



**MUSCOGEE CREEK NATION
HOUSING DIVISION**

P.O. Box 297 / Okmulgee, OK 74447 / 918.756.8504 / 1.800.259.5050

APPLICATION

for the

Residential Community Rental Housing

Applicant Name _____

Received by _____ Date _____ Time _____

FOR OFFICE USE ONLY

Received by	Date	Time

_____ **Okemah location:**
Muscogee Nation Housing Division
112 Fus Cate
Okemah, OK 74859
1-918-623-1647

_____ **Checotah location:**
Muscogee Nation Housing Division
800 SW 6th St.
Checotah, OK 74426
1-918-473-5665

_____ **Eufaula location:**
Muscogee Nation Housing Division
162 Lvmhe Drive
Eufaula, OK 74432
1-918-689-3172

_____ **Okmulgee locations:**
Muscogee Nation Housing Division
400 Crutchmer Place, Building 26
918-752-0635 or
100 Taylor Dr., Building 150
918-752-0398
Okmulgee, OK 74447

PLEASE INDICATE YOUR PREFERENCE ABOVE

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

APPLICATION ASSISTANCE & INFORMATION STATEMENT

If you are handicapped or disabled, or have difficulty completing this application, please advise us of your need when you receive this application, or call us to schedule assistance. If you would prefer to have a Housing staff member who speaks Creek help you complete this application, we will be glad to assist you.

Our phone number is **1-800-259-5050** or **1-918-756-8504**.
Call between the hours of **8:00 a.m.** and **5:00 p.m.**

Appropriate assistance will be provided in a confidential manner and setting.

Answer all questions on your application: Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, home payment, family composition, or prior resident history will be grounds for disapproval of this application.

Answering questions relating to handicap or disability:

Answers to questions on your application concerning handicap or disability status are *optional*. But please note that families with handicapped or disabled members may be entitled to (1) certain deductions from income that affect payment or (2) units designed to be accessible for individuals with handicaps or disabilities. This information may affect your payment or your eligibility to live in an accessible unit.

If you answer the questions relating to handicap or disability, we will need to verify that you or a family member are handicapped or disabled. We do not need to know the

nature, extent, or current condition of the handicap or disability. But we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or disability status will be treated as confidential by management in accordance with program appropriate federal, state, or local agencies.

Housing Requirements Questionnaire:

Please complete the Housing Requirements Questionnaire that accompanies your application. This information is needed so that we may assign you a unit appropriate to any needs that exist for your family. Your answers will be verified. If, however, there are not family members with a handicap or disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice not to complete this document will not in any way affect the processing of your application for a home.

***If approved, your application must be updated every six (6) months. You must inform the Authority of any change in address or telephone number*.**

Checklist for Application

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

- | Applicant | Rec'd | |
|-----------|--------|--|
| A ____ | A ____ | Creek Citizenship Card for all family members, if applicable. |
| B ____ | B ____ | Non-Creek Citizenship Card/CDIB Card for all family members if applicable. |
| C ____ | C ____ | Social Security cards for all family members. |
| D ____ | D ____ | Income Verification for anyone over 18 who is employed in household or sign the enclosed income verification for Social Security, DHS, VA. (Copy of check stubs will not be accepted.) |
| E ____ | E ____ | Notarized Unemployment statement for anyone over 18 who is not employed will not be accepted. If a household member(s) is over the age of 18 years and not employed, a statement of earning from the Oklahoma State Employment must be provided. |
| F ____ | F ____ | Copy of complete prior year income tax forms, this includes W-2's. |
| G ____ | G ____ | Marriage license / Divorce decree. |
| H ____ | H ____ | Proof of Residency – provide verification of current residency, such as rent receipts, utility statements, etc. |

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

In order to process your application the above documents are needed.

<i>Section C</i>	FAMILY COMPOSITION
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Total number of persons to be living in the home: _____
 Please PRINT the following information.

FAMILY COMPOSITION				
NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY#	PLACE OF BIRTH
	HEAD			

NOTE: If additional space is needed, attach separate sheet

<i>Section D</i>	EMPLOYMENT
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Applicant Employer: _____ Spouse/Other Employer: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Does anyone else in the family work? _____ If so, who? _____

Do you or any members listed above receive any other income not mentioned? _____

FAMILY MEMBER	SOURCE	MONTHLY AMOUNT

<i>Section E</i>	CONTACT
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Please list three personal contact names and numbers where messages may be left in the event that housing becomes available.

	Name	Number
1.	_____	_____
	RELATION	
2.	_____	_____
	RELATION	
3.	_____	_____
	RELATION	

<i>Section G</i>	SIGNATURES
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I have answered all questions to the best of my ability and knowledge, and authorize the Muscogee (Creek) Nation Housing Division to communicate with the above individuals and/or companies in processing my application. **THIS APPLICATION IS NOT A BINDING CONTRACT AND DOES NOT BIND EITHER PARTY.** The above information is true and correct and I 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

Approved / Disapproved

Date: _____ Time: _____

Housing Management Manager

Authorization for the Release of Information/ Privacy Act Notice

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date)	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)
	Muscogee (Creek Nation) Housing Division P.O. Box 297 Okmulgee, Oklahoma 74447 (918) 756-8504/1-800-259-5050 Counselor: _____ Date: _____

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to Has for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date

Social Security Number (if any) of Head of Household			
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form **HUD-9886** (7/94)

FAMILY ASSETS

BANKING VERIFICATION

- Do you have a checking account? ___ Yes ___ No. If yes, give name and address of bank(s)

- Do you have a Savings Account? ___ Yes ___ No. If yes, give name and address of bank(s)

- Do you have Stocks and/or Bonds? ___ Yes ___ No. If yes, list agency from which these were purchased: _____ Value? _____
- Do you own interest in and receive revenue checks from an oil or gas lease? _____
If yes, how much is the monthly check? _____ List name and address of the company:
_____ Owner number(s): _____
- Do you own land? ___ Yes ___ No. If yes, number of acres and value: _____
_____ Is this land restricted? _____
- Have you disposed of assets within the past 2 years? (example: house, land or money)
___ Yes ___ No. If yes, what assets were disposed of _____
Date of disposition: _____ Amount received: _____

CHILD CARE EXPENSES

- If employed or attending school, are you paying for CHILD CARE? ___ Yes ___ No. If yes, amount paid \$ _____ Per _____. Name, address and telephone number of person or agency providing care: _____

MEDICAL EXPENSES (AGE 62 AND OLDER)

- Are you receiving Medicare benefits through Social Security? ___ Are you receiving medical assistance through DHS? ___ Do you purchase prescription medication that is not covered by these agencies? ___ (These are out-of-pocket expenses), Monthly cost \$ _____
Name, address, and telephone number of Pharmacy medication is purchased: _____

Current receipts may be required

- Do you pay for medical or health insurance?: (Out-of-pocket expenses) ___ Yes ___ No
Name and address of company _____
Policy number(s) _____
- Do you make regular monthly payments on outstanding medical bills? ___ If yes, please circle those that apply to you: **Doctor, Hospital Clinic, or Other**. List the names of each item you have checked: _____ Amount being paid to each: _____

Written documentation may be requested

I have to the best of my knowledge given true and correct information as to the information above and I understand that any false statements or information is punishable under Federal Law.

Head of Household

Spouse/Other

Date

Notice To All Applicants: Options for Applicants with Disabilities or Handicaps

The Muscogee (Creek) Nation Housing Division is not permitted to discriminate against applicants on the basis of their religion, sex, family status, disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family to have a seeing-eye dog to assist a vision-impaired family member where existing pet rules would not allow the dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process;

- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of homebuyership--they must be able to pay, to maintain their home in a safe and sanitary condition, to report required information to the authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

The next page of this application is a *Housing Requirements Questionnaire*. If you wish to complete the document and provide management with information regarding any family member with a handicap or disability, please do so. If no family member has a handicap or disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to Counselor.

Special Needs Requirements Questionnaire

Please read the following regarding this questionnaire:

This questionnaire is administered to every Mutual Help applicant. It is used to determine whether family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the feature.

Completing this questionnaire is optional on your part. **IF YOU CHOOSE NOT TO COMPLETE THIS FORM, PLEASE CHECK THE BOX THAT INDICATES THAT CHOICE, SIGN AND DATE**

THE FORM, AND RETURN IT TO THE COUNSELOR. The choice not to complete this questionnaire will not in anyway affect the processing of your application for a unit.

IF YOU CHOOSE TO COMPLETE THIS FORM, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the Counselor.

Please sign, date, and fill in social security number below, then indicate whether or not you choose to complete the following information.

Applicant's Signature

Social Security Number

Date

____ Yes, I choose to complete this questionnaire. ____ No, I do not choose to complete this questionnaire

Information relative to the housing requirements of applicant's family:

1. Do you, or any member of your family, have a condition that requires:

- | | |
|--|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for vision-impaired |
| <input type="checkbox"/> One-level home | <input type="checkbox"/> Physical modification to a typical home |
| <input type="checkbox"/> Unit for hearing-impaired | <input type="checkbox"/> Special parking space |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Bedroom/Bath on first floor |
| <input type="checkbox"/> Other _____ | |

2. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation.

3. What is the name of the family member who needs the features identified above?

4. Do you or any of your family members need special features to go up and down stairs other than traditional railings? ____ Yes ____ No

5. Will you or any of your family members require a live-in aide to assist you? ____ Yes ____ No

6. Who would be contacted to verify your need for the features you have identified above (e.g., a doctor or social service agency)?

Name: _____ Telephone number: _____

Address: _____

City, State, Zip _____

**MUSCOGEE (CREEK) NATION
HOUSING DIVISION**

Release for "NCIC" and "III" Check

I/We, _____, /
Applicant Name (first) Middle Last Maiden

_____, hereby
Spouse/Other (first) Middle Last Maiden

give permission for the **Release of Information** concerning a **National Crime Information Center check**, and an **Interstate Information check** to the Muscogee (Creek) Nation Housing Division with regard to their legal responsibilities concerning eligibility requirements for housing assistance.

Applicants Signature Social Security Number. Date

Spouse/Other Signature Social Security Number Date

Household Member 18 or over Social Security Number Date

Household Member 18 or over Social Security Number Date

**MUSCOGEE (CREEK) NATION
HOUSING DIVISION**

INCOME VERIFICATION

Personnel:

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

Applicants Name (Please Print)

Spouse/Other (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) \$ _____ HOURLY 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

**MUSCOGEE (CREEK) NATION
HOUSING DIVISION**

INCOME VERIFICATION

Personnel:

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

Applicants Name (Please Print)

Spouse/Other (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) \$ _____ HOURLY 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

**MUSCOGEE (CREEK) NATION
HOUSING DIVISION**

UNEMPLOYMENT STATEMENT

DATE: _____

TO WHOM IT MAY CONCERN:

I, _____, hereby state that I am not presently employed or receiving any other income.

The only source of income I have is _____.

Applicant's Signature

Date

Subscribed and sworn to, before me, this _____ Day of _____ 20____.

Notary Public

If a household member(s) is over the age of 18 years and not employed, a statement of Earnings from the Oklahoma State Employment must be provided along with this notarized statement.

NOTE: When signing this statement, and if this is not sufficient documentation of the income status and we have found this statement to be incorrect, the Housing Division does have the right to investigate the participant.

MUSCOGEE CREEK NATION HOUSING DIVISION

AGENCY INCOME VERIFICATION (Veterans, DHS)

Participant: _____ Claim #: _____

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: _____

MUSCOGEE CREEK NATION HOUSING DIVISION

NON-FILING STATUS FORM

I, hereby state that I/we did not file _____ State or Federal Income Tax due to the following reason(s):
year

PLEASE CHECK ALL THAT APPLY

Not enough income _____

Receiving Child Support _____

Receiving DHS Assistance _____

Receiving Social Security _____

Receiving VA Benefit _____

Receiving SSI _____

I/We certify that the information given is true and correct to the best of my/our knowledge. I/We understand that false statements of information are grounds for termination of Housing Assistance and termination of Residency from this agency, and is subject to a \$10,000 fine, imprisonment up to five (5) years.

Applicant's Printed Name

Spouse's Printed Name

Applicant's Signature

Date

Spouse's Signature

Date

NOTE: If this is not sufficient documentation of the income status, and we have found this statement is incorrect, the Housing Division and HUD) does have the right to investigate the applicant/resident.

Counselor's Signature

Date

MUSCOGEE CREEK NATION HOUSING DIVISION

Child Support Statement

PLEASE MARK THE STATEMENT THAT APPLIES TO YOU CONCERNING CHILD SUPPORT. THIS IS A CONFIDENTIAL STATEMENT TO BE RETAINED IN YOUR FILE. IT IS NOT A LEGAL DOCUMENT.

1. _____ I have no legal divorce through the courts as no legal ceremony was performed. I do not receive any support and have no income other than what is stated on my application. Support of the following child/children is my responsibility and is provided by me.

Name of Children:

2. _____ I have a legal divorce and divorce papers are attached.
3. _____ I have contacted Legal Aid for assistance in obtaining child support. (Attach documentation for child support)
4. _____ Child support is paid through the Court Clerk (Attach a statement from the Court Clerk's office showing the amount of child support paid and the date last paid.)

FAILURE TO PROVIDE DOCUMENTED PROOF OF CHILD SUPPORT WILL PREVENT FURTHER PROCESSING OF YOUR APPLICATION.

I certify the information given is true and correct to the best of my knowledge. I understand that false statements are punishable under federal law. I understand that false statements or information are grounds for termination of housing assistance.

Signature

Date

Signature

Date

MUSCOGEE CREEK NATION HOUSING DIVISION

NOTICE OF DEDUCTION

I have been informed of my option of deduction in regards to childcare and/or mileage. I select the following:

- () Mileage Deduction for employment or education purposes, 30 or more miles is traveled one way per day. Regardless of excessive mileage, deduction will not exceed \$25.00 per week (Total deduction of \$1300.00)
- () Due to the expense for child care, I request the child care deduction. **Signed documentation from Childcare provider stating amount paid per week is required.**

Participant v

Spouse/Other

Date

Date

MUSCOGEE CREEK NATION HOUSING DIVISION

FULL TIME STUDENT VERIFICATION

AGE 18 AND OVER

The person whose name appears below has given their written consent for the release of their enrollment status to the Muscogee (Creek) Nation Housing Division.

This information is for the purpose of determining deductions during their annual recertification and will be kept confidential.

Student Signature

Date

Parent Signature (If applicable)

Date

THIS SECTION IS TO BE COMPLETED BY SCHOOL REPRESENTATIVE

Name and address of school _____

Current school year _____

Grade level _____

Month and year expected to graduate _____

Course of study _____

Authorized Representative's Signature

Telephone number

Position/Title

Date

APPLICANT CERTIFICATION

I / We certify that the information given to the Muscogee (Creek) Nation Housing Division on household composition, income, and net family assets is accurate and complete to the best of my knowledge. I 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.

Applicant Signature

Spouse / Other Signature

Date

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hotline at 1-800-424-8590.

MUSCOGEE CREEK NATION HOUSING DIVISION

Name _____ Spouse _____

S.S.# _____ S.S.# _____

DOB _____ DOB _____

This will authorize the Muscogee (Creek Nation) Housing Division to obtain any information regarding my past history from previous landlords.

APPLICANT'S SIGNATURE DATE

CN ADMISSIONS COUNSELOR'S SIGNATURE DATE

APPLICANT'S SPOUSE/OTHER DATE

THIS APPLICANT HAS APPLIED FOR HOMEOWNERSHIP/LOW RENT HOUSING WITH THE CREEK NATION HOUSING PROGRAM. WE WOULD APPRECIATE YOUR COMPLETION AND EARLY RETURN OF THIS FORM IN THE ENCLOSED SELF-ADDRESSED, STAMPED ENVELOPE.

THE APPLICANT WAS YOUR TENANT AT _____
Property Address City State Zip

DOES THIS PERSON OWE A BACK BALANCE? YES ____ (IF YES \$ _____) NO ____
HOW MUCH IS THE RENT FOR THIS APARTMENT / HOUSE? \$ _____
(please circle)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

	EXCELLENT	GOOD	FAIR	POOR
RENT PAYING HABITS				
HOUSEKEEPING HABITS				
ABILITY TO GET ALONG WITH NEIGHBORS				

DATES OF OCCUPANCY: FROM _____, 20__ TO _____, 20__

WOULD YOU ACCEPT THE ABOVE AS A TENANT AGAIN? YES ____ NO ____

COMMENTS: _____

LANDLORDS SIGNATURE

PHONE NUMBER

ADDRESS

CITY STATE ZIP