry status under §§ 207, 208 or 203 of the INA<sup>5</sup>
  - ☐ Parole status under § 212(d)(5) of the INA<sup>6</sup>
  - ☐ Threat to life or freedom under §§ 243(h) of the INA<sup>7</sup>
  - ☐ Amnesty under § A of the INA<sup>8</sup>

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for the child named on the statement above.

HA: Enter INA/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_



# Housing Authority of the Sac and Fox Nation

201 N. Harrison • P.O. Box 1252 • Shawnee, OK 74801 • Ph (800)831-7515 • (405)275-8200 • Fax (405)275-8203

## APPLICATION CERTIFICATION

**This page must be signed in front of a notary!**

I, THE APPLICANT(S) CERTIFY ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

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

SEAL

\_\_\_\_\_  
Commission Expires