



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

The housing assistance programs currently offered by the Housing Authority of the Sac and Fox Nation are listed below. Please see any of our staff if you have any questions or need assistance in determining which program will fit your needs.

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.

- A household member must be enrolled in a Federally Recognized Tribe or State Recognized Tribe.
- Enrolled Sac and Fox tribal members are given first preference.
- Must be homeless & living in a shelter, displaced due to domestic violence or natural disaster. ***All hardships must be verified.**
- Must have adequate income to support a rental payment.
- Criminal background check is conducted.

Low Rental Housing – Federally funded program designed to assist Native Americans with rental units the HASFN maintains and manages. Waiting lists are maintained. Income guidelines are 80% of median income or below.

- A household member must be enrolled in a Federally Recognized Tribe or State Recognized Tribe.
- Enrolled Sac and Fox tribal members are given first preference.
- Must have adequate income to sustain rent and utilities.
- Criminal background check is conducted.
- Unit size is based upon family size.
- Pets are allowed but must meet policy requirements. **Wikipapi Apartment Complex – NO PETS ALLOWED.**

Lease Option Housing Program – The Lease Option Program is “geared” to allow participant the flexibility of a twenty-five-year lease with the option to purchase the home at any time during the period of the lease. Monthly payments are based on an annual income and shall not exceed 30% of income.

- A household member must be enrolled in a Federally Recognized Tribe or State Recognized Tribe.
- Enrolled Sac and Fox tribal members are given first preference.
- Must have adequate income to sustain rent and utilities.
- Criminal background check is conducted.
- Unit size is based upon family size.
- Must not previously own a home through the HASFN or other Public or Indian Housing Authorities.

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.

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.

REQUIRED DOCUMENT CHECKLIST:

- ___ 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 old 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 old.
- ___ 9. VERIFICATION OF LANDLORD REFERENCE** – The form must be completed by your current/former landlord and/or the person in whom you are living with.
- ___ 10. DECLARATION OF 214** - Copies and signatures for ALL family members.
- ___ 11. CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND AND REFERENCE CHECK-IN** –Applicant and all household members above the age of 18 years old.
- ___ 12. SIGNATURES** – Everyone over the age of 18 living in the household MUST sign where designated.
- ___ 13. VETERAN AND/OR CERTIFIED DISABILITY STATUS** – Veteran – DD214 Form; Certified Disability – Doctor's Statement

*****NOTICE*****

IT IS YOUR RESPONSIBILITY TO UPDATE YOUR APPLICATION EVERY YEAR FROM THE DATE YOU APPLIED OR LAST UPDATE. YOU WILL BE TAKEN OFF THE WAITING LIST IF NO UPDATE IS COMPLETED.

WHEN THE TIME COMES TO UPDATE, YOU MAY PICK UP AN UPDATE FORM FROM THE FRONT DESK OR REQUEST TO HAVE ONE SENT TO YOU. AN UPDATE FORM WILL NOT BE SENT TO YOU IF YOU DO NOT REQUEST IT.

Housing Management Staff



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

APPLICATION PACKET

COMPLETE IN BLACK OR BLUE INK ONLY (NO PENCIL/NO WHITE OUT)

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:

Where are they residing? When are they expected to return?

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

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NEXT OF KIN: List two (2) next of kin:

NAME	ADDRESS	PHONE	RELATIONSHIP
1			
2			

HOUSING STATUS:

1. Are you or any family member handicapped or disabled? ___Yes ___No (If yes, please provide documentation with application.)
2. Certified Disability? ___Yes ___No (If yes, please provide documentation with application.)
3. Are you a Veteran? ___Yes ___No (If yes, please provide documentation with application.)
4. Are you currently displaced? ___Yes ___No (Displaced – This category includes only those households displaced by governmental action, or whose dwelling has been extensively damaged or destroyed by extreme weather, fire, or other-involuntary act. Persons displaced by reasons of misconduct or failure to meet financial obligations are specifically excluded from priority consideration under this category.)
5. Are you or any family member a full-time student? ___Yes ___No
6. Do you have any CHILD CARE EXPENSES? ___Yes ___No If yes, please provide a notarized statement from the child-care provider stating how many hours child-care is provided and how much per hour is paid for each child.
7. 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
8. Have you or any family member named on the application ever been convicted of a crime? ___Yes ___No If yes, when and what crime committed? _____
9. 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
10. Do you currently own your home? ___Yes ___No
11. Have you or any member of the household ever received housing services from another Tribe, Tribal Housing Authority, or Public Housing Authority? ___Yes ___No If yes, which one? _____
12. Have you ever been evicted from a housing unit? ___Yes ___No If yes, please explain: _____
13. 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: _____
14. Do you own any type of pet(s)? ___Yes ___No (No pets allowed at Wikiyapi Apartments)

TYPES OF HOUSING ASSISTANCE SERVICES AVAILABLE (CHECK THE TYPE OF ASSISTANCE NEEDED)

_____Emergency

Rank Location and Bedroom size in order of preference (1 being first preference)

_____Low Rent

<u>City/Town</u>
____Shawnee
____Stroud
____Cushing

<u>Bedroom size</u>
____One
____Two
____Three
____Four

Rank Location and Bedroom size in order of preference (1 being first preference)

_____Lease Option

<u>City/Town</u>
____Shawnee
____Davenport
____Agra
____Meeker
____Stroud
____Cushing
____Chandler
____Prague

<u>Bedroom size</u>
____One
____Two
____Three
____Four

HUD Regulations Occupancy Standards:

Number of Bedrooms	Minimum Number of Occupants	Maximum Number of Occupants
1	1	2
2	2	4
3	4	6
4	6	8
5	8	10



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In order to establish eligibility for occupancy of public housing, the Housing Authority of the Sac and Fox Nation is required to verify the income of all tenants and/or applicants of 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 Housing Authority of the Sac and Fox Nation as legally necessary. This form will only be valid for 12 months. ****This can be faxed back to the 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: _____

EMPLOYER'S EMAIL: _____

*****THIS DOCUMENT CAN BE FAXED OR EMAILED 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 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
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 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 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 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.



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RE: Verification of Landlord Reference (please return completed form to above address.)

Name: _____

The individual named above is an applicant/tenant for housing assistance which is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in-order for the household to be eligible, we must verify the household's income, expenses, and other information using the third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short- time period and would appreciate your prompt response to this request for information.**

I, the undersigned, do hereby authorize the release of the information requested to the Housing Authority of the Sac and Fox Nation.

Applicant/Tenant Signature: _____ **Date:** _____

(or see signed **Authorization for the Release of Information**)

Previous address: _____

Please provide the following information:

1. Did or does the tenant pay rent on time? _____ If no, please explain: _____

2. Does the tenant owe any money for rent? _____ Amount _____ owed
\$ _____
3. Were there any problems with the tenant disturbing neighbors? _____ If yes, please explain: _____

4. Length of tenancy: FROM: _____ TO: _____
5. Reasons for Moving: _____

6. Would you rent to this tenant again? _____

Any Further Comments:

Date: _____ **Title:** _____ **Phone Number:** _____

Landlord Name (Print): _____ **(Signature):** _____

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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 perjury¹, 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. ²
- ☐ 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)³
 - ☐ Permanent residence under § 249 of the INA⁴
 - ☐ Refugee, asylum, or conditional entry status under §§ 207, 208 or 203 of the INA⁵
 - ☐ Parole status under § 212 (d)(5) of the INA⁶
 - ☐ Threat to life or freedom under §§243(h) of the INA⁷
 - ☐ Amnesty under § A of the INA⁸

(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].

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

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

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 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 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**, that 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 5th 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: _____

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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:

LOW RENT INCOME GUIDELINES

Family Size	Minimum*	Maximum***
1	\$9,625	\$53,850
2	\$10,990	\$61,550
3	\$12,390	\$69,250
4	\$13,775	\$77,000
5	\$14,840	\$83,100
6	\$15,960	\$89,250
7	\$17,045	\$95,450
8	\$18,165	\$101,600

*The highlighted amount above is calculated from the “FY 2019 Extremely Low-Income Limit (ELIL)” 1-person amount of \$13,750 x 70%.

***2023-01 HUD Program Guidance

LEASE OPTION INCOME GUIDELINES

Family Size	Minimum**	Maximum***
1	\$12,490	\$53,850
2	\$16,910	\$61,550
3	\$21,330	\$69,250
4	\$25,750	\$77,000
5	\$30,170	\$83,100
6	\$34,590	\$89,250
7	\$39,010	\$95,450
8	\$43,430	\$101,600

**2019 Federal Poverty Levels www.aspe.hhs.gov/proverty-guidelines

***2023-01 HUD Program Guidance

APPLICANT CERTIFICATION

I/We certify that the answers/information given on this application in reference, to household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. ***Must be signed in-presence of a NOTARY***.**

Signature of Head of Household

Date

Signature of Spouse

Date

Subscribe and sworn to, before me, this _____ day of _____, 20_____.

Notary Public

SEAL

Commission Expiration

For HASFN Office Use ONLY:

Please check off all required documentation. If the applicant does not have all the required documents and signatures, return application to the applicant. ALL required documents and signatures must be completed. An incomplete application WILL NOT be accepted and returned.

1. _____ Birth Certificates for ALL family members
2. _____ Social Security Cards for ALL family members
3. _____ Current & Valid Driver's License/State-Issued ID
4. _____ CDIB/Tribal Enrollment Cards for all household members
5. _____ Benefits Received – SSI, VA, Retirement, DHS, Child Support, etc.
6. _____ Marriage License, Common Law Statement, or Divorce Decree
7. _____ Income Verification Forms for all family members receiving a type of income.
8. _____ Authorization for Release of Information for all household members (18 years and older)
9. _____ Landlord Reference
10. _____ Declaration of 214 Status by all household members
11. _____ Consent to Perform Criminal History Background for all household members (18years and older)
12. _____ Public Disclosure Statement