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
1	$5,500	$59,850	**5**	$14,524	$92,300
2	$7,756	$68,400	**6**	$16,780	$99,150
3	$10,012	$76,950	**7**	$19,036	$106,000
4	$12,268	$85,450	**8**	$21,292	$112,800

HOMEOWNERSHIP

Family Size	Minimum	Maximum	Family Size	Minimum	Maximum
1	$24,960	$59,850	**5**	$38,520	$92,300
2	$28,560	$68,400	**6**	$41,400	$99,150
3	$32,100	$76,950	**7**	$44,220	$106,000
4	$35,640	$85,450	**8**	$47,100	$112,800

WE ONLY ACCEPT COMPLETE APPLICATIONS
INCOMPETE 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 APPICATION 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 households 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: 07/01/2026

ANY FALSE OR 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 MUST meet income requirements based on family size for the application to be processed.
3. Applicant and all household member(s), over the age of 18, are subject to a criminal background check.
4. Applicant of household members over the age of 62, disabled or handicapped with medical expenses will not be calculated until occupancy begins.
5. **Tiny Home applicants only**: Single, College student, or married couples are eligible to apply for this program. No children under the age of 18 years old.

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 (DEER HILLS) **Circle One: 3bd 4bd 5bd**
□ FAMILY RENTAL (VILLAGE WEST-SHAWNEE) **Circle One: 3bd 4bd**
□ ELDER RENTAL (KICKAPOO VALLEY) **2 Bedroom only**
□ ELDER RENTAL (DEER HILLS) **2 bedroom only**
□ ELDER RENTAL (VILLAGE WEST - SHAWNEE) **2 bedroom only**
□ LEASE WITH OPTION TO PURCHASE (SHAWNEE) **3 bedrooms only**
□ LEASE WITH OPTION TO PURCHASE (VILLAGE WEST-SHAWNEE) **Circle One: 3bd 4bd**
□ TINY HOME (VILLAGE WEST) **1 Bedroom only**

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: _____
Address: _____
City: _____ State: _____ Zip _____
Phone #: _____
How long acquainted? _____

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

List Two (2) Relative:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Relationship? _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
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 he 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 age? _____
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 change 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 inactive.

_____ _____
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
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 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.

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

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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
Medical or Child Care Allowances
Employment, Income, and Assets
Credit and Criminal Activity
Residences and Rental 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: _____
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 _____

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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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