

Pawnee Nation Housing Authority

PO Box 408, Pawnee, OK 74058 * pawneenationha@sbcglobal.net * 918-762-3454

Dear Applicant:

Attached is an application for NAHASDA low-income housing and homeownership with the Pawnee Nation Housing Authority.

Please **complete listing each member of your household** along with their Social Security Number and date of birth. We will also need copies of all Social Security cards and Certificate of Degree of Indian Blood (CDIB) for each member. If you are Pawnee but not enrolled you may use this preference if you provide a document from enrollment showing you have some Pawnee blood quantum.

Please be sure to sign the **Release of Information** from attached with the application form. This form pertains to the **all adult members 18 years of age and older**.

All household members income must be reported. If you receive Social Security income, we will need a **recent copy of your annually provided award letter**. If you receive Veteran pay, we will need a copy of your award letter in order to determine if may be counted (some income received from Veterans Administration is not counted if it puts you over income). Child support and alimony payments must be reported as income as well as IIM Account income (BIA accounts).

The Homeownership Program (Lease Purchase) requires good credit and a credit report is required for those applying for the homeownership program confirming good credit.

There is also a **Land Lord Release of Information** form which needs to be signed with the name of your current or previous land lord and a phone number and address to mail form to.

The **Request for Background Check** form must be **signed by each adult member 18 years and older included in the household**. You may request more forms if more if needed. Convicted felons or any family member with a criminal history involving arrest for assault and battery, drugs, sex offenders or alcohol disturbances may not be eligible to receive housing through the Pawnee Nation Housing Authority.

The **Verification of Employment** form should be signed and filled out for **each employed member of your household with the Employer's Name, Address and Telephone Number** and returned to the Pawnee Nation Housing Authority. **Please include your supervisor's name**.

If there are students in the household, please submit enrollment verification of the school they are attending along with a copy of their Award Letter for financial assistance. This will not be used as income; it is used to show student status of that household member.

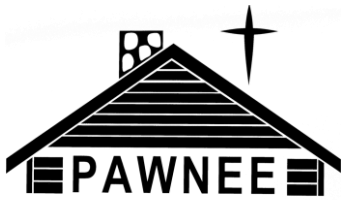
ONCE YOUR APPLICATION IS RECEIVED WITH ALL THE REQUIRED DOCUMENTS, YOUR APPLICATION IF APPROVED, WILL BE PLACED ON THE WAITING LIST ACCORDING TO CALENDAR DATE RECEIVED. PLEASE REMEMBER TO UPDATE YOUR APPLICATION ANNUALLY UNTIL YOU ARE HOUSED SO WE WILL BE ABLE TO CONTACT YOU WHEN WE HAVE A UNIT TO OFFER.

IF APPROVED, A \$300.00 DEPOSIT IS REQUIRED FOR ALL SIZE UNITS AND A VERIFICATION THAT UTILITIES HAVE BEEN PUT IN TENANT'S NAME BEFORE MOVE-IN. THERE IS A DEPOSIT OF \$200.00 FOR COMFORT OR SERVICE PETS (PLEASE SEE PET POLICY AND PROVIDE REQUIRED DOCUMENTATION).

Should you have further questions concerning your application, please contact the Pawnee Nation Housing Authority office at (918)762-3454 or by email pawneenationha@sbcglobal.net.

Sincerely,

PNHA Executive Director



Pawnee Nation Housing Authority

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APPLICATION FOR NAHASDA HOUSING

Please check one or both APPLYING FOR: _____ LOW RENT _____ HOMEOWNERSHIP

NAME: _____ DATE RECEIVED IN OFFICE: _____

ADDRESS: _____ Tribal Affiliation: _____

CITY/STATE/ZIP: _____ Veteran: _____ Yes _____ No

2 TELEPHONE #s: (1) _____ (2) _____ Disabled: _____ Yes _____ No

Vehicle Tag #: (1) _____ (2) _____ College Student: _____ Yes _____ No

FAMILY COMPOSITION

LAST NAME	FIRST NAME	MI	GENDER	RELATIONSHIP	BIRTHDATE	SOCIAL SEC. #
1. _____	_____	_____	_____	<u>Head of Household</u>	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____

APPLICANT / TENANT / PARTICIPANT CERTIFICATION

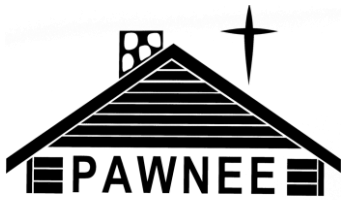
I/We certify that the information given to the Pawnee Nation Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. This application will be invalid unless completely filled out.

Signature of Head of Household

Date

Signature of spouse or other Adult

Date



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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, individual to release to the Pawnee Nation Housing Authority any information or material needed to complete and verify my application for participation and/or to maintain my continued assistance under Low-Income Public and Indian Housing and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested, include by are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residence and Rental Activity
Medical or Child Care Expenses	Credit History	and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups of individuals that may be asked to release the above information (depending on program requirements) including but are not limited to:

Previous Landlords (including Public Housing Agencies):

Courts and Post Offices	State Schools and College	Veterans Administration
Law Enforcement Agencies	Unemployment Agencies	Retirement Systems
Alimony Providers	Social Security Administration	Banks and other Financial Inst.
Medical and Child Care Providers	QTC Entities	Credit Providers and Credit Bureau
Welfare Agencies	Past and Present Employer	Utility Companies
		BIA (IIM Accounts)

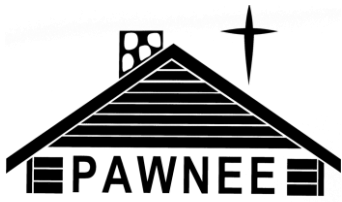
CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the PNHA and will stay in effect for an 18-month period from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____ Head of Household	_____ (Print Name)	_____ Date
_____ Spouse/Other	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN, IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 1506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



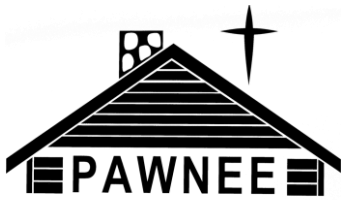
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PRIVACY ACT STATEMENT

PRIVACY ACT STATEMENT

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. Seq.); the Housing and Urban-rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenants(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify 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. You must provide all the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.



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REQUEST FOR BACKGROUND CHECK

Date: _____

Name: _____ D.O.B.: _____

Race: _____ Gender: _____ Social Security #: _____

Place of Birth: _____

Driver's License #: _____ State Issuing: _____

Other Names Used: _____

Marital Status: _____ Spouse Name: _____

Have you ever been convicted of a crime: Yes _____ No _____

If yes, please explain: _____

RELEASE STATEMENT:

I, _____ HEREBY GRANT FULL PERMISSION WITHOUT RECOURSE, FOR THE USE AND RELEASE OF INFORMATION AS NECESSARY FOR THE PURPOSE EXPLAINED.

Signature

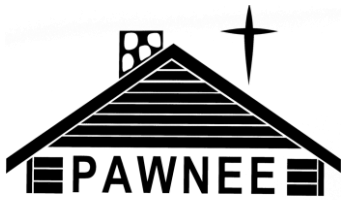
OFFICE REQUESTING BACKGROUND CHECK:

Pawnee Nation Housing Authority
P.O. BOX 408
PAWNEE, OK 74058
(918)762-3454

I HAVE EXPLAINED THE PURPOSE OF THIS FORM AND THE BACKGROUND CHECK TO MR./MRS./MS./
_____ AND HE/SHE UNDERSTOOD.

DATE

AUTHORITATIVE SIGNATURE



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EMPLOYMENT VERIFICATION

Employer Name: _____

Date: _____

Address _____

RE: _____

City, State, Zip: _____

SS#: _____

Phone #: _____

To establish eligibility for occupancy, we must verify the incomes of all residents and prospective residents. The person identified above has informed us that he/she is now, or has been within the past twelve (12) months, employed by your firm. Please return the information requested below as soon as possible.

AUTHORIZATION OF APPLICANT TO RELEASE INFORMATION:

Signature of Applicant/Employee

PNHA Representative

=====

Employed from (dates) _____, 20____ to _____, 20____

Occupation: _____

Employment is: (check one) ____ Permanent ____ Seasonal ____ Temporary ____ Terminated

Current or last pay rate: \$_____ per _____ Effective since _____

Do you anticipate this employee will receive a salary increase within the next 12 months? ____ Yes ____ No

If yes, anticipated amount of increase is \$_____ per _____

Effective date of anticipated increase _____

Anticipated number(s) of hours worked per week: Straight time: _____ Overtime: _____

Estimated amount of: Tips \$_____ per _____

Bonuses \$_____ per _____

Commissions \$_____ per _____

Actual earnings during the past 12 months or for the period of employment if less than 12 months

From: _____ to _____ \$_____

Number of hours of overtime _____

Your estimate of anticipated total earnings next 12 months \$_____

Date: _____ Firm Name: _____

Employer's Telephone #: _____

Reported By: _____

Title: _____

Verified by phone

Name and Title: _____

Date: _____



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HUD INCOME GUIDELINES

PROGRAM GUIDANCE 2023-01

Tribes with large reservations or those that encompass more than one county may have more than one income limit. To reduce administrative burden, the Tribe or Tribally Designated Housing Entity (TDHE) may set income limits for multi-county reservations at the income limit level of the county with the highest income limits.

If the MFI limit for a county located within your Indian area is lower than the United States MFI limit, you must use the U.S. MFI limit. The U.S. MFI for FY 2023 is \$96,200. Therefore, the adjusted income limits broken out by family size and 80 and 100 percent (80/100%) of MFI are shown below.

2023 Median Family Income \$96,200

% Median Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$53,850	\$61,550	\$69,250	\$ 77,000	\$ 83,100	\$ 89,250	\$ 95,450	\$101,600
100%	\$67,350	\$77,000	\$86,600	\$ 96,200	\$103,900	\$111,600	\$119,300	\$127,000

2023 MFI Limits for Families with More Than Eight Members

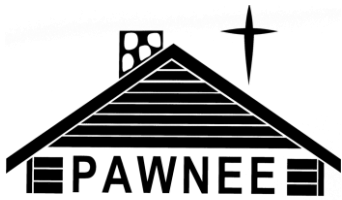
MFI Limits for families of various sizes are determined by the following percentage relationship with the 4-person family size as the “Base” determinant.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
70%	80%	90%	BASE	108%	116%	124%	132%

To calculate the MFI Limits for families with more than eight members, use the four-person income limit as the base amount. Multiply the base amount by increments of eight percent (8 %), increasing for each additional person as shown in the following table.

9 Person	10 Persons	11 Persons	12 Persons	13 Persons	14 Persons	15 Persons	16 Persons
140%	148%	156%	164%	172%	180%	188%	196%

For example, to calculate the 10-person, 80 percent 2023 U.S. MFI limit, first find that for 4-persons. The 4-person, 80 percent 2023 U.S. MFI limit is equal to \$77,000. Next, multiply this “Base” amount by 148% since we are extrapolating it to a 10-person household. One-hundred and forty-eight percent is equal to 148/100, which is equal to 1.48. The result is \$77,000 x 1.48 = \$113,960. Rounding to the nearest \$50, as is ONAP’s policy, results in the 10-person, 80 percent 2022 U.S. MFI limit being \$113,950.



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LAND-LORD RELEASE

I HEREBY AUTHORIZE _____ TO FURNISH THE **PAWNEE NATION HOUSING AUTHORITY**, ANY INFORMATION REGARDING MY TENANCY.

Signed: _____

Date: _____

Land Lord's Name: _____

Phone #: _____

Address: _____

Section to be completed by Housing Authority:

_____, HAS APPLIED FOR HOUSING WITH THE PAWNEE NATION HOUSING AUTHORITY. WE WOULD APPRECIATE ANY INFORMATION YOU CAN GIVE US REGARDING THE TYPE OF TENANT THEY WERE WHILE RENTING FROM YOU. THE FORM BELOW IS PROVIDED FOR YOUR COMMENTS. YOUR COOPERATION IS APPRECIATED AND YOUR PROMPT REPLY WILL ASSIST US IN PROCESSING THE APPLICATION IN A TIMELY MANNER.

EXECUTIVE DIRECTOR _____

DATE _____

Section to be completed by Land Lord:

MOVE IN DATE: _____

MOVE OUT DATE: _____

(PLEASE CHECK ANSWER)

HOUSEKEEPING: EXCELLENT () GOOD () POOR ()

IF POOR PLEASE EXPLAIN: _____

RENTAL PAYMENTS: ON TIME () LATE () VARIED ()

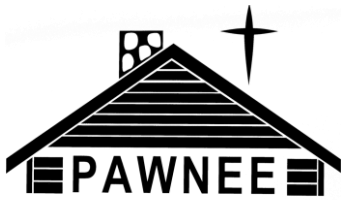
LEFT WITH AN OUTSTANDING BALANCE? YES () NO ()

WOULD YOU RENT TO THIS PERSON AGAIN? YES () NO ()

IF NO PLEASE EXPLAIN: _____

Signature and Title

Date



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APPLICANTS/TENANTS CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets, and items for allowances and deduction, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct. See the Federal Privacy Act Statement, on the 4th page of this application, for more information about its use.

Reporting Changes in Income and Household Composition

I am required to report immediately, in writing, any changes in household income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal Housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment or other dwelling unit will be my principal residence and that I will not obtain duplicate Federal Housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination or tenancy.

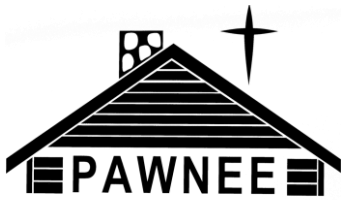
Signature and Date of Household Adults

1) _____
Head of Household Date

2) _____
Spouse Date

3) _____
Other Adult Date

4) _____
Other Adult Date



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ADDENDUM TO LEASE AGREEMENT CURFEW FOR MINORS

This is an Addendum to the Lease Agreement between the Pawnee Nation Housing Authority, hereinafter referred to as "PNHA" and _____ hereinafter referred to as "Tenant," said agreement dated this _____ day of _____, 20_____.

This said Addendum is made a part of the lease agreement and its purpose represents an effort by the PNHA to continue its goal and objective of maximizing the Quality of Life for its residents, and pursuant to that purpose PNHA is implementing a curfew policy for minors which will represent another step in the ongoing process of meeting the commitment of providing a safe environment for residents.

And as a result, thereof, the PNHA does hereby add the following terms by this addendum to the lease agreement, which establishes **a curfew for any person under the age of eighteen (18 minor), who is either a child or guest of a resident. This curfew covers the PNHA complex property at _____ and the curfew is in force during the hours of 11:00 p.m. and 6:00 a.m. Sunday through Thursday, and hours of 12:01 a.m. until 6:00 a.m. on Friday and Saturday.**

The curfew will not apply to minors being accompanied by their parent or guardian. In addition, the curfew will not apply to emergency situations which involve unforeseen circumstances which dictate the need for immediate action to prevent serious bodily harm or loss of life.

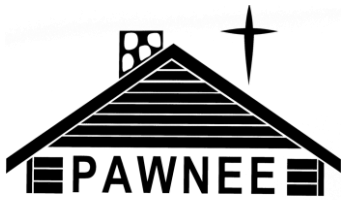
A violation of this curfew provision shall be grounds for termination of residency, and eviction from unit.

Tenant is in total agreement to adhere to the provisions of the Addendum to the Lease Agreement and fully recognizes the consequences if there is a violation of the subject provisions of the Addendum.

In Witness Whereof, the parties hereto have executed this Addendum to the subject Lease Agreement this day _____ of _____, 20_____ at Pawnee, Oklahoma.

Tenant Signature

Pawnee Nation Housing Authority Signature, Landlord



Pawnee Nation Housing Authority

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HOUSE RULES

1. **RENT PAYMENTS:** Rent is due in full on the 1st day of each month. If the rent is not paid by the 6th of the month, legal action will be initiated.
2. **RE-CERTIFICATION:** Re-certification of resident eligibility is required annually. You will be notified of the time and date of the re-certification. Changes in family size and income must be reported within 10 days of the notice.
3. **DWELLING:** **Your apartment is not for commercial purposes. Do not sublet, transfer possession, and take in lodgers or boarders. Only the Head of the Household and those persons listed on the Lease Agreement are legal residents. Any overnight guest must be registered at the Housing Office and cannot stay over a total of 14 days annually.**
4. **INSPECTIONS:** Housekeeping inspections by the Pawnee Nation Housing Authority staff will be made periodically.
5. **RIGHT OF ENTRY:** The management reserves the right to enter without notice in case of emergency, or with reasonable notice (at least 48 hours) whether or not you or any member of your family are home.
6. **PEST CONTROL:** It will be the resident's responsibility to promptly notify PNHA of the need for any repairs to the leased premises and to cooperate with PNHA pest control program by reporting any sighting of vermin or pests. The resident agrees to participate in and abide by the requirements of PNHA pest and rodent control program.
7. **PREMISES:** It will be the resident's responsibility to keep unit and surrounding outside area in a clean and safe condition. Resident will be charged if PNHA has to maintain the outside area. Scattered Site residents are required to maintain the lawn and outside area. If the resident neglects this responsibility and it becomes necessary for PNHA to maintain, the resident will be charged.
8. **SAFETY:** Storage of flammable or combustible liquids inside apartments is prohibited. Storage of motorcycles or any other devices or appliances containing flammable or combustible liquids or gases near the building area (within 15 feet), under stairwells, or other means of exiting the building is prohibited. Anyone tampering or interfering with the effectiveness of a smoke detector shall be in violation of the City of Pawnee's adopted Fire Code and subject to fines ranging from \$60.00 to \$500.00 per day / per violation and/or six months in jail.
9. **DAMAGES OR REPAIRS:** Call 918/762-3454 for maintenance problems. Fair charges will be made based on cost of labor and materials. Residents will not be charged for "normal wear and tear".
10. **FIXTURES OR MAJOR APPLIANCES:** Always contact the Management Office for permission before installing appliances or air conditioning units. No additional wiring or other structural changes can be made without prior consent.
11. **WALLS:** Do not paint your apartment without written consent from management. Wallpaper, contact paper, stick-on mirrors (of any type) is prohibited.
12. **PATIO OR PORCH:** Keep your patio and/or porch in an orderly condition. Do not use them for a storage area. Items other than furniture designed for outside use will not be allowed.
13. **CHILDREN:** You are required to closely supervise your children and visiting children at all times. Respect your neighbor's peaceful enjoyment of their accommodations. **NO USE OF BB GUNS IS ALLOWED IN LITTLESUN ADDITION. ACTS OF VANDALISM REGARDING BB GUN USE, COULD RESULT IN A \$50.00 FINE FROM THE CITY OF PAWNEE PER INCIDENT.**
14. **SECURITY BARS:** There are to be no security bars on any windows in your unit unless they are equipped with panic hardware.
15. **MOTOR VEHICLES:** Any vehicle abandoned, not in running order, or illegally parked will be towed away. Park vehicles in parking spaces only. Never park on the lawns or in service drives at any time, not even to move in. Handicapped parking permits issued in your name for your vehicle are required in order to park in a marked handicapped parking space. Vehicles parked in marked handicapped spaces without valid permits may be ticketed and/or towed.
16. **DOOR LOCKS:** Do not install new or additional locks. Dead bolt locks and entrance Locks have been installed for you security.
17. **LITTERING:** Any adult seen littering the grounds will be charged. In the case of children seen littering, the parent or guardian is responsible.
18. **SOCIAL GATHERINGS:** Social gatherings or functions shall be restricted to the apartment/house unless prior permission has been secured from management for the use of common areas. Residents will be responsible for cleanup and any and all damages caused by themselves and/or guests. Management reserves the right to restrict the size of the gatherings held in common areas. **NO ALCOHOLIC PARTYING OR DRUG RELATED ACTIVITIES WILL BE TOLERATED.** As result of these actions could be immediate eviction.
19. **LOCKS AND KEYS:** Additional locks or chains are not permitted cannot be installed or affixed to any door without prior written approval of the management. If a resident should lose a key to their unit, there will be a \$5.00 fee for issuance of a duplicate key. All keys must be turned into the office upon move-out. There will be a \$25.00 fee for each time the PNHA has to let the resident into their home (locked out of unit) after hours.
20. **NOTICE TO VACATE:** Residents are required to give the Housing Authority of the Pawnee Tribe a written 15-day notice of intent to move. When the Pawnee Nation Housing Authority receives your notice to move, Management staff will accompany you back to the apartment for an inspection. A list of charges (if any) will be given to you before you move out of the apartment and must be paid prior to moving. If you clean the apartment, have no damages, and owe no rent, your deposit will be returned. However, if there are damages and the apartment is not cleaned, you will be charged vacate charges.

If you have any questions, please call the Housing Office at 918/762-3454.

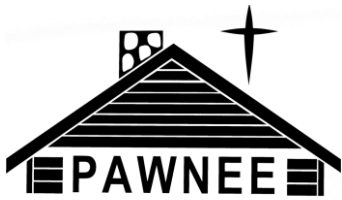
RESIDENT SIGNATURE

DATE

HOUSING AUTHORITY OF PAWNEE TRIBE

RESIDENT SIGNATURE

DATE



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EMERGENCY CONTACT INFORMATION

DETAILS

RESIDENT'S NAME _____
ADDRESS _____ Apt #/Unit _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____
EMAIL ADDRESS _____

EMERGENCY CONTACT

Please list the details of two people to be contacted in the event of an emergency.

NAME _____ RELATIONSHIP _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____

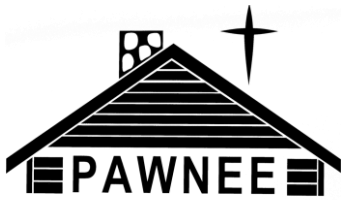
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NAME _____ RELATIONSHIP _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____

MEDICAL CONTACTS

Please provide details of the physician or health care provider that you would like us to contact in the event of an emergency:

NAME OF PHYSICIAN _____
OFFICE PHONE _____ CELL PHONE _____
NAME OF HOSPITAL _____
PHONE NUMBER _____
ANY KNOWN ALLERGIES _____



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SELF-EMPLOYMENT/DECLARATION OF INCOME STATEMENT

I (print name) _____, hereby certify I am self-employed, doing odd jobs, and earn \$_____ per month. I understand that this income will be used to establish my rent and eligibility for housing. Furthermore, I acknowledge my duty to notify the Pawnee Nation Housing Authority of changes to my income, should I obtain any form of permanent employment, assistance from any agency, or generate any additional source of income.

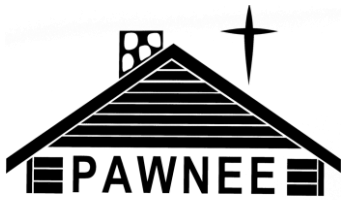
REPORTING OF INCOME:

Cash payments I have received for odd jobs or side jobs, for the year 20____. Please attach any receipts or supporting documentation.

January	\$ _____	Source: _____
February	\$ _____	Source: _____
March	\$ _____	Source: _____
April	\$ _____	Source: _____
May	\$ _____	Source: _____
June	\$ _____	Source: _____
July	\$ _____	Source: _____
August	\$ _____	Source: _____
September	\$ _____	Source: _____
October	\$ _____	Source: _____
November	\$ _____	Source: _____
December	\$ _____	Source: _____

EXPLANATION OF CURRENT HOUSEHOLD COST(S):

Household Costs	Monthly Bill Amount	Explanation of Payment (Who or How are these costs paid?)
Rent	\$	
Electricity, Water, Sewage, Trash	\$	
Natural Gas/Propane	\$	



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Groceries	\$	
Phone	\$	
Internet/Broadband	\$	
Vehicle Payment	\$	
Vehicle Insurance	\$	
Gasoline and Maintenance for vehicle	\$	
Cable/Satellite Television	\$	
Household Items (Cleaning supplies, trash bags, laundry soap, etc.)	\$	
Hygiene Products (Soap, shampoo, deodorant, toilet paper, diapers, etc.)	\$	
Other (Pet food, tobacco, alcohol, casino, etc.)	\$	

* NOTE: The following information is for Pawnee Nation Housing Authority use only.

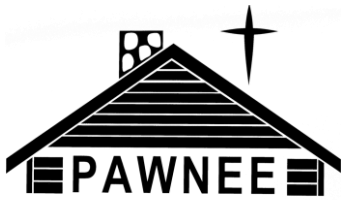
I further certify that everything I have stated is to be true and factual. I certify that I have received the income that I have stated on this document is the only financial resources that I am receiving. I understand that if further documented information is needed, it my responsibility to obtain those documents and provide those documents to the Pawnee Nation Housing Authority for their evaluation to verify my income and eligibility to remain in the housing unit. I understand that, if it is proven that I have intentionally falsified my statement may result in the termination of my lease and any assistance by the Housing Authority. Any false, misleading, or incomplete information will also result in the denial of all future services or housing for all adult members of my household who are listed on my original application.

Tenant Signature

Date

Housing Authority Agent

Date



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DRUG FREE, SMOKE FREE & WEAPONS FREE HOUSING POLICY

PURPOSE: The purpose of this policy is to support the Pawnee Nation Housing Authority (PNHA) to promote drug free, smoke free and weapon prevention for all residents in the PNHA Community. Further, it is an effort to prevent any physical wear and damage caused by smoke to the PNHA units and provide a safe living environment for our tenants and their families.

To ensure the quality of air and safety of the users of facilities owned and operated by the Pawnee Nation Housing Authority, the PNHA has declared its intention to transition its residential, other building, and common areas to become drug free and smoke free. Smoking and drug use, will not be permitted within the housing community. All tenants, employees, and guests within the housing community shall be subject to this policy and violators of this policy could be subject to pay for damages up to \$1,500.00, which is the amount of cost to remove the smoke residue from the unit/home and HVAC system.

DEFINITIONS:

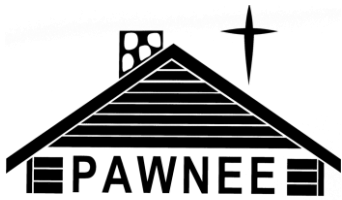
- A. **Smoking** - The term "smoking" means inhaling, exhaling, breathing, burning, carrying, or possessing any lighted cigar, cigarette, pipe, other tobacco product, marijuana (medical or recreational), vaping, e-cigarettes, or similar lighted product in any manner or in any form.
- B. **Resident** - Means a person living in or staying in any PNHA unit.
- C. **Employee** - Means manager, representative or worker of the Pawnee Nation Housing Authority.
- D. **Drug-related criminal activity** - means the illegal manufacture, sell, distribution, or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute, or use the drug, as defined in federal law.

SMOKING OUTDOORS: Smoking outdoors in the vicinity of any occupied building or structure, except one's own single-family dwelling or on the rear exterior deck, porch or patio of one's own multi-family dwelling unit; the community park and playground, or other common use facility shall be permitted no closer than ten (10) feet to the facility, a sufficient distance so that secondhand smoke will not enter the building or area, nor will residents or guests have to walk through secondhand tobacco smoke to enter or leave the building, adjacent buildings or areas.

Persons smoking in these areas are asked to be considerate of others and increase the distance if wind or other natural conditions warrant. No smoking on the front porch of the unit or home. Smokers are responsible for not littering the grounds with cigarette butts, other tobacco products, or related debris. Smoking is specifically not permitted in the common areas of multi-family dwellings.

MEDICAL MARIJUANA: The Pawnee Nation Housing Authority prohibits tenants, members of a tenant's household, or guests or others persons under a tenant's control or authority from engaging in any drug-related criminal activity. Marijuana is a schedule-1 drug (or controlled substance) under federal law. The change in Oklahoma law does not change the requirements that are in place by the PNHA (Drug Free and Smoke Free Housing Policy).

HOME GROWS (MEDICAL OR RECREATIONAL): Oklahoma laws in association with the medical marijuana card, states that the patient in possession of the card may grow marijuana in the home with written permission of the real property owner. The Pawnee Nation Housing Authority will not give permission to its tenants to grow medical marijuana within the home or unit. All homes and units will follow with policies already in place for a drug free and smoke free home.



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WEAPONS: The PNHA prohibits all tenants from possessing a weapon of any kind on the PNHA property. Any act or verified complaint that threatens the health, safety, or right to peaceful enjoyment of the premises by any resident(s) is grounds for termination of the lease.

COMPLAINTS AND VIOLATIONS:

Complaints: New tenants will be given a copy of this smoke-free policy as a part of the application process. This document will be signed by the tenant(s) and filed in the tenant's housing file.

In addition, any complaints from a tenant or staff person as to the infiltration of smoke into the facility will require smokers to relate to an area that avoids such complaints. Residents and guests are allowed to use the outdoor designated smoking area at any time, but must not infringe on any resident's right to health, safety, and quiet enjoyment of their rental unit.

Violations: 1st Violation: Written Warning and a \$25.00 violation fee
 2nd Violation: 30-day notice to vacate without the option to remedy

The implementation date of this policy, and any policy of the Pawnee Nation Housing Authority, shall be effective and enforced immediately after approved by the PNHA Commissioners. Notice of policy will be sent to all staff and tenants within thirty (30) days of the effective date.

A full copy of the PNHA Drug Free, Smoke Free and Weapon Free Housing Policy can be requested at the Housing office or by email.

By signing below, I/we understand and agree with the terms and conditions of this policy.

RESIDENT SIGNATURE

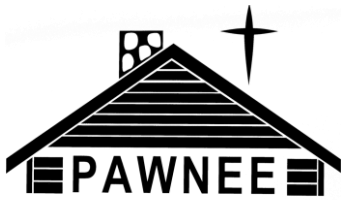
DATE

RESIDENT SIGNATURE

DATE

HOUSING AUTHORITY OF PAWNEE TRIBE

DATE



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PNHA COMFORT PET POLICY

RULES FOR PETS:

The following rules were established by the Pawnee Nation Housing Authority to govern the keeping of pets in and on rental properties operated by the Housing Authority.

Tenants may keep a service pet or comfort pet. All pets must be registered with the Pawnee Nation Housing Authority and all pets must have a permit to keep any animal on or about the premises.

A registered pet may be revoked by the Housing Authority if the animal(s) become destructive, a nuisance or a safety hazard to others. Revocation may also apply if the owner fails to comply with any of the following:

1. Maximum number of pets allowed – 1 dog or 1 cat
2. Permitted pets are – comfort dog or cat
3. Maximum adult weight of dog 30 lbs or cat 8 lbs
4. Proof of inoculations – rabies and distemper
5. All animals must be registered and tagged.
6. All animals must be spayed or neutered with documentation placed in tenant file.
7. Sanitary standards – owner will be responsible for disposal of all animal waste.
8. Standards of care – no breeding for profit, control noise and odor.
9. All comfort dogs must be chained or leashed according to city leash law.
10. There will be a \$200.00 pet deposit (non-refundable).
11. The tenant must identify an alternate pet custodian in the event of illness or other absence from unit.

VIOLATIONS:

Tenants who are found to be in violation of the pet rules will be subject to the following:

1. Tenant must remove the pet within fourteen (14) days of notice by the Pawnee Nation Housing Authority.
2. Failure to do so may result in termination of tenant lease.

Any pet that is aggressive towards another resident will be required to be removed at the expense of the tenant. The tenant will be notified by the Housing Office of any complaint for immediate action.

APPEALS:

Tenants may appeal the decision for a termination of registration within 30 days of the notice. The “PNHA Grievance Form” is available at the Housing Authority Office or on the Housing website.

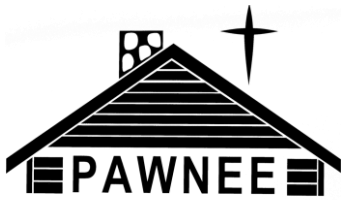
CERTIFICATION OF AGREEMENT:

I HAVE READ AND UNDERSTAND THE ABOVE RULES REGARDING COMFORT PETS AND AGREE TO ABIDE BY THE SAME.

TENANT SIGNATURE

DATE

PN HOUSING SIGNATURE



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Pet Application/Registration Form

(Please submit Photo(s) of pet and a copy of care and vaccination record)

NAME OF PET OWNER

ADDRESS

HOME PHONE

CITY/STATE/ZIP

WORK PHONE

(Photo of Pet)

Pet Information

Pet's Name	Type/Breed	Age	License or ID #	Sex

Veterinarian

VETERINARIAN

ADDRESS

CITY/STATE/ZIP

PHONE #

Pet's Emergency Caretaker

NAME

ADDRESS

CITY/STATE/ZIP

PHONE #

Your Previous Residence

NAME OF LANDLORD OR MANGER

ADDRESS

CITY/STATE/ZIP

PHONE #

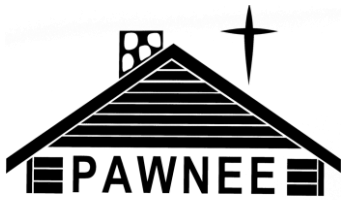
OFFICE USE ONLY

Pet Security Deposit Amt:

Deposit Received By:

Date:

Approved/Denied:



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OFFICE USE ONLY

<u>Name:</u>	<u>Type of Income:</u> (Wages/Social Security/Unemployment)	<u>Monthly Amt.</u>	<u>Annual Verified Amt.</u>
1. Head _____	_____	\$ _____	\$ _____
2. Spouse _____	_____	\$ _____	\$ _____
3. Other _____	_____	\$ _____	\$ _____
4. Other _____	_____	\$ _____	\$ _____

<u>Type of Deduction:</u>	<u>Monthly Amt.</u>	<u>Annual Verified Amt.</u>
1. Child Care (12 & under)	\$ _____	\$ _____
2. Medical (elderly family)	\$ _____	\$ _____
3. Disability Allowance	\$ _____	\$ _____
4. Veteran Service-Connected Disability Pay	\$ _____	\$ _____

TOTAL AMOUNT OF ANNUAL INCOME: \$ _____

Under the Income Median (80%)? ____ Yes ____ No

Number of Household Members _____

Native American _____

Number of Dependents _____

Non-Native American _____

College Student _____

Tribal Affiliation _____

Elderly Status

1. Non-Elderly _____

2. 62 or Older _____

3. Disabled _____

Previous Housing

1. Amount of rent now \$ _____

2. Owes past Landlord? ____ Yes ____ No

3. Amount Owed \$ _____

Verified by: _____ Date Verified: _____

Date Approved: _____ Move-in Date: _____ Amount of Rent: _____

Unit: _____ Address: _____ Approved By: _____