



**HAKTO**

**Housing Authority of the Kickapoo Tribe of Oklahoma**

P. O. Box 120  
101 N. Blackberry Road  
McLoud, OK 74851



(405) 964-6262 Main Office  
(405) 964-6263 Fax

# **HAKTO HOUSING APPLICATION**

## **INCOME REQUIREMENTS**

### **APPLICANTS MUST MEET INCOME LIMITS**

#### **RENTAL**

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

#### **HOMEOWNERSHIP**

Family Size	Minimum	Maximum	Family Size	Minimum	Maximum
<b>1</b>	\$24,960	\$58,352	<b>5</b>	\$38,520	\$90,029
<b>2</b>	\$28,560	\$66,688	<b>6</b>	\$41,400	\$96,698
<b>3</b>	\$32,100	\$75,024	<b>7</b>	\$44,220	\$103,366
<b>4</b>	\$35,640	\$83,360	<b>8</b>	\$47,100	\$110,035

**WE ONLY ACCEPT COMPLETE APPLICATIONS**

**INCOMPLETE APPLICATION WILL BE RETURNED OR FILED INACTIVE**

**WE DO NOT ACCEPT FAXED OR EMAIL APPLICATIONS**

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

- Photo identification for all household members over the age of 18.**
- CDIB and/or Tribal Enrollment Cards (for all Native American household members.)**
- Social Security Cards (all household members.)**
- State Birth Certificates (all household members.)**
- Marriage License/Divorce Decree/Custody Decree (if applicable.)**
- Declaration of 214 (all household members.)**
- Award Letters for Income: Social Security, SSI, Disability, Unemployment Benefits and Workman’s Comp, etc..... (If applicable.)**
- Any other documentation requested by the Kickapoo Housing Authority.**

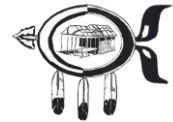
UPDATED: 05/05/2025

**MISLEADING INFORMATION MAY RESULT IN A REJECTION OF YOUR APPLICATION**



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**Application Process:**

1. Applicants will be screened for prior balances owed to any other Housing Authorities or prior landlords.
2. Applicants will be served with preference as listed:
  - Kickapoo Tribe of Oklahoma Members
  - Members of any other Federally recognized Tribe
3. Applicants **MUST** meet income requirements based on family size for the application to be processed.
4. Applicant and all household member(s), over the age of 18, are subject to a criminal background check.
5. Applicant of household members over the age of 62, disabled or handicapped with medical expenses will not be calculated until occupancy begins.

It is the applicant responsibility to:

- a. Update the applicant annually. Failure to update may result in your application becoming inactive.
- b. Notify the Housing Authority of any change in income, family composition and/or new contact information, such as mailing address and phone numbers.
- c. Answer all correspondence from Housing Authority.

**\*\*\*WHEN YOUR APPLICATION HAS BEEN SUBMITTED, WITH ALL SUPPORTING DOCUMENTS, 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 WAITING LIST. WHEN A UNIT BECOMES AVAILABLE, YOU WILL BE CONTACTED VIA PHONE OR MAIL.**

**CHECK BOX THE PROGRAM IN WHICH YOU ARE APPLYING FOR:**

- FAMILY RENTAL (HARRAH) **Circle One: 3bd 4bd 5bd**
- FAMILY RENTAL (VILLAGE WEST-SHAWNEE) **Circle One: 3bd 4bd**
- ELDER RENTAL (HARRAH) **2 bedrooms only**
- ELDER RENTAL (VILLAGE WEST - SHAWNEE) **2 bedrooms only**
- LEASE WITH OPTION TO PURCHASE (SHAWNEE) **3 bedrooms only**
- LEASE WITH OPTION TO PURCHASE (VILLAGE WEST-SHAWNEE) **Circle One: 3bd 4bd**

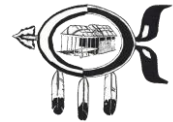
**WARNING!**

**ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN A FINE IMPRISONMENT AND/OR REJECTION OF YOUR APPLICATION.**



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**HAKTO Housing Application**

**(Please use Blue or Black Ink)**

Please circle:    MARRIED    SINGLE    DIVORCED    SEPARATED    WIDOWED

**LIST ALL PERSONS WHO WILL BE LIVING IN THE HOUSEHOLD:**

	NAME: LAST, FIRST, MI	RELATION	ENROLLED TRIBE	SEX	DATE OF BIRTH/BIRTHPLACE	SOCIAL SEC #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**\*\*Attention! If enrolled tribe is left blank or you did not attach a CDIB Tribal Enrollment Card, the person will not be listed as Native American.**

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Message Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently renting? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please provide the name and relationship of who you are currently living with: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Landlord Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current rent amount: \_\_\_\_\_ Reason for housing need: \_\_\_\_\_

**List your previous address and landlord information for the past five (5) years:**

**We must have a phone number and complete address for the landlord(s)**

1) Rental Address: \_\_\_\_\_ Date of Move In: \_\_\_\_\_ Move out: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Relative or Friend? Yes/No \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) Rental Address: \_\_\_\_\_ Date of Move In: \_\_\_\_\_ Move out: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Relative or Friend? Yes/No \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Rental Address: \_\_\_\_\_ Date of Move In: \_\_\_\_\_ Move out: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Relative or Friend? Yes/No \_\_\_\_\_

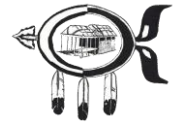
Landlord Address: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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Are you or any family member handicapped or disabled? Yes \_\_\_\_\_ No \_\_\_\_\_  
Certified disability? Yes \_\_\_ No \_\_\_ Wheelchair? Yes \_\_\_ No \_\_\_  
Are you currently displaced? Yes \_\_\_ No \_\_\_  
Reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ If so, which branch: \_\_\_\_\_

List Two (2) personal reference (must NOT be related):

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
How long acquainted? \_\_\_\_\_ How long acquainted? \_\_\_\_\_

List Two (2) Relative:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship? \_\_\_\_\_ Relationship? \_\_\_\_\_

Income Information:

**Head of Household:**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Position: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Pay per Hour: \$ \_\_\_\_\_

**Spouse/other Adult:**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Position: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Pay per Hour: \$ \_\_\_\_\_

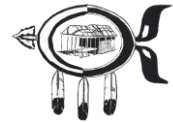
**Other Adult:**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Position: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Pay per Hour: \$ \_\_\_\_\_



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Have you ever filed an application with the Kickapoo Housing Authority before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, when? \_\_\_\_\_

Have you ever filed an application with any other Housing Authority? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which Housing Authority? \_\_\_\_\_

Have you ever lived in Low Rent Housing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which one? \_\_\_\_\_ When? \_\_\_\_\_

Have you or your spouse ever lived in a Mutual Help home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which Housing Authority? \_\_\_\_\_ When? \_\_\_\_\_

Have you or any member of your family ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain the circumstances: \_\_\_\_\_

Have you or any member of your family ever owned a home? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you now buying? \_\_\_\_\_ sold a home? \_\_\_\_\_ Repossessed? \_\_\_\_\_

Have you or any member of your family been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Person(s): \_\_\_\_\_

Crime Committed \_\_\_\_\_ How long ago? \_\_\_\_\_

Is the person(s) listed above currently on probation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you or any member of your household have any pending charges? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of person(s): \_\_\_\_\_

List pending charges: \_\_\_\_\_

**\*\*\*Important Notice\*\*\***

**NO PETS of any kind are allowed in any of the Rental units.**

I have answered every question and filled in all the requested information to the best of my knowledge and ability. No fraudulent statements have been made or implied, and I have no objections to inquiries being made for the purpose of verification of statements made herein. I fully understand that false statements are subject to prosecution and/or rejection of my application.

By signing this application, I agree to allow a home visit and to provide any additional information requested.

I understand that it is my responsibility to update my application at least once a year and that I must notify the Housing Authority of any changed of address, phone number(s), income, or family composition and to answer any correspondences that the Housing authority sends to me.

I understand that failure to do so will result in this application being terminated.

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Spouse/Other Adult Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Other Adult Signature:

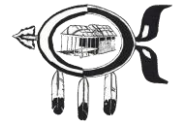
\_\_\_\_\_  
Date:

\_\_\_\_\_  
Other Adult Signature:

\_\_\_\_\_  
Date:



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**NOTIFICATION OF POTENTIAL OR APPEARANCE OF CONFLICT OR INTEREST**

TO: HOUSING AUTHORITY OF THE KICKAPOO TRIBE OF OKLAHOMA  
 P.O. BOX 120  
 MCLLOUD, 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 Policy, this is to notify your office that I am requesting assistance through the Housing Authority of the Kickapoo Tribe of Oklahoma program (check all that apply)

- Lease with Option to Purchase Program
- Low Rent Housing Program

I would like to disclose that I am considered a potential Conflict of Interest because I am related to or am a:

- 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

Do you have an immediate family tie to any of the above-mentioned individuals?

Yes – If, yes please list their name and their relationship to you.

\_\_\_\_\_  
 No

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## PUBLIC DISCLOSURE NOTICE

To: Housing Authority of the Kickapoo Tribe of Oklahoma

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 Policy.



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**ATTN: FOR HEAD OF HOUSEHOLD'S SIGNATURE ONLY, PLEASE REQUEST ADDITIONAL FORMS FOR ALL OTHER HOUSEHOLD MEMBERS AT OFFICE**

## DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenant: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance, must be lawfully within the United States. Please read the Declaration statement carefully and sign. 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 appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States.
- I have eligible immigration status and I am 62 years of age or older. Attach proof of age.
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigration status under 101 (a)(15) or 101 (a)(20) of the Immigration and Nationality Act (INA)
  - Permanent residence under 249 of the INA.
  - Refugee, asylum or conditional entry status under 207, 208, or 203 of the INA.
  - Parole status under 212 (d)(5) of the INA.
  - Threat to life or freedom under 243 (h) of the INA.
  - Amnesty under A of the INA.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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

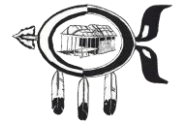
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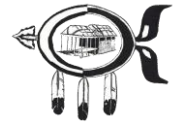
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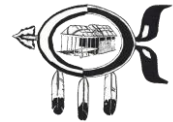
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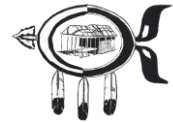
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**AUTHORIZATION  
For Release of Information**

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) | Past and Present Employers<br>Welfare Agencies | Veterans Administration<br>Retirement Systems |
| Courts and Post Offices                                | State Unemployment Agencies                    | Banks and other Financial Institutions        |
| Schools and Colleges                                   | Social Security Administration                 | Credit providers and Credit Bureaus           |
| Law Enforcement Agencies                               | Medical and Child Care Providers               | Utility Companies                             |
| Support and Alimony Providers                          |  |   |

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.

	<u>SIGNATURES</u>	<u>PRINT NAME</u>	
Head of Household:	_____	_____	Date: _____
Spouse:	_____	_____	Date: _____
Adult Member:	_____	_____	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 HAKTO**

**Housing Authority of the Kickapoo Tribe of Oklahoma**

P. O. Box 120  
101 N. Blackberry Road  
McLoud, OK 74851



(405) 964-6262 Main Office  
(405) 964-6263 Fax

**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



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Applicant's signature

\_\_\_\_\_  
Date

**NOTARY:**

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

\_\_\_\_\_  
Notary Public Signature

Seal

\_\_\_\_\_  
My Commission Expires