

Pawnee Nation Housing Authority

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

Dear Applicant:

Attached is an application for NAHASDA, Home Ownership and non-NAHASDA housing 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**. This form pertains to the **all adult members 18 years of age and older** who will be living within the household.

All household members income must be reported. If you receive Social Security or Veterans pay, we will need a **recent copy of your annual award letter** (some income received from the 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 **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**. **Please include your supervisor's name**. Applicant(s) may provide check stubs for the past 30 days of employment.

If you are applying for the Homeownership Program (Lease Purchase), eligibility requires good credit and a credit report confirming your credit score will be .

The **Land Lord Release of Information** form needs to be signed with the name of your current or previous land lord, a phone number, and their address to mail the form to.

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

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.

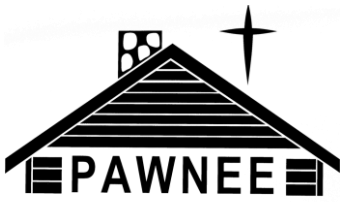
ONCE YOUR APPLICATION IS RECEIVED WITH ALL THE REQUIRED DOCUMENTS, YOUR APPLICATION, IF APPROVED, WILL BE PLACED ON THE WAITING LIST ACCORDING TO CALENDAR DATE RECEIVED. PLEASE REMEMBER TO UPDATE YOUR APPLICATION ANNUALLY UNTIL YOU ARE HOUSED SO WE WILL BE ABLE TO CONTACT YOU WHEN A UNIT BECOMES AVAILABLE.

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 ASK ABOUT THE 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



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APPLICATION FOR HOUSING

Please check one or both APPLYING FOR: NAHASDA HOMEOWNERSHIP Non-NAHASDA

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

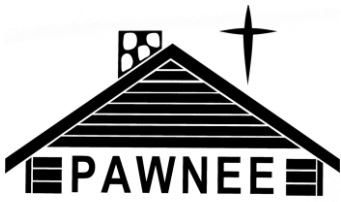
I/We certify that the information given to the Pawnee Nation Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination 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)

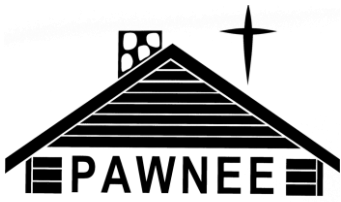
CONDITIONS

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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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

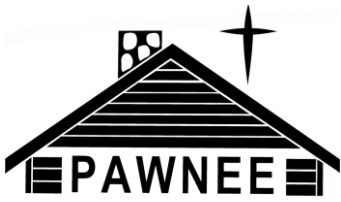
OFFICE REQUESTING BACKGROUND CHECK:

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: _____

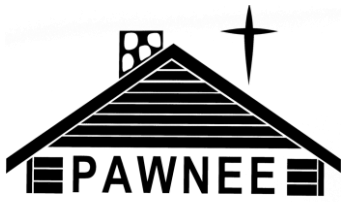
Employer's Telephone #: _____

Reported By: _____

Title: _____

Verified by phone

Name and Title: _____ Date: _____ Annual Income: \$ _____



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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 ()

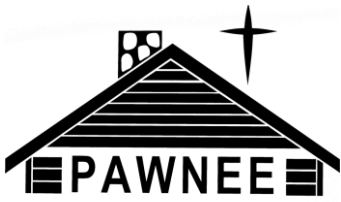
LEFT WITH AN OUTSTANDING BALANCE? YES () NO ()

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

IF NO PLEASE EXPLAIN: _____

Signature and Title

Date



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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 _____

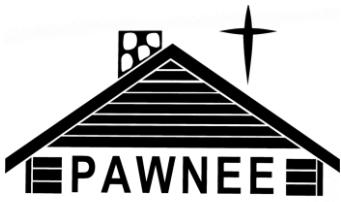
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NAME _____ RELATIONSHIP _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____

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.

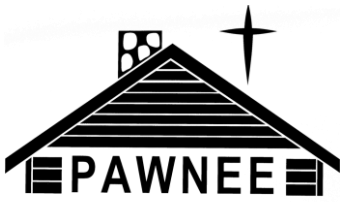
REPORTING OF INCOME:

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.

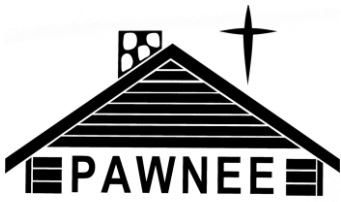
I further certify that everything I have stated is to be true and factual. I certify that I have received the income that I have stated on this document is the only financial resources that I am receiving. I understand that if further documented information is needed, it my responsibility to obtain those 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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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 _____

<u>Elderly Status</u>	<u>Previous Housing</u>
1. Non-Elderly _____	1. Amount of rent now \$ _____
2. 62 or Older _____	2. Owes past Landlord? ____ Yes ____ No
3. Disabled _____	3. Amount Owed \$ _____

Verified by: _____ Date Verified: _____

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

Unit: _____ Address: _____ Approved By: _____