Housing Authority of the Kickapoo Tribe of Oklahoma
P.O. Box 120
101 N. Blackberry Road
McLoud, OK 74851

(405) 964-6262 – Phone
(405) 964-6263 – Fax

HAKTO STORM SHELTER APPLICATION INCOME REQUIREMENTS

APPLICANT MUST MEET INCOME LIMITS

	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Maximum	$59,850	$68,400	$76,950	$85,450	$92,300	$99,150	$106,000	$112,800

WE ONLY ACCEPT COMPLETE APPLICATIONS, WHICH MAY BE IN PERSON, EMAIL, AND FAX. INCOMPLETE APPLICATIONS WILL BE RETURN OR FILED INACTIVE

YOU MUST ATTACH ALL OF THE FOLLOWING DOCUMENTS WITH THE APPLICATION IN ORDER FOR THE APPLICATION TO BE PROCESSED:

- □ **Photo Identification (all adult applicants over the age of 18)**
- □ **CDIB and/or Tribal Enrollment Cards (all adult applicants in household)**
- □ **Social Security Cards (all adult applicants in household)**
- □ **Birth Certificate (all children under the age of 18)**
- □ **Income verification (all adult applicants in household)**
- □ **Proof of homeownership, if applicable**
  - ○ **Title**
  - ○ **Warranty Deed**
  - ○ **Allotted/land lease**
- □ **Any other documentation requested by the Kickapoo Housing Authority**

WARNING!

ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN REJECTION OR DELAY OF YOUR APPLICATION

HAKTO

Storm Shelter Program

The Storm Shelter Program is designed to provide safe shelter and protection from violent storms, tornados, and unforeseen disasters. Housing Authority IHBG grant up to $5,000.00 per residence.

Applicant Requirements:

1. Photo Identification (all adult applicants over the age of 18)
2. CDIB and/or Tribal Enrollment Cards (all adult applicants in household)
3. Social Security cards (all adult applicants in household)
4. Birth certificate (all children under the age of 18)
5. Income verification (all adult applicants in household)
6. Proof of homeownership, if applicable
7. Home must be the applicant's primary residence.
8. No accounts in default or delinquent status owed to the Housing Authority of the Kickapoo Tribe of Oklahoma.
9. Applicant must reside within the service area as defined in the HAKTO's Indian Housing Plan.
10. If handicap or disabled, documentation from a physician is required.
11. If your application is selected, you will have 5 days to confirm your participation.

Service Preference:

1. Kickapoo Tribe of Oklahoma Tribal Members
2. Other Federally Recognized Tribes

Service Area:

1. Lincoln County, Pottawatomie County, and Oklahoma County

Eligibility Requirements:

1. You are only eligible for a storm shelter for your primary residence.
2. Applicants who are participating in a NAHASDA Lease to Own Program is in good standing are eligible to apply.
3. If you live in a mobile home, you must own both the mobile home itself and the land it is located on to be eligible for the program.
4. Storm shelters are awarded one time only to each family in order to meet the needs of all Tribal Members.
5. A waiting list will be established based on preference listed above.

***Please note that if selected, the homeowner may be responsible for contacting Okie Dig at 811, other additional costs for installation of the shelter, as well as obtaining the required permit within the residing county.**

HAKTO

Storm Shelter Program

_____
DATE OF THIS APPICATION

A. Applicant Information

1. Name: _____ _____ _____ _____
   LAST FIRST MI Maiden (if Any)
2. Current Address: _____ _____
   Street Address PO Box (if any)
3. Telephone Number: (____) _____
4. Date of Birth: _____
5. Tribe: _____
6. Roll Number: _____
7. Status:

   ( ) Married ( ) Elderly (62+) ( ) Single ( ) Ambulatory Disability
   Must provide documentation.
8. Own Your Home: ( ) Yes ( ) No Held in Trust: ( ) Yes ( ) No LWOP ( )
   (Lease with option to purchase)

   Age of Home: _____ No. of Bedrooms: _____ Number of Children: _____

Information about Spouse

9. Name: _____ _____ _____ _____
   LAST FIRST MI Maiden (if any)
10. Date of Birth: _____
11. Tribe: _____
12. Roll Number: _____

B. Family Information

List all other persons living in household on a permanent basis. Start with the oldest and provide Name and Relationship to Applicant.

NAME	DOB	RELATIONSHIP TO APPLICANT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

C. Income Information for all adults in the household

NAME	INCOME SOURCE	PHONE #

I have received the HAKTO Storm Shelter Policy and acknowledge as stated in the Storm Shelter Policy.

_____ _____

Signature Date

_____ _____

Spouse Signature Date

Direction to your home:

PLEASE DRAW A MAP TO HOME

NOTIFICATION OF POTENTIAL OR APPEARANCE OF CONFLICT OF INTEREST

TO: HOUSING AUTHORITY OF THE KICKAPOO TRIBE OF OKLAHOMA
P.O. BOX 120
MCLOUD, OK 74851

FROM: **NAME OF APPLICANT**: _____

DATE: _____

RE: CONFLICT OF INTEREST

Per 24 CFR 1000.30 and the Housing Authority of the Kickapoo Tribe of Oklahoma Conflict of Interest Statement, this is to notify your office that I am requesting assistance through the Housing Authority of the Kickapoo Tribe of Oklahoma Storm Shelter Program.

Storm Shelter Program (2023)

I would like to disclose that I am considered a potential Conflict of Interest because I am related to or am a: (please check all that apply)

- ○ Employee of HAKTO
- ○ Member of the HAKTO Board of Commissioners
- ○ Member of the KTO Business Committee
- ○ "Immediate" Relative of a HAKTO employee
- ○ "Immediate" Relative of a HAKTO Board of Commissioners
- ○ "Immediate" Relative of a KTO Business Committee Member

_____ _____
Signature Date

_____ _____
Spouse Signature Date

PUBLIC DISCOLSURE NOTICE

TO: HOUSING AUTHORITY OF THE KICKAPOO TRIBE OF OKLAHOMA
P.O. BOX 120
MCLOUD, OK 74851

DATE: _____

RE: _____
NAME OF APPLICANT

Please list any relatives employed by Housing Authority Staff, or serving on the Housing Authority Board and/or KTO Business Committee:

Housing Staff: _____

Housing Board: _____

Business Committee: _____

The above has applied and has been determined eligible for services.
The nature and basis of the assistance to be provided as follows:

_____
_____
_____
_____
_____

Per 24 CFR 1000.30 a public disclosure must be made in accordance with the Housing Authority of the Kickapoo Tribe of Oklahoma Conflict of Interest Statement.

HAKTO

For Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Housing Authority of the Kickapoo Tribe of Oklahoma any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, 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, but are not limited to:

Identity and Marital Status
Employment, Income, and Assets
Residences and Rental Activity
Medical or Child Care Allowances
Credit 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 or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Veterans Administration
Retirement Systems
Banks and other Financial Institutions
Credit providers and Credit Bureaus
Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove the information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date signed.

SIGNATURES PRINT NAME

Head of Household: _____ _____ Date: _____

Spouse: _____ _____ Date: _____

Adult Member: _____ _____ Date: _____

Adult Member: _____ _____ Date: _____

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only ____ Initial ____ Annual ____ Interim ____ Occupancy Specialist _____

HAKTO

Unemployment Statement

Date: _____

TO WHOM IT MAY CONCERN:

I, _____, hereby state that I am not presently employed or receiving any other income.

My source of income is _____.

_____ _____

Applicant's signature Date

NOTARY:

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

_____

Notary Public Signature

Seal

_____

My Commission Expires