

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

Elderly Rental Housing 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 ELDERLY RENTAL 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. Non elders (except spouses and approved caregivers) are not permitted except in rare cases and with Board approval.

B. Are you 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 Elderly Rental Housing Program is specifically designed to meet the housing needs of elderly Native Americans. The rental unit is to be used only as a principal residence.

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

B. If yes, who will reside in your home if you still own it? _____ If no, skip to C.

C. Describe your present living conditions: Renting? ☐ Yes ☐ No Living with family or friends? ☐ Yes ☐ No Other? _____

D. Name and phone number of current landlord: _____

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 Elderly Rental 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

Authorization for the Release of Information/ Privacy Act Notice

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

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

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)

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405-656-2344 Ext.266

Luke Toyebo Jr. Housing Specialist
LaDonna Hernandez, Housing Assistant

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(1)(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		
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.