



Housing Authority of the Sac and Fox Nation  
P.O. Box 1252 ~ 201 N. Harrison  
Shawnee, OK 74802  
405-275-8200 / 1-800-832-7515

**REHABILITATION PROGRAM APPLICATION**

For the rehabilitation of privately-owned homes belonging to low-income elderly Sac and Fox and other federally recognized tribal members. Please read the Rehabilitation Program Policy and Procedures attached for complete information and the list of required documents that must accompany the application. Please use "N/A" or "I don't know" instead of leaving a question blank.

Applicant Name: Last, First MI		Maiden Name:	Phone Numbers:		Tribal Affiliation:	
			Home - Work - Cell -			
Address: If a rural address, provide directions on the back of this page.		Mailing Address, if different:		City, State Zip:	Tribal Membership #:	
Household Composition: List <u>every person</u> living in the household						
Name: Last, First MI	Relationship	Date of Birth	SSN	Handicapped/Disabled: Yes or No	Veteran: Yes or No	Tribe
	Applicant					
List (2) nearest living next-of-kin:						
Name: Last, First MI	Phone		Address		Relationship	
Annual Household Income: List income from <u>all</u> sources (earned and unearned) for <u>all</u> household members, and attached documented proof.						
Household Member's Name		Source of Income			Annual Amount	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
The Housing Authority of the Sac and Fox Nation utilizes the U.S. Census definition of "annual income."				Combined Income Total:		\$
				Less Exclusions, if applicable:		\$
				Total Annual Income:		\$



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<b>Address:</b> If a rural address, provide directions on the back of this page.	<b>Mailing Address, if different:</b>	<b>City, State Zip:</b>	<b>Tribal Membership #:</b>

**Household Composition:** List every person living in the household

Name: Last, First MI	Relationship	Date of Birth	SSN	Handicapped/Disabled: Yes or No	Veteran: Yes or No	Tribe
	Applicant					

**List (2) nearest living next-of-kin:**

Name: Last, First MI	Phone	Address	Relationship

**Annual Household Income:** List income from all sources (earned and unearned) for all household members, and attached documented proof.

Household Member's Name	Source of Income	Annual Amount
		\$
		\$
		\$
		\$
		\$
		\$

The Housing Authority of the Sac and Fox Nation utilizes the U.S. Census definition of "annual income."	<b>Combined Income Total:</b>	\$
	<b>Less Exclusions, if applicable:</b>	\$
	<b>Total Annual Income:</b>	\$



**Conflict of Interest:** NAHASDA Section(s) 1000.30, 1000.32 requires public disclosure of conflict of interest.

Are you related (i.e. mother, father, husband, wife, daughter, son, brother, sister, mother-in-law, father-in-law, daughter-in-law, son-in-law) to any SFN Housing Authority staff members, Board of Commissioners, or SFN Business Committee members? \_\_\_\_\_ Answer Yes or No. If yes, please list below: (attach additional page, if necessary)

Name	Position	Relationship

**Property Information:** \_\_\_\_\_ **Answer Yes or No**

Please state Land Status (i.e. Fee Simple, Allotment, Trust or Restricted Land, etc.): \_\_\_\_\_

Do you own the home? Please provide Warranty Deed, Title, Single Member Assignment for Allotments, Trust Land Leasehold Interest etc., as applicable. \_\_\_\_\_

Is the home your primary residence? \_\_\_\_\_

Does property have multiple owners? If yes, please provide a dwelling agreement signed by the other owners giving permission to renovate the home and, if applicable, the approval documents from the Tribe and BIA. \_\_\_\_\_

Does the property have any active mortgages, liens, notice of sale, notice of default, or any other judgements against it? If yes, please explain below. \_\_\_\_\_

Has the property received federally funded assistance through similar programs, another housing authority, homeownership programs, or other, etc.; and, is the home a former Housing Authority home? If yes, please explain below and state the year assistance was received. \_\_\_\_\_

Do you have homeowner property insurance? Please provide proof. \_\_\_\_\_

Provide a description of your renovation request(s) and problems you are experiencing with the home. Please read the Rehabilitation Program Policy, Section II, Rehabilitation Funding Priority for a description of the types of rehabilitation needs this program can assist with and the priority in which issues will be addressed.


**Please provide the below information for your home:**

What year was the home built? Provide proof. Homes built before 1978 may require more time to process. \_\_\_\_\_

Square Footage:	Water Source:	Type Sewer System:
Age of Roof:	Age of Heat/Air-conditioning System:	

**Public Disclosure and Privacy Statement**

Part 256 of 25 CFR, established under the mechanism of the Snyder Act, 25 USC 13 and the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA)(25 U.S.C. 4104 et seq.), provides for the collection of information. Information provided will be kept confidential and the primary use of this information is to determine eligibility for assistance through program funds provided by the U.S. Department of Housing and Urban Development (HUD). Disclosure of information may be provided to HUD or the Sac and Fox Nation (Responsible Entity) for the purposes of program reviews, regulatory investigations, audits, or to Local, State, Tribal and Federal law enforcement agencies, when relevant to civil or criminal investigations or prosecutions.

**Acknowledgements:** Please initial to acknowledge that you have read and understand each of the below.

**Initial**

I hereby acknowledge that I have read and fully understand the Rehabilitation Program Policy and Procedures provided with this application, and I shall comply with said Policy and Procedures.

I understand this application is not a contract and is not binding in any manner, and submission of this application does not guarantee receipt of assistance, and my participation in the program will depend on eligibility and availability of funding.

I understand by signing the "Authorization for Release of Information" form (attached), I am authorizing the Housing Authority of the Sac and Fox Nation to obtain any information necessary for the purpose of verifying the information provided and statements made on this application for the purpose of program eligibility and requirements.

I understand my right to appeal a denial of service (ineligible) decision, in accordance with the Rehabilitation Program Policy, Section IV, 5., Appeal Process.

**Certification:**

**\*\*All Signatures must be executed before a Notary Public \*\***

I hereby certify all information, statements, acknowledgements, and documents provided are true and correct to the best of my knowledge, and I understand that fraudulent statements and documents shall be grounds for denial or termination of assistance, shall require payback of all assisted funding, shall prohibit from receiving future assistance, and shall be subject to and punishable by Local, State, Tribal, and/or Federal laws, as applicable.

I understand it is my responsibility to submit a complete application and all required documents, and that it is my responsibility to update my application annually (or as required for program participation), and to inform the Housing Authority of the Sac and Fox Nation of any changes of address, income, or other information that may affect program requirements.

I consent to conform to the provisions of NAHASDA, to conform to the Rehabilitation Program Policy and Procedures, and to the civil and/or criminal jurisdiction of the Sac and Fox Nation, and/or to such jurisdictional court appropriate for enforcement.

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

Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

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



## AUTHORIZATION FOR RELEASE OF INFORMATION

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the 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 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 and/or inquiries that may be requested but, are not limited to:

IDENTITY AND MARITAL STATUS  
RESIDENCY AND RENTAL ACTIVITY  
CREDIT AND CRIMINAL ACTIVITY

EMPLOYMENT, INCOME, ASSETS  
MEDICAL OR CHILD CARE ALLOWANCES

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  
COURTS AND POST OFFICES  
SCHOOLS AND COLLEGES  
LAW ENFORCEMENT AGENCIES  
SUPPORT AND ALIMONY PROVIDERS

PAST AND PRESENT EMPLOYERS  
WELFARE AGENCIES  
STATE UNEMPLOYMENT AGENCIES  
SOCIAL SECURITY ADMINISTRATION  
MEDICAL AND CHILD CARE PROVIDERS

VETERANS ADMINISTRATION  
RETIREMENT SYSTEMS  
BANKS/FINANCIAL INSTITUTIONS  
CREDIT PROVIDERS/CREDIT BUREAUS  
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 provided for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the 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 understand 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.

<b>SIGNATURES:</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
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 MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AND TO ANY MATTER WITHIN ITS JURISDICTION.**

**Attention: The Applicant must complete & sign below. Please request additional forms for all other adult, age 18+ household members to sign.**

**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.

## DECLARATION OF SECTION 214 STATUS

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)

**HA: Enter INA/SAVE Primary Verification #:** \_\_\_\_\_ **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.

See the reverse side of this page for the footnotes, and Instructions.



## DECLARATION OF SECTION 214 STATUS

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<sup>1</sup>Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

<sup>2</sup>Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a section 214 covered program on June 19, 1995. If you are eligible and elect to select this category you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

<sup>3</sup>Immigrant status under §101(a) (15) or 101(a) (20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a) (20) of the Immigration and Nationality Act (INA), as an immigrant as defined by §101(a) (15) of the INA (8 U.S.C. 1101(a) (20) and 1101(a) (15) respectively [immigrant status]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

<sup>4</sup>Permanent residence under §249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [Amnesty granted under INA 249].

<sup>5</sup>Refugee, asylum, or conditional entry status under §§207, 208 or 203 in INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

<sup>6</sup>Parole Status under §212(d) (5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

<sup>7</sup>Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h) [threat to life or freedom].

<sup>8</sup>Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

**Instructions to Housing Authority (HA):** Follow verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

HUD Income Limits per Program Guidance 2020-01 (Dated 7/30/20):

Family Size:	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80% Limit	\$ 43,960	\$ 50,240	\$ 56,520	\$ 62,800	\$ 67,824	\$ 72,848	\$ 77,872	\$ 82,896



## NOTICE

APPLICANTS ARE RESPONSIBLE FOR UPDATING THEIR APPLICATION ANNUALLY (FROM DATE OF COMPLETED APPLICATION) AND/OR AS NEEDED PRIOR TO RECEIVING ASSISTANCE.

APPLICATIONS THAT HAVE NOT BEEN UPDATED WITHIN ONE (1) YEAR OF THE ORIGINAL APPLICATION WILL BE CONSIDERED INACTIVE AND WILL BE REMOVED FROM THE WAITING LIST.

YOU MAY PICK UP A "REHABILITATION PROGRAM UPDATE APPLICATION" FROM THE HASFN FRONT DESK, OR REQUEST TO HAVE ONE SENT TO YOU. AN UPDATE APPLICATION WILL NOT BE SENT IF YOU DID NOT REQUEST IT.

*HASFN Staff*