



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 Nation and other federally recognized tribal members. HASFN's Rehabilitation Program is to assist the homeowner's primary residence by making necessary improvements, repairs, modernization, rehabilitation, uniform accessibility modifications and addressing certain maintenance items. **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.**

**Minor home repairs are repairs under \$5,000. Major home repairs are repairs over \$5,000.**

**Applicants for major home repairs must have homeowners insurance.**

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

\* The property must be owned by the applicant. Property owned by another party or relative is not acceptable unless a legal lifetime use agreement is in place and has been recorded with the appropriate jurisdictional authority. The property which receives services must be the principal residence of the applicant.

\_\_\_\_ 1. **BIRTH CERTIFICATES** - Copies needed for ALL family members

\_\_\_\_ 2. **SOCIAL SECURITY CARDS** - Copies needed for ALL family members

\_\_\_\_ 3. **CURRENT AND VALID DRIVER'S LICENSE/STATE ISSUED ID** - Copies needed for ALL family members 18 years and older

\_\_\_\_ 4. **CERTIFICATE OF DEGREE OF INDIAN BLOOD** - Official statement of documentation from enrolled tribal entity verifying tribal affiliation and degree for ALL family members

\_\_\_\_ 5. **BENEFITS RECEIVED** - Statement of verification from Social Security, Veterans Administration, Retirement, Department of Human Services, and/or Child Support, etc.

\_\_\_\_ 6. **MARRIAGE LICENSE/COMMON LAW STATEMENT/DIVORCE DECREE** - All households must have one or the other except for single head of households

\_\_\_\_ 7. **INCOME VERIFICATION** - The form enclosed is to be completed by your employer indicating the number of hours worked per week and the rate of pay. COPIES OF CURRENT CHECK STUBS (PAST 60 DAYS) ARE ACCEPTABLE.

\_\_\_\_ 8. **AUTHORIZATION FOR RELEASE OF INFORMATION** - Applicant and all household members above the age of 18 years

\_\_\_\_ 9. **DECLARATION OF 214** - Copies and signatures for ALL family members

\_\_\_\_ 10. **SIGNATURES** - Everyone over the age of 18 living in the household MUST sign where designated

\_\_\_\_ 11. **VETERAN AND/OR CERTIFIED DISABILITY STATUS** - Veteran - DD214 Form; Certified Disability - Doctor's Statement



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**

<b>Applicant Name:</b> Last, First MI		<b>Maiden Name:</b>	<b>Phone Numbers:</b>		<b>Tribal Affiliation:</b>	
			Home - Work - Cell -			
<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>	
<b>Household Composition:</b> List <u>every person</u> living in the household						
<b>Name:</b> Last, First MI	<b>Relationship</b>	<b>Date of Birth</b>	<b>SSN</b>	<b>Handicapped/Disabled:</b> Yes or No	<b>Veteran:</b> Yes or No	<b>Tribe</b>
	Applicant					
<b>List (2) nearest living next-of-kin:</b>						
<b>Name:</b> Last, First MI	<b>Phone</b>		<b>Address</b>		<b>Relationship</b>	
<b>Annual Household Income:</b> List income from all sources (earned and unearned) for all household members, and attached documented proof.						
<b>Household Member's Name</b>	<b>Source of Income</b>			<b>Annual Amount</b>		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
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>		\$

<b>Conflict of Interest:</b> 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
<b>Property Information:</b>		<b>Answer Yes or No</b>
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.		
Have you received any prior housing assistance or similar assistance (since 1998 or later) for which you are applying for from any other HUD/NAHASDA program, housing authority or tribal entity? ____ Yes or ____ No. If yes, when and what assistance and entity/agency?		
<b>Mark type of assistance requested:</b>	Minor Rehab (under \$5,000) ____	Major Rehab (over \$5,000) ____
NOTE: Program is a one-time assistance extending to head of household and spouse. Ineligibility includes, but not limited to, debt to HASFN, public or Indian housing authority or tribally signated housing entity. In addition, there may be exclusions and/or restrictions on homes built prior to 1978 and exclusion of lease/rent to own housing units or refinancing. Review specific program policies for clarification and complete the applicable sections under Home Rehab.		
Provide a description of your request(s) and problems you are experiencing with the home. Please read the Rehabilitation Program Policy, <u>Section II. Rehabilitation Funding Priority</u> for a description of the types of rehabilitation needs this program can assist with and the priority in which issues will be addressed.		
<b>Please provide the below information for your home:</b>		
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.

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