

**Caddo Nation Division of Housing**  
**P.O.Box 487**  
**Binger, OK 73009**  
**405-656-2344**

### **Affordable Homeownership Program**

**Instructions:** Please read carefully and submit completed application with all required documentation listed below. Incomplete applications will not be processed.

1. One form of identification per household member. Birth certificates, driver's licenses, social security cards, tribal ID's, are all acceptable forms.
2. Proof of Tribal enrollment for head or spouse. Only one per household is required.
3. Income verification. Third party is preferred. Check stubs, payment statements, tax returns, or CNDH income verification form are all acceptable.
4. Copy of marriage license, proof of marriage or certification statement (if applicable).
5. Copy of proof of custody or legal guardianship of minors (if applicable).
6. Documentation of need or requirement for caregiver (if applicable).

# **APPLICATION FOR AFFORDABLE HOMEOWNERSHIP HOUSING PROGRAM**

Your Name: \_\_\_\_\_

Street Address or P.O. Box #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # where you can be contacted: \_\_\_\_\_

Have you ever participated in a Caddo Nation housing program?  Yes  No  
If yes, please describe assistance received and approximate year served:

\_\_\_\_\_

## **1. Family Composition**

### A. Persons who live in your home

Family Member Number	Name(s) of Your Family Members	Relationship To You	Date of Birth	Sex (M or F)	Social Security Number*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

\*Social Security number is required for all family members who are 6 years of age or older.

**B.** Are you or your spouse an enrolled member of the Caddo Tribe?  Yes  No

**C.** Are you or your spouse a person with a disability?  Yes  No

**D.** Are any other members of your family who will live in your home persons with disabilities?  Yes  No

If yes, which family members \_\_\_\_\_

**E.** Are all household members U.S. citizens?  Yes  No

If no, please explain \_\_\_\_\_

## 2. Estimated Family Income (for next 12 months)

### A. Income from employment

Family Member Number	Employer Name(s) & Address	Rate Per Hour	Rate Per Week	Total Per Year
1.		\$		
2.		\$		
3.		\$		
4.		\$		

### B. Other income

Source	Rate Per Month	Total Per Year
TANF	\$	
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other*	\$	

\*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

### C. Total family income for next 12 months

\$ \_\_\_\_\_

D. Please attach copies of the most recent IRS 1040 forms and/or most recent pay stubs for all applicable members of the family.

## 3. Present housing condition and housing need

The Caddo Nation's Affordable Homeownership Housing Program is specifically designed to assist low income Native American families in acquiring a home. The home is to be used only as a principal residence and is a one time benefit.

A. Have you or your spouse ever purchased a home or do you currently own your own home?  Yes  No

B. Describe your present living conditions: Renting?  Yes  No

If yes, name and phone number of current landlord: \_\_\_\_\_

Living with family or friends?  Yes  No Other? \_\_\_\_\_

C. Will the home to be acquired through the affordable homeownership program be your principal residence?  Yes  No

D. What is your preferred location? \_\_\_\_\_ The CNDH Affordable Homeownership Program service area is Caddo County. Please check only those places where you would reside if offered a home.

- Anadarko    Binger    Gracemont    Hinton    Fort Cobb
- In Town    Rural

#### **4. Disclosure statement of applicant**

Please identify any of your immediate family members (or self) that currently serve in any of these capacities for the Caddo Nation: Tribal Chairman; Tribal Council; Housing Board; or Tribal Employee. An immediate family member includes: father; mother; son; daughter; husband; wife; spouse/partner; brother; sister; grandson; and/or granddaughter. This disclosure applies to all household members listed on your application.

Yes, I have an immediate family member (or self) that serves the Caddo Nation in one of the positions listed above.

Name and title of your immediate family member (or self) and his/her relation to you or your household member:

\_\_\_\_\_

No, I have no immediate family member (or self) that serves the Caddo Nation in one of the positions listed above.

#### **5. Signature and consent to release information**

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Caddo Nation Division of Housing to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the Caddo Nation if there is any change in my family status along with reporting any changes in income, living conditions and change of address. I hereby certify that all information contained herein is accurate to the best of my knowledge and I understand that knowingly providing false information is punishable by fine and imprisonment.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**6. Eligibility Determination (for CNDH use only)**

Date and time application form received by the Caddo Nation: \_\_\_\_\_

Date and time completed application including all required documentation was received by the Caddo Nation: \_\_\_\_\_

Signature of Caddo Nation employee receiving application:

\_\_\_\_\_

Based upon the completed application and supporting documentation submitted, and the CNDH's Affordable Homeownership Housing Policy, the applicant \_\_\_\_\_ is determined to be:

Eligible  Not Eligible

If no, state reason:

\_\_\_\_\_

Name and title of person certifying eligibility: \_\_\_\_\_

\_\_\_\_\_  
Signature and Date



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