



# 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: \$ \_\_\_\_\_

## 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 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. Verification inquiries that may be requested but are not limited to:

- |                                  |                            |                               |
|----------------------------------|----------------------------|-------------------------------|
| IDENTITY AND MARITAL STATUS      | EMPLOYMENT, INCOME, ASSETS | RESIDENCE 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) included, but is 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 ENFORCEMENTS 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 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.

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	<u>PRINTED NAME</u>	<u>SIGNATURE</u>	<u>DATE</u>
<b>HEAD OF HOUSEHOLD:</b>	_____	_____	_____
<b>SPOUSE:</b>	_____	_____	_____
<b>ADULT MEMBER:</b>	_____	_____	_____
<b>ADULT MEMBER:</b>	_____	_____	_____
<b>ADULT MEMBER:</b>	_____	_____	_____

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. 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: \_\_\_\_\_

1. 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 of 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.**

2. 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.
3. 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.
4. 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].
5. 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].
6. 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].
7. 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].
8. 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].





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## 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 can be faxed back to number above or emailed.**

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

EMPLOYEE'S PHONE #: \_\_\_\_\_

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 #: \_\_\_\_\_

EMPLOYER'S SIGNATURE: \_\_\_\_\_

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

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

**\*\*\*THIS DOCUMENT CAN BE FAXED OR EMAILED BACK BY THE EMPLOYER\*\*\***