



# 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

## EMERGENCY TEMPORARY HOUSING

**Emergency/Temporary Housing** – NAHASDA funded program designed to assist Native Americans who are in an emergency-situation with decent, safe, and sanitary housing within Sac and Fox Nation jurisdictions on a temporary basis. Income guidelines are 80% of Median Income or below.

- Domestic Abuse.
- Damage or destruction to current resident that renders it uninhabitable.
- Natural Disaster(s)- Tornado, Wind, Lightening, Flood, Earthquake
- Eviction due to job loss or reduction in income
- Unhoused

### **REQUIRED DOCUMENT CHECKLIST:**

\_\_\_ **1. CERTIFICATE OF DEGREE OF INDIAN BLOOD** – Official statement of documentation from enrolled tribal entity verifying tribal affiliation and degree 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 old and older.

\_\_\_ **4. 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.

\_\_\_ **5. AUTHORIZATION FOR RELEASE OF INFORMATION** – Applicant and all household members above the age of 18 years old.

\_\_\_ **6. CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND AND REFERENCE CHECK-IN** –Applicant and all household members above the age of 18 years old.

\_\_\_ **7. PROOF OF ELIGIBILITY FOR EMERGENCY HOUSING**

- Domestic Abuse.
- Damage or destruction to current resident that renders it uninhabitable.
- Natural Disaster(s)- Tornado, Wind, Lightening, Flood, Earthquake
- Eviction due to job loss or reduction in income
- Unhoused

**AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED AND WILL BE RETURNED.**

**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.**



Housing Authority of the Sac and Fox Nation  
201 N. Harrison/P.O. Box 1252  
Shawnee, OK 74801

Phone 405-275-8200 Toll Free 800-831-7515 Fax 405-275-8203

## EMERGENCY TEMPORARY HOUSING APPLICATION PACKET

ANSWER ALL QUESTIONS LEGIBLY. DO NOT LEAVE ANY BLANKS ON THE APPLICATION. USE N/A, NO, OR  
SIMPLY PRINT "I DON'T KNOW," INSTEAD OF LEAVING THE QUESTIONS BLANK.

Name

Date

Mailing Address

FOR OFFICE USE ONLY:

RECEIVED BY:

DATE/TIME:

FORWARD TO:

City State Zip Code

Work Phone Home Phone/Cell

EMERGENCY CONTACT NAME: PHONE:

ADDRESS :

### HOUSEHOLD COMPOSITION:

FULL NAME(S) of all Household Members Last, First, Middle	Relation to Head	Sex M/F	Date of Birth	List Tribe	Social Security Number ***Required***
1	Head				
2	Spouse				
3					
4					
5					
6					
7					
8					

Are there family members temporarily absent? \_\_\_ Yes \_\_\_ No If so, whom: \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, social security, contributions, disability payment, workman's compensation, retirement benefits, AFDC, veteran's benefits, and all other sources.

Household Member(s)	Employer Name/Address	Weekly Wages	Other: AFDC, WC	Other: SSI/Disability

## HOUSING STATUS:

1. Have you or any family member named on the application ever been convicted for using, dealing, manufacturing illegal drugs, or violent criminal activity? \_\_\_Yes \_\_\_No
2. Do you or any family member named on the application use any Schedule 1 drug classified by the Controlled Substances Act, including marijuana regardless of medical or recreational use under any state law? \_\_\_Yes \_\_\_No
3. Please list all vehicles that will be parked at the residence. Any additional vehicles please provide on another sheet of paper.  
Vehicle 1: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicle 2: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_
4. Do you own any type of pet(s)? \_\_\_Yes \_\_\_No **(Only registered service animals are allowed with prior approval by the HASFN Executive Director)**

### LOW RENT INCOME GUIDELINES

Family Size	Minimum*	Maximum***
1	\$9,625	\$54,768
2	\$10,990	\$62,592
3	\$12,390	\$70,416
4	\$13,775	\$78,240
5	\$14,840	\$84,499
6	\$15,960	\$90,758
7	\$17,045	\$97,018
8	\$18,165	\$103,277

\*The highlighted amount above is calculated from the "FY 2019 Extremely Low-Income Limit (ELIL)" 1-person amount of \$13,750 x 70%. \*\*\*2024-01 HUD Program Guidance



## INCOME VERIFICATION

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## 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 CHILDCARE 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  
COURTS AND POST OFFICES  
SCHOOLS AND COLLEGES  
LAW ENFORCEMENTS AGENCIES  
SUPPORT AND ALIMONY PROVIDERS

PAST AND PRESENT EMPLOYERS  
WELFARE AGENCIES  
STATE UNEMPLOYMENT AGENCIES  
SOCIAL SECURITY ADMINISTRATION  
MEDICAL AND CHILDCARE 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 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 effect for a year and one month from the date it was signed.

	PRINTED NAME	SIGNATURE	DATE
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 of misrepresentation to any Department or Agency of the U.S. to any matter within its jurisdiction.

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE  
WITH THE FCRA (Fair Credit Reporting Act) and DOT Regulations**

<b>Date:</b>	<b>DL#:</b>	<b>DL State:</b>
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Current Address:</b>		
<b>City*</b>	<b>County*</b>	<b>State*      Zip Code*</b>
<b>Date of Birth**</b>	<b>Social Security Number**</b>	
<b>Email Address*</b>		

This authorization and consent for release of personal information acknowledges that **The Housing Authority of the Sac and Fox Nation**, Hereafter referred to as "Company") and/or its agent, **Investigative Concepts, Inc.**, may now, or at any time I am assigned to or am employed by this Company, conduct investigations whether the records are of a public, private, or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies. After receiving an offer of employment, I understand that a workers' compensation report may be obtained from either the Department of Labor, National Personnel Records, the Industrial Commission, or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Investigative Concepts, Inc. the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the Company's employment. Therefore, I authorize and consent for the full release of records (either orally or in writing) to the authorized representatives of the Company. In addition, I release and discharge the Company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a copy of the background report. I understand that I may request a copy of the report from Investigative Concepts, Inc., at P.O. Box 471832 Tulsa, OK or telephone number 918-286-7059. After reading this document, I fully understand its contents and authorize the background verification.

I understand if I am applying for employment in **Oklahoma, Minnesota or California** I may request a copy of Consumer Report. To request a copy, mark "yes" to the following. **I request a copy of my consumer report ☐ YES.**

I understand that if I am applying for employment in **New York**, I have the right to receive a copy of Article 23-A of the New York Correction Law. To request a copy, mark "yes" to the following. **I request a copy of my consumer report ☐ YES.**

I understand that if the report is provided to an employer in the State of Washington, that I can contact the State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744, for more information regarding my rights under Washington State law.

**\* AS SHOWN ON THE ORIGINAL APPLICATION**  
**\*\* TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONNEL FILE.**  
**\*\*\*I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTOMATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT THE GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST, AND MAY BE USED AT THE DISCRETION OF THE ABOVE LISTED COMPANY.**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

**Applicant (print name):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

## **PUBLIC DISCLOSURE STATEMENT**

Section 1000.30 and 1000.32 of the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA), mandates that a public disclosure regarding conflicts of interest must be made on individuals who apply for assistance for any housing programs from the HASFN and have immediate family ties (mother, father, husband, wife, daughter, son, brother, sister, mother-in-law, father-in-law, daughter-in-law, and son-in-law) to any employees or Board of Commissioners of the HASFN or Business Committee of the Sac and Fox Nation of Oklahoma.

To ensure that all applicants are treated fairly, a public disclosure will be completed before you are offered a unit.

Do you have any immediate family ties to any of the above-mentioned individuals?

Head of Household:

Yes\_\_\_\_ No\_\_\_\_

Other Adult:

Yes\_\_\_\_ No\_\_\_\_

Other Adult:

Yes\_\_\_\_ No\_\_\_\_

If yes, please list their name and their relationship to you:

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