



21 Halfmoon Circle, Gracemont, Ok 73042
(405) 480-2100

(Application Guideline Policies adopted August 14, 2025)

HOUSING APPLICATION FORM

**** APPLICANTS MUST MEET HUD LOW INCOME LIMITS TO QUALIFY ****

INCOME REQUIREMENTS

APPLICANT MUST MEET INCOME LIMITS

RENTAL

Family Size	Minimum	Maximum	Family Size	Minimum	Maximum
1	\$5,500	\$58,352	5	\$14,524	\$90,029
2	\$7,756	\$66,688	6	\$16,780	\$96,698
3	\$10,012	\$75,024	7	\$19,036	\$103,366
4	\$12,268	\$83,360	8	\$21,292	\$110,035

HOMEOWNERSHIP

Family Size	Minimum	Maximum	Family Size	Minimum	Maximum
1	\$24,960	\$58,352	5	\$38,520	\$90,029
2	\$28,560	\$66,688	6	\$41,400	\$96,698
3	\$32,100	\$75,024	7	\$44,200	\$103,366
4	\$35,640	\$83,360	8	\$47,100	\$110,035

WE ONLY ACCEPT COMPLETE APPLICATIONS INCOMPLETE APPLICATIONS WILL BE RETURNED

WE DO NOT ACCEPT FAXED OR EMAILED APPLICATIONS.

Please check which Program you are applying for:

- ☐ Low Income Family Home Rental (Waitlist) – Includes Elders
 - **Regency in Anadarko:** ☐ 1 bedroom ☐ 2 bedroom
 - **Halfmoon in Gracemont:** ☐ 3 bedrooms ☐ 4 bedrooms
- ☐ Homeownership Program (Lease With Option to Purchase “LWOP”) (Waitlist)
- ☐ Emergency Housing Assistance Program (First Come-First Serve)
- ☐ College Housing Assistance Program (First Come-First Serve)
- ☐ Down Payment Program (First Come-First Serve)
- ☐ Storm Shelter Pilot Program (First Come-First Serve)
- ☐ Generator Pilot Program (First Come-First Serve)
- ☐ Homeownership Rehabilitation Program (First Come-First Serve)



- ❖ Caddo Nation Division of Housing will only accept **COMPLETE APPLICATIONS**. Incomplete applications will be returned.
- ❖ We do not accept faxed or emailed applications.
- ❖ **MISLEADING INFORMATION MAY RESULT IN A REJECTION OF YOUR APPLICATION.**
- ❖ Rental payments must be made in Cashiers Check or Money Order – CNDH does not accept any other forms of payment at this time.

WAITLIST PRIORITY POINTS – Total Points = 6

2 points	Caddo Tribal Member or 1 point Enrolled American Indian
2 points	Elder age 62 and older or 1 point Near Elder age 55 to 61
1 point	Disabled
1 point	Active Military, Guard, and/or Veteran

**TO MAINTAIN YOUR PLACE ON A WAITLIST FOR HOMES, YOU MUST
RECERTIFY YOUR APPLICATION/INFORMATION EVERY 12 MONTHS**

- Applicants will be screened for prior balances owed other landlords and housing authorities.
- CNDH has a preference of serving Caddo Tribal Members, Caddo Elders, Caddo Active/Guard/Veterans, and other enrolled American Indians.
- Applicants must meet income requirements for low income which is based on household size/members.
- Applicants over the age of 18 are required to have a background check.
- All household members must complete a citizenship Declaration Form 214

You will be notified by mail if your application has been approved or denied. If your application is approved, your name will be placed on the CNDH Waitlist. When a unit becomes available, you will be contacted by telephone and by mail.



CHECKLIST

Fill out all applicable **APPLICATION** sections: ☐ complete ☐ incomplete
(return)

To be a complete Application, the following information must be attached to your housing application:

- ☐ Driver's License or Photo identification for all household members over the age of 18 (back and front)
- ☐ CDIB or Tribal Enrollment Card (back and front)
- ☐ Proof of Military Status: Active, Guard, or Veteran Status for priority points
- ☐ Social Security cards (for all household members)
- ☐ State Birth Certificates (for all household members)
- ☐ Marriage License/Divorce Degree/Custody Decree 9(if applicable)
- ☐ Proof of Income: W-2 statements, paystubs, 1040 Tax Return, Social Security (SS), Social Security Disability Insurance (SSDI), Social Security Income (SSI), Temporary Assistance for Needy Families (TANF), Unemployment Benefits, Pension/Retirement Benefits, Veterans Benefits, Workman's Compensation, Statement of Unemployment, Affidavit of Zero Income, Child Support Agreement
- ☐ CNDH Authorization to Release Information
- ☐ Declaration of 214 Status Form (for all household members)
- ☐ Pet Application and Agreement Form (if applicable)
- ☐ Acknowledgement of Fair Housing and Fair Credit Report Act
- ☐ Conflict of Interest Disclosure (on application form)
- ☐ Consent for Background Check and Release of Information
- ☐ Release of Liability: Swimming Pool Swing Set Trampoline



Applicant Personal Information:

Name:	
Address:	City/State/Zip:
Home Phone:	Work/Cell Phone:
Email Address:	
Are you Active Duty, Guard or a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or any member of your family handicapped or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please state who and what certified disability:	
Wheelchair required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please Answer the Following Questions:

Have you ever filed an application with the Caddo Nation Division of Housing in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?
Have you ever lived in low rent housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any other member of your family been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify person's name and offense:
Have you ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse ever lived in CNDH Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?



Household Composition: List all persons who will be living in the household.

Name: (Last, First, MI)	Relationship to Head	Gender	Date of Birth	Social Security
	Self			
	Spouse			

Income Verification: Please list all income for every member of the household. Wages, Social Security, SSI, Veterans Benefits, Pensions, Child Support, Alimony, other.

Household Member with Income	Sources of Income	Annual Income	Employer

Statement of Potential or Appearance of Conflict of Interest:

I disclose that I am related to:

- ☐ Employee of CNDH
- ☐ Immediate relative to CNDH Housing Director
- ☐ Immediate relative of a Caddo Nation Tribal Council Member
- ☐ Work for a member of the Caddo Nation Tribal Council
- ☐ Other: _____



**ALL APPLICATIONS FOR HOUSING ASSISTANCE AND PROGRAMS ARE
INCOME BASED FOR LOW INCOME PERSONS.**

Are you an enrolled member of a federally recognized American Indian Tribe:

Yes, list Tribe: _____

**If enrolled Tribe is blank or you did not attach proof of enrollment, the applicant
will not receive priority points.**

Are you currently renting? Yes _____ No _____

Present Landlord's Name: _____

Present Landlord's Contact Number: _____

Address Renting: _____

Current Rent Amount: _____ Is rent owed? Yes ____ No ____

List Landlords over the last Five (5) Years

1. Present Landlord's Name: _____

Present Landlord's Contact Number: _____

Address Renting: _____

Current Rent Amount: _____ Is rent owed? Yes ____ No ____

2. Present Landlord's Name: _____

Present Landlord's Contact Number: _____

Address Renting: _____

Current Rent Amount: _____ Is rent owed? Yes ____ No ____

3. Present Landlord's Name: _____

Present Landlord's Contact Number: _____

Address Renting: _____

Current Rent Amount: _____ Is rent owed? Yes ____ No ____



If you are applying for Down Payment/Closing Cost

First time Homeowners only (can only use this benefit of \$5,000 one-time)

* Must be primary residence

Address/Location of Home Interested in Purchasing:

Year House was Built:

Lender:

Loan Specialist: _____

Phone Number: _____

Email Address: _____

Mortgage Company:

Proof of Mortgage Pre-Approval Letter

If applying for Homeownership Home Rehabilitation:

Caddo Nation tribal members are priority applicants for this funding up to \$10,000

Address/Location of Home:

Year House was Built:

Renovation/Repairs Needed:

Is the damage caused by a natural event?

Does your home need disability or Age in Place features?

Is your home experiences plumbing problems?

Is your house causing high utility bills due to a lack of energy appliances, windows,



HVAC or roof?

Phone Number: _____

Email Address: _____

Proof of Ownership: **Copy of Warranty Deed**

*Assistance requires a uselife agreement. The length of federal lien on the home is dependent on the dollar amount of assistance. If the homeowner sells the home before the uselife if met, they are responsible to reimburse the CNDH a prorated amount.

Applicant will enter into a Payback Agreement if home is sold before the Useful Life policy of 3 years expires when accepting assistance up to \$10,000.

If you are applying for Emergency Housing Assistance:

Caddo Nation tribal members have Application preference for up to \$2,500 of one-time assistance in a 12-month period living in the United States.

Nature of the Housing Emergency:

Proof of Emergency: Copy of Insurance Claim and photos if displaced from your home by natural disaster, late notices on rent or utilities, police reports of damage to home, temporary housing needed caused by a loss of job, eviction or change in family status, or victim of violence, security deposited needed to rent a new home, help with utility bills and rental or will become homeless

If you are applying for Storm Shelter Pilot Program: Only Available to Tribal Members Living in Oklahoma

Caddo Elders 62 years old and older have priority funding preference.

Address/Location of Home:

Location of Storm Shelter: Area marked on a google map



Homeowner to Call OKIE for marking utilities:

Homeowner must certify that this is the applicants primary place of residence with utility bills in their name:

Warranty Deed of homeowner:

This is a one-time benefit to Caddo Nation tribal members.

Applicant will enter into a Payback Agreement for cost of storm shelter if home is sold before the **Useful Life policy of 3 years expires when accepting up to \$10,000.**

If applying for College Housing Assistance:

Preference is for Caddo tribal members for \$1,000 per semester

Proof of Enrollment as a Full-Time Student

Checks will be made out to student or Bursar

Must maintain a "C" average or above to receive assistance for housing

Available for up to eight (8) semesters if qualifying income.

If applying for the Generator Pilot Program:

Preference is given to Caddo tribal members with disabilities that require electricity reliability during emergencies, such as home dialysis and oxygen, Elders age 62 and older, followed by homes with children under 6 years of age. Homeowner must certify that this is the applicant's primary place of residence with utility bills in their name:

Homeowner to Call OKIE for marking utilities:

Warranty Deed of homeowner:

Applicant will enter into a Payback Agreement for cost of generator if home is sold before the **Useful Life policy of 3 years expires when accepting \$10,000 in assistance.**

This is a one-time benefit to tribal members.



**ALL APPLICATIONS FOR HOUSING ASSISTANCE AND PROGRAMS ARE
INCOME BASED FOR LOW INCOME PERSONS.**

**PLEASE READ BEFORE SIGNING THIS APPLICATION PACKET. YOU MUST QUALIFY
BY MEETING ALL ELIGIBILITY REQUIREMENTS AND PROGRAM FUNDING MUST BE
AVAILABLE.**

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make
willful false statements of misrepresentation to any Department or Agency of the U.S. to
any matter within its jurisdiction.**

APPLICANT CERTIFICATION

I/We certify that the answers/information given on this application in reference to household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We 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 and termination of tenancy. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. This application will not be valid unless completely filled out. **WE WILL NOT ACCEPT INCOMPLETE APPLICATIONS.**

I hereby authorize the release of account information to and from other financial institutions I have supplied to the Caddo Nation Division of Housing in connection with such evaluation. I understand the processing of this application will require providing my information to the Caddo Nation Division of Housing.

Consent: I consent to allow the Caddo Nation Division of Housing 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/CNDH's assisted housing programs. I understand that income information under this consent form cannot be used 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.

Signature of Head of Household

Date

Social Security Number

Signature of Spouse

Date

Social Security Number

**PRIVACY ACT NOTICE: THIS INFORMATION IS TO BE USED BY THE AGENCY
COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A**



PROSPECTIVE PARTICIPANT OR BORROWER UNDER THE AGENCY'S PROGRAM(S). IT WILL NOT BE DISCLOSED OUTSIDE THIS AGENCY EXCEPT AS REQUIRED AND PERMITTED BY LAW OR APPLICANT CONSENT.

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: Section 214 of the Housing & Community Development Act of 1980, as amended, limits eligibility for Section 8 assistance to U.S. citizens, nationals, and certain categories of eligible noncitizens. Please read the Declaration statement carefully and sign and return it to the Section 8 office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury**, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

Box #1 ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or

Box #2 ☐ I am a citizen of the Federated States of Micronesia, the Republic of Palau, or the Republic of Marshall Islands and is now a lawful resident in the United States and its territories; or

Box #3 ☐ I have eligible immigration status, and have reached the age of 62. Attach proof of age; or

Box #4 ☐ I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form. (See reverse side for listing of ACCEPTABLE INS DOCUMENTS.)

☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), or resident card (temporary form I-SSI)

☐ Permanent residence under §249 of INA; or

☐ Refugee, asylum or conditional entry status under §§207, 208, or 203 the INA; or

☐ Parole status under §§212(d)(5) of the INA; or

☐ Threat to life or freedom under §243(h) or the INA; or

☐ Amnesty under §245A of the INA

Box #5 ☐ I do not have eligible immigration status; or

Box #6 ☐ I do not wish to declare my citizenship/immigration status. If this box is chosen, please call our office for a NON-CONTENDING FAMILY MEMBER FORM.

(Signature of Family Member)
Responsible Adult to sign for minor

(Date)

☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

****WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of United States, shall be fined not more than \$10,000.00, imprisoned for not more than five years, or both.

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Applicant Acknowledgment of Rights

Fair Housing Act & Fair Credit Reporting Act (Under NAHASDA Housing Programs)



Applicant Name: _____

Date of Application: _____

Housing Program Applied For: _____

Notice of Rights

1. Fair Housing Act (FHA):

I have been informed that I cannot be discriminated against in housing on the basis of race, color, religion, age, sex, disability, familial status, victim of violence, or national origin. I have received written information about my rights under the Fair Housing Act and how to file a complaint if I believe I have been discriminated against.

2. Fair Credit Reporting Act (FCRA):

I understand that my credit history may be reviewed as part of determining my eligibility for housing.

- If my application is denied or affected due to credit information, I will be notified in writing.
 - I will be provided with the name and contact information of the credit reporting agency used.
 - I understand that I have the right to request a free copy of my credit report and dispute any inaccurate or incomplete information.
-

Applicant Certification

I acknowledge that I have received and reviewed my rights under the Fair Housing Act and the Fair Credit Reporting Act. I understand these rights and have had an opportunity to ask questions about them.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature (if applicable): _____ **Date:** _____

For Housing Authority Use Only

Staff Member Providing Notice: _____

Date Notice Provided: _____

- ☐ HUD Fair Housing Notice Provided
- ☐ Credit Disclosure Provided
- ☐ Acknowledgment Form Filed in Applicant Record



HOUSING APPLICANT CONSENT FORM

Authorization for Background Check and Release of Information

I, _____, the undersigned applicant, do hereby authorize the Caddo Nation Division of Housing to obtain information regarding my criminal history, rental history, credit history, and other background records necessary to determine my eligibility under NAHASDA. I understand that this information will be used solely for the purpose of evaluating my application and will remain confidential. I authorize law enforcement agencies, courts, credit bureaus, landlords, employers, and other relevant entities to release such information to the Caddo Nation Division of Housing . This authorization shall remain valid for one (1) year from the date of my signature.

Applicant Name Printed	Signature	Date
------------------------	-----------	------

Social Security Number: _____

Tribal ID: _____

Tribe Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

For Official Use Only:

Received by: _____ Date: _____

CNDH Housing Director



HOUSING APPLICANT CONSENT FORM

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Applicant Name Printed _____

Signature _____

Date _____

Social Security Number: _____

Tribal ID: _____

Tribe Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

For Official Use Only:

Received by: _____ Date: _____

CNDH Housing Director



Pet Application and Agreement Form

Caddo Nation Division of Housing
Pet Ownership Application for Public Housing Units

Applicant Information

Applicant Name: _____

Address: _____

Phone Number: _____

Email: _____

Unit Number / Address (if assigned): _____

Pet Information

Type of Pet (dog, cat, bird, other): _____

Breed: _____

Color/Markings: _____

Pet's Name: _____

Age / Weight: _____

Sex (Male/Female, Spayed/Neutered): _____

Required Documentation (must be attached)

- ☐ Proof of current vaccinations (rabies, distemper, parvo, etc.)
- ☐ Proof of spay/neuter (if applicable)
- ☐ Current photograph of pet
- ☐ Local registration/license (if applicable)
- ☐ Emergency contact for pet care: _____
- ☐ Veterinary Clinic Name & Phone: _____

Applicant Certifications

1. I understand that there is a **\$75.00** pet deposit per household (elderly and low-income rental) and a **\$500** pet deposit for homeownership homes, per animal.
2. Limit of two (2) pets per unit.
3. All pets must be registered with the CNDH.
4. Dogs must be on a leash or in a kennel when outdoor.
5. Dogs may not be tied to the outside of the unit or trees.
6. Dogs outside must be provided with shade and water.
7. Pet waste must be picked up and disposed of in your trashcan.
8. Cats must be kept inside units or on a leash/tote while outdoor
9. Pets that tear up units will not be allowed.
10. An animal abandoned in a home, or confined, or neglected due to withholding food and water or basic necessities will not be tolerated and tribal police will be called.
11. Animals that are found without owners will be taken to local animal shelter.
12. No active breeding of animals in units and no fostering litters of cats and dogs in units.
13. I agree to comply with all rules and regulations regarding pet ownership, including leash requirements, waste disposal, noise control, and limits on number/size of pets.
14. I agree to pay any applicable pet deposit/fee and understand it may be used to cover damages caused by the pet.
15. I understand that failure to comply with the pet policy may result in removal of the pet or termination of my housing assistance/lease.
16. I agree to immediately notify the Housing Authority if the pet is no longer in the household.
17. Tenant agrees that pet deposits will be returned 30 days after the home has been inspected when the pet no longer resides in the unit and no damage repairs are required.

Applicant Acknowledgment

I certify that the information provided above is true and correct to the best of my knowledge. I have received a copy of the CNDH Pet Policy and agree to abide by its terms.

Applicant Signature: _____ Date: _____

Housing Authority Representative: _____ Date: _____

Deposit Amount Paid: _____

Paid Date: _____



SWING SET - SWIMMING POOL – TRAMPOLINE

RELEASE OF LIABILITY WAIVER

I certify that I have read and understand this Release of Liability Waiver is an agreement not to hold the Caddo Nation Division of Housing (CNDH) or Caddo Nation responsible for any accidents or damages caused by having a swing set, trampoline or swimming pool at my rental address.

I understand that this release of liability cannot be modified verbally. I am aware that a release of liability means I hold the Caddo Nation Division of Housing and Caddo Nation harmless should an accident or damage occur from having these recreational pieces of equipment on my rental premises.

Rental participants are responsible for themselves and their guests swimming in the pool, jumping on a trampoline and/or swinging on a swing set or playing around the area. Participants agree to place a secure fence around a pool to prohibit water accidents. Pools are only allowed during summer months.

If I erect a swing set and/or trampoline on my rental premises I will ensure it/they are anchored down to prevent wind from blowing it/them onto adjacent property and causing damage. I will erect swing sets according to manufacture instructions and hold the CNDH harmless against all claims, suits, or actions of any kind relating to personal liability, property damages, compensation, or attorney fees and related costs of others claiming harm.

I will be responsible to CNDH for any property damage caused by my swing set, swimming pool and/or trampoline.

Name: _____

Signature: _____

Address: _____ Date: _____

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

Notary Public

My Commission Expires

(seal)