



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
AND REQUIRED DOCUMENT CHECKLIST**

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.

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.

A field assessment is required before eligibility status can be confirmed.

An environmental review is required before eligibility status can be confirmed.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

REQUIRED DOCUMENT CHECKLIST

The required documents listed below **MUST** be submitted and initial each item on the checklist below to ensure the application is complete.

- ____ 1. **BIRTH CERTIFICATES** - Copies needed for ALL family members ages 18 and over
- ____ 2. **SOCIAL SECURITY CARDS** - Copies needed for ALL family members ages 18 and over
- ____ 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** - Documentation of income from all sources for each member of the household, except amounts stated under NAHASDA, Sec. 4(9) Exclusions or other Federally Mandated Exclusion (77 FR 74495), as applicable. The HASFN utilizes the U.S. Census definition of "annual income;" The form enclosed is to be completed by your employer indicating the number of hours worked per week and the rate of pay.
- ____ 8. **AUTHORIZATION FOR RELEASE OF INFORMATION** - Applicant and all household members above the age of 18 years
- ____ 9. **CITIZENSHIP DECLARATIONS OF SEC. 214 STATUS FORM** – Signed by all household members age 18 or older
- ____ 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
- ____ 12. **PROPERTY WARRANTY DEED/TITLE/SINGLE MEMBER-ASSIGNMENT FOR ALLOTMENTS** – Applicant must provide documented proof of ownership of the home to be rehabilitated
- ____ 13. **HOMEOWNER INSURANCE** – Applicant must provide proof of current Homeowner Insurance
- ____ 14. **UTILITY BILLS** – Three (3) months of billing statements in the applicant's name, to verify applicant lives at the residence
- ____ 15. **CONFLICT OF INTEREST DISCLOSURE** – Information must be stated on the application
- ____ 16. **APPLICATION CERTIFICATION**- Signed by the Applicant and Spouse, if applicable, before a Notary Public, attesting to the accuracy of the information and documentation provided, under penalty of perjury



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REHABILITATION PROGRAM APPLICATION

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 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."				Combined Income Total:		\$
				Less Exclusions, if applicable:		\$
				Total Annual Income:		\$

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.	
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?	

Mark type of assistance requested:	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, 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 acknowledge I have submitted ALL the required documentation listed on the application checklist to ensure I have a complete application.

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 _____

RECEIPT OF COMPLETED APPLICATION & ELIGIBILITY DETERMINATION (HASFN USE ONLY)

Date and time **COMPLETED** application was received by HASFN: _____

Signature and Title of HASFN employee receiving **COMPLETED** application: _____

Based upon the completed application and supporting documentation submitted, and HASFN's Rehabilitation Program Policy, the applicant _____ is determined to be:

____ Eligible ____ Not Eligible

If not eligible, state reason: _____

Signature, title and date for person certifying eligibility: _____

2025 Median Family Income \$104,200 United States

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$58,352	\$66,688	\$75,024	\$83,360	\$90,029	\$96,698	\$103,366	\$110,035
100%	\$72,940	\$83,360	\$93,780	104,200	\$112,536	\$120,872	\$129,208	\$137,544

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)

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 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.

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].

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:

INCOME VERIFICATION

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 his 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 effect for a year and one month from the date signed.

	<u>PRINTED NAME</u>	<u>SIGNATURE</u>	<u>DATE</u>
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.