



MUSCOGEE (CREEK) NATION

HOUSING DIVISION

P. O. BOX 297 / Okmulgee, OK 74447 / 918 549-2500 / 1-800-482-1979

APPLICATION
FOR THE
EMERGENCY REPAIR OF
PRIVATELY OWNED HOMES PROGRAM

For Office Use Only

Received By: _____ Date: _____ Time: _____

Applicant Name: _____

Address: _____

City, State, Zip: _____

County: _____

ORIGINAL APPLICATIONS ONLY - NO COPIES OR FACSIMILES WILL BE ACCEPTED

AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED! (This includes signatures, dates and other documentation requested.)

Checklist for Application

Application must be completed, dated and signed in ink
Return the application with a COPY of the following documents.

- A ____ Creek Citizenship Card for all family members, (if applicable).
- B ____ CDIB or Tribal Citizenship Card of a Federally recognized Indian tribe (if applicable).
- C. ____ Tribal Town Citizenship Card. (if applicable.)
- D ____ Social Security cards for all family members.
- E ____ Income Verification for anyone over 18 who is employed in household or sign the Social Security, DHS, VA. Release of Information forms (Copy of check stubs will not be accepted.)
- F ____ Notarized unemployment statement: If a household member is over the age of 18 years and not employed, an unemployment statement is required.
- G ____ Copy of complete prior year Federal income tax forms including W-2's & 1099's (W-2's/1099's are mandatory) or complete the Non-Filing Status form page 14
- H ____ Proof of Ownership (Deed)
- I ____ Proof of Residency (gas, water or electric bill showing service address)
- J ____ Plat of Survey (if available)
- K ____ Mortgage and current statement (if applicable)

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

THIS APPLICATION MUST BE COMPLETED AND SIGNED IN INK.

PART A: APPLICANT INFORMATION:

1. Name of Applicant:

_____ (Last) _____ (First) _____ (MI) _____ (Maiden)

2. Address:

_____ (Street and/or P.O. Box and/or RR) _____ (City) _____ (State) _____ (Zip Code) _____ (County)

3. Home Phone Number: _____

Message/Contact Phone Number: _____

Contact Person's Name: _____

Relation: _____

4. Marital Status (Check one): Married _____ Single _____ Other _____

5. Do you possess a Creek Citizenship Card? Yes _____ No _____ Creek Roll # _____

6. Do you possess a Tribal Town Citizenship Card? Yes _____ No _____ Roll # _____

6. Are you a Muscogee (Creek) Nation employee, member of the National Council/Board Member or an immediate relative of a Muscogee (Creek) Nation employee or National Council/Board Member?

Yes _____ No _____ If yes, please circle the relationship above that applies and

enter the name of relation _____

(Note: Immediate family is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents of the employee or his/her spouse and grandchildren of the employee or "foster" or "step" situations within these relationships.)

PART B: HOUSEHOLD INFORMATION:

1. How many people permanently live in your home, including yourself? _____
2. List all person(s) living in the household on a permanent basis. Start with the applicant and provide Social Security Numbers for all person(s).

Name	Date of Birth	Social Security Number	Relationship to applicant
			Applicant

PART C: INCOME VERIFICATION:

1. List all permanent household member(s) receiving income, beginning with the applicant.

Name Of Household Member	Source of Income	Monthly Amount

PART D: PROPERTY INFORMATION

1. Is the deed in your name? Yes _____ No _____
2. Is a plat of survey available? Yes _____ No _____
(A plat of survey is a layout of the property where the house sets, it shows the definite property description and property pins)
3. What year was your house constructed? _____
4. How many years have you owned and resided in your house? _____
5. Was your house built by Creek Nation Housing? Yes _____ No _____

6. Did you receive a grant through the Mortgage Assistance Program? Yes ____ No ____
7. Do you have an existing mortgage? Yes _____ No _____
8. Is this a mobile home? Yes _____ No _____
9. Have you ever applied for Federal funds to receive housing improvement assistance?
Yes _____ No _____
10. Do you have homeowners insurance?

PART E: LOCATING INFORMATION (please be specific):

1. Give detailed directions to the home to be repaired, from the closest major intersection:

PART F: EMERGENCY REPAIR INFORMATION

1. REPAIRS THAT AFFECT HEALTH & SAFETY

IDENTIFY THE PROBLEM _____

- a. Where is the problem located? _____
- b. What caused the problem? _____
- c. How long has this been a problem? _____
- d. What steps have you taken to repair the problem? _____

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COMMENTS:

THIS APPLICATION IS NOT A BINDING CONTRACT AND DOES NOT BIND EITHER PARTY. The above information is true and correct to the best of my/our knowledge. I/we realize falsification is automatic reason for this application to become null and void and the applicant shall be considered ineligible for the program. Punishable by Section 1001 of Title 18 of the U.S. Code which makes it a criminal offense to make willful, false statements for misrepresentations of any material fact involving the use or obtaining of federal funds.

Applicant

Spouse/other

Date

Date

PART G: OPTIONAL INFORMATION

*****Read this certification carefully before you sign and date your application in ink.*****

Does anyone in the household, who is a permanent resident listed on this application, have a severe health condition, handicap, or permanent disability? Yes _____ No _____

If yes, provide name of person(s) _____, and **attach letters from two physicians certifying severe health condition, handicap and or disability.**

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. The information in this application will be used for the sole purpose of determining eligibility to receive housing improvement assistance.

Signature of Applicant Date

Signature of Spouse/Other Date

WAIVER
LEAD BASE PAINT

The Muscogee (Creek) Nation Housing Division will perform a “Lead Base Paint” test to privately owned homes constructed prior to January 1, 1978 to determine if the home has lead paint.

If the lead base paint test finding is “positive” the Muscogee (Creek) Nation Housing Division is not obligated to eliminate the lead base paint or provide rehabilitation services.

I acknowledge having read, understood and agreed to the above waiver.

Applicant (Print Name)

Signature

Date

INCOME VERIFICATION (AGENCY)

Participant: _____

VA File #: _____

Address: _____

Date of Birth: _____

(Only applies to VA Recipients)

City/State/Zip: _____

USE THIS FORM IF IT APPLIES TO A SOURCE OF YOUR INCOME

The client whose name appears above has indicated that he/she is receiving income from your agency. If you would supply the requested information regarding the income on your client, a prompt reply will be appreciated since we are required to complete our determinations within a specified time.

CLIENT: I am the individual to whom the record pertains. I understand that any false representation to knowingly and willfully obtain information from any agency records is punishable by a fine of not more than \$5,000 or 1 year in prison.

Signature of Head of Household

Social Security #/Claim Number

Signature of Spouse/Other

Social Security #/Claim Number

Signature

Social Security #/Claim Number

DO NOT WRITE BELOW THIS LINE **AGENCY USE ONLY**

Requesting TPQY Yes _____ No _____

	VA	DHS
HEAD OF HOUSEHOLD	\$ _____	\$ _____
SPOUSE/OTHER	\$ _____	\$ _____
OTHERS	\$ _____	\$ _____

Does the recipient receive any other funds from any other source? (i.e. pensions, royalties) If yes, please explain

By: _____

Phone # () _____

Title: _____

Date: _____

INCOME VERIFICATION

Personnel:

Regulations require the Muscogee (Creek) Nation Housing Division to verify the income on families participating in our Modernization of Privately Owned Homes Program. The person whose name appears below has given their written consent for the release of their income to the Muscogee (Creek) Nation Housing Division. This information is for the purpose of determining eligibility only and will be kept confidential.

Applicants Name (Please Print)

_____ Employee Signature	_____ Date
_____ Social Security number	_____ Company Name
_____ Address	_____ Address
_____ City State Zip	_____ City State Zip
_____ Telephone Number	_____ Telephone Number

THIS SECTION IS TO BE COMPLETED BY EMPLOYER

Current Numbers of hours worked per week: _____

If hours vary, state year-to-date earnings: _____

Current base pay rate (gross) \$ _____ WEEKLY BI-WEEKLY MONTHLY YEARLY

Other (Explain) _____

Seasonal: _____ Part-time: _____ Full-time: _____

If seasonal or sporadic employment, give lay-off periods: _____

Date employee hired: _____ Date employee terminated: _____

Employee title: _____

Authorized Representative's Signature

Date

Position/Title

Date

Muscogee (Creek) Nation
Division of Housing
P. O. Box 297, Okmulgee, OK 74447, Ph. (918) 549-2500

**Authorization of Release of Information to the
US Social Security Administration**

USE THIS FORM IF YOU RECEIVE INCOME FROM THE SSA

Applicant: _____

Account #: _____

Address: _____

City/State/Zip: _____

I consent to allow Muscogee (Creek) Nation Housing Division to request and obtain income information from the U.S. Social Security Administration. The income information obtained is for the purpose of verifying my eligibility and benefits under the Muscogee (Creek) Nation housing programs. I understand that any false representation to knowingly and willfully obtain information from any agency records is punishable by a fine of not more than \$5,000 or 1 year in prison.

This consent form expires 6 months after signed.

Signature of Head of Household

Social Security Number

Date

Signature of Other Household Member

Social Security Number

Date

Signature of Other Household Member

Social Security Number

Date

Signature of Other Household Member

Social Security Number

Date

Requesting TPQY Yes _____ No _____

