Eastern Shawnee Tribal Housing

Application for Assistance

THE FOLLOWING IS REQUIRED IN ORDER TO DETERMINE YOUR ELIGBILITY FOR THE HOMEOWNERSHIP, LOW RENT APARTMENTS, FAIR MARKET VALUE, AND RENTAL ASSISTANCE PROGAM.

You must have **ALL** the relevant documentation below when returning the information packet before a housing application will be completed.

1. Membership Card from a federally recognized Tribe of Indians (CDIB)
2. Social Security Cards (ALL FAMILY MEMBERS)
3. State Birth Certificates (ALL FAMILY MEMBERS)
4. Valid state issued identification card OR valid driver's license.
5. Income Verification (ALL FAMILY MEMBERS 18 AND OVER), Including:

    A. Income Verification Form signed by your Employer and previous month's check stubs (HAS TO BE DATED WITHIN THE LAST 90 DAYS)
    B. *If unemployed*, letter from state Employment Office, or
    C. Letter from the Department of Human Services, V.A., Social Security.
    D. Letter from Child Support Division and/or Divorce Decree, or notarized custody papers signed by the non-custodial parent.
    E. *If a student*, copy of current semester class schedule.
    F. Copy of previous year's federal income tax filing.

Applicants can take the application home with them to fill out, or they may request assistance from the Eastern Shawnee Tribal Housing staff if desired. The applicant is responsible for completing the application and signing it. The applicant is also responsible for providing ALL the information requested and accurately completing the application.

1. Print neatly and legibly
2. Answer all questions by filling in the desired response(s)
3. Mark appropriate block(s)
4. Provide narrative response(s) where requested.

All Applicants have two (2) options when required to provide supporting documentation. Applicants may hand deliver the original copies, attach them to the application, and return the originals to the applicant. Copies are also acceptable, and they may be hand delivered or mailed to the Eastern Shawnee Tribal Housing Office.

Conflict of Interest

If you have any immediate family ties with Eastern Shawnee Tribe Staff, ESTHA Staff, Housing Authority Board Members, a Business Committee Member, or any Elected Tribal Official it will be the responsibility of the applicant to disclose this information to the Executive Director. A Public Disclosure Form will be given to all applicants upon notification. Failure to disclose a Conflict of Interest could result in the applicant being denied Housing Assistance.

69495 E. 105 Rd.
Wyandotte, OK 74370
Phone: (918) 238-5151 Ext. 1441

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Background and Credit Checks

The purpose for the Criminal Background Check is to provide a means by which Eastern Shawnee Tribe staff can verify statements made by the applicant on his/her application for Tribal and/or Federal Housing Assistance. They are also used to ensure that the applicant, and/or his/her family members who intend to reside in the home, are NOT disqualified for Housing Assistance by one or more of the "rejection criteria" outlined in Section 5 of the Mutual Help Admissions Policy.

All Background and Credit Checks will be audited through *American Background Check and Screening Solutions*. This inquiry WILL show up as a hard inquiry and could potentially lower the applicant(s) credit score a few points.

"Min yin a we fe - Pi lo he hin he was"

(From Struggle to Success)

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Eastern Shawnee Tribal Housing

Application for Assistance

Name: _____ **Date:** _____

Address: _____ **Time:** _____

City/State/Zip: _____ **Tribe:** _____

Telephone: _____

PART I. HOUSEHOLD COMPOSITION

LAST NAME	FIRST NAME	M.I.	SOC SEC #	D.O.B.	RELATIONSHIP
1.					
2.					
3.					
4.					
5.					
6.					
7.					

PART II. HOUSEHOLD INCOME

Sources of income include but are not necessarily limited to: wages/salary, child support, alimony, interest on savings and checking accounts, social security benefits, VA benefits, overtime, commissions, tips and bonus payments, unemployment, pension/retirement benefits, disability benefits, annuities or stipends received.

Family Member	Wages/Salaries, etc.	Social Security, Pensions, etc.	Periodic Payments	Other Income	Basis (weekly, monthly, etc.)
1					
2					
3					
4					
5					
6					
7					

PART III. EMPLOYMENT

Family Member	Present Employer	Address	Phone
1			
2			
3			

If less than three years at present employer:

Family Member	Previous Employer	Address	Phone
1			
2			
3			

PART IV. LANDLORDS

List landlords for last three years:

Name	Address	Phone	How Long

PART V. PERSONAL REFERENCES

Personal references are required for each adult over the age of 18

Family Member	Name	Address	Phone	Relationship
1				
1				
2				
2				
3				
3				

PART VI. CREDIT REFERENCES

Provide general information on CREDIT CARD and LOAN payment histories. This can be accomplished by providing the Eastern Shawnee Tribal Housing with copies of paid receipts, bank statements, etc.

Name	Phone	Type (Credit card, car loan, etc.)	Account #

PART VII. BANK ACCOUNTS

Name of Bank	Type (Credit card, car loan, etc.)	Account #	Amount
	Checking		$
	Savings		$
	IRA		$
			$

PART VIII. ASSETS

Physical Assets: vehicle, home, trailer home, land, etc.
Financial Assets: Checking Account, Savings Account, Certificate of Deposit (CD), Stocks / Bonds, etc.

Type	Value	Estimated Annual Income from Asset
	$	$
	$	$
	$	$
	$	$

PART IX. HOUSING CONDITIONS

A. Present Housing Conditions and Need:

1. Without Housing: ☐ Yes ☐ No

a. Reason: _____

_____

b. Present living arrangements: _____

_____

2. About to be without housing: ☐ Yes ☐ No

a. Reason: _____

_____

b. Type of notice and date: _____

_____

3. Living under substandard housing conditions: ☐ Yes ☐ No

(a) Dwelling structurally unsafe.....

(b) No potable running water in dwelling unit.....

(c) No useable flush toilet in dwelling unit.....

(d) No installed useable tub or shower in dwelling unit.....

(e) No operating sink or proper stove connections in kitchen.....

(f) Inadequate or no electric wiring system in dwelling unit.....

(g) Inadequate or unsafe heating facilities for dwelling unit.....

(h) Overcrowded: # BR_____, # persons_____ ....._____

(i) Single family unit occupied by 2 or more families....._____

4. Other conditions (Specify): _____

_____

B. Monthly amount now paid for rent .....$_____

PART X. EXPENSES

1. Does your household have unreimbursed medical expenses in excess of 3% of your household annual income? ☐ Yes ☐ No

2. Does your household pay childcare expenses for children under the age of 13 that enable a family member to work or go to school? ☐ Yes ☐ No

If yes, please provide the following information:

Provider Name	Address	Phone	Amount Paid

3. Does your household pay care expenses for the care of a family member to work? ☐ Yes ☐ No

If yes, please provide the following information:

Provider Name	Address	Phone	Amount Paid

PART XI. OTHER

1. Does any family member have a history of drug/alcohol abuse? ☐ Yes ☐ No

If yes, please explain.

_____

_____

_____

_____

2. Does any family member have a history of drug/alcohol crimes or any other criminal acts? ☐ Yes ☐ No

If yes, whom and for what?

_____

_____

_____

_____

I/We certify that the information provided on this form are true, accurate and complete to the best of my/our knowledge and belief and are given under the penalty of perjury. I/We understand that the above information is being collected to determine if I/We are eligible to receive housing assistance. I/We authorize the Eastern Shawnee Tribe to verify all information provided on this application.

Head of Household	Date	Spouse	Date
Other Adult	Date	Other Adult	Date

NOTE: If this application is not completed in full, it will be rejected, and you will NOT be considered for housing assistance.

OFFICE USE ONLY

Updated	Notes