



**Modoc Housing Authority
Independent Elder Housing Program
22 N Eight Tribes Trail
Miami, OK 74354
Phone: 918-542-8175 Fax: 918-542-5415**

Unit Site Location: Modoc Valley, Wyandotte OK 74354

Please read carefully: All required Information must be received for your application to be processed and entered on the waiting list.

- Application- Signed and dated by all household members.
- Copy of Social Security Cards for all household members
- Copy of Tribal Membership and CDIB Cards
- Family Summary Sheet, completed.
- Income Verification- all household members
- Current agency income benefit letter from agencies who provide financial assistance, such as SS, SSI, DHS, VA, PENSIONS, ANNUITIES, UNEMPLOYMENT, ECT on all family members regardless of age.
- If applicable, attach copies of DD_214 forms from the Veterans Administration
- If applicable, attach copies of Disability Verification from a physician, S.S.A or V.A

1. Application Information:

First	Middle	Last	Maiden	Date:
Physical Address: Street		City	State	Zip
Mailing Address: Street		City	State	Zip
Marital Status: Married, Single, Divorced, Widowed, Separated				Roll#:
Email Address:			How long at this physical address?	Date of Birth:

Present Housing: Rent _____ Own _____ Buying _____ Living with Relatives _____

If renting or buying:

Name of Landlord or Mortgage Holder: _____

Address: _____

City _____ State _____ Zip _____

Telephone Number: _____

If living with Relatives:

Name of Relative _____ Relation _____

Address: _____

City _____ State _____ Zip _____

Telephone Number _____

Previous Address: _____ City _____ State _____ Zip _____

How long ? _____

Do you currently reside in a government subsidized housing or receive government housing assistance? Yes _____ No _____ If so by whom, where, and when? _____

Have you or your spouse ever been evicted? Yes _____ No _____

If yes, describe _____

Have you or your spouse ever been asked to vacate? Yes _____ No _____

Sued for non-payment for rent? Yes _____ No _____

Convicted a felony? Yes _____ No _____

Do you request a unit with special design features for disabled household members? Yes _____ NO _____

If yes, please explain: _____

Are any of the listed household member's veterans? Yes _____ NO _____

Do you have a pet? Yes _____ No _____ If yes, how many: _____ Type of animal: _____

Is there a possible Conflict of Interest? (Please see attached Conflict of Interest Policy for definitions)

Yes _____ No _____

If yes, please explain: _____

Total number of persons to be living in the home: _____

(MUST BE 55 OR OLDER TO BE ALLOWED TO LIVE IN ELDERLY HOUSING.)

NAME: LAST, FIRST, MI	SEX	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY #	TRIBE	MEMBER #
		SELF				

For additional household members, please fill out the information above on an attachment

Family Income

Member with income	Annual wages	SS	SSI	V.A Benefits	TANF	Unemployment	Aid to the disable	Other

For additional household member incomes please fill out the information above on an attachment.

In case of an emergency, please notify:

Name: _____ Relationship _____

Address: _____ Telephone (____) _____

In case of a serious illness, accident, or death, is this person authorized to enter and remove all of resident's personal property? Yes _____ No _____

I understand this application is valid for 3 years, to remain on the waiting list, I understand it is my responsibility to update my application.

_____ Applicants Initials

I/We, the applicant(s) certify that the housing I/we will occupy is/will be my permanent residence. I/we further certify that I do/will not maintain a separate home in a different location.

_____ Applicants Initials

I/we hereby give permission for Modoc Housing Authority and other entities to release and receive client information within Modoc Housing Authority/Programs, and other entities, to be used to benefit and assist in determining my eligibility for services.

_____ Applicants Initials

I have answered all questions to the best of my ability and knowledge and authorize Modoc Housing Authority to communicate with the above individuals and /or companies in processing my application. THIS APPLICATION IS NOT A BINDING CONTRACT AND DOES NOT BIND EITHER PARTY. The above information is true and correct, and I realize falsification is automatic reason for this application to be null and void and the applicant shall be considered ineligible for the program. Punishable by Section 1001 of Title 18 of the U.S. Code which makes it a criminal offense to make willful, false statements for misrepresentations of any material fact involving the use or obtaining of federal funds.

Applicant

Spouse/Other

Date

Date

OFFICE USE ONLY:

DATE: _____ **TIME:** _____

Authorized Signature

MODOC HOUSING AUTHORITY
EMPLOYMENT INCOME VERIFICATION

The Modoc Housing Authority is required by HUD to verify the income of all prospective renters/homeowners. The person identified below has informed us that he/she is now or has been, within the past twelve months, employed by your firm. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

Director

THIS SECTION TO BE COMPLETED BY APPLICANT:

NAME: _____

I authorize _____ (Employer) to give the Modoc Housing Authority information they need in regard to employment. I release the above-named agency from all liability in relation to the release of such information.

Employee's Signature: _____ Date: __ / __ / __.

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY:

Employed from _____, 20 ____ to _____, 20 ____

Occupation _____ Employment is: Permanent ____
Temporary ____
Seasonal ____

Current rate of pay: \$ _____ per _____

Average number of hours per week: _____ Full Time? ____

Earnings during past 12 months, or the period of employ if less than 12 months \$ _____

Estimated amount of commissions, if applicable: \$ _____ per _____

Anticipated guaranteed earnings in the next 12 months: \$ _____

Date: ____ / ____ / 20 ____

Company Name: _____

Address: _____

City/State/Zip: _____

Completed By: _____

Telephone #: _____

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AFFIDAVIT

CONFLICTS OF INTEREST: Are you or any household member related by blood to any Modoc Housing Authority Employee, Modoc Housing Authority Board of Commissioner, Modoc Tribal Council member, or Modoc Tribal Business Office employee? YES _____
NO _____

If YES, explain who and how related _____

DRUGS & ALCOHOL: Does any household member have a history of drug and alcohol crimes or any other criminal history? YES _____ NO _____

If YES, explain who and what circumstances _____

HOUSING: Has applicant or spouse ever participated in Mutual Help, Low Rent, Section 8, or any HUD housing programs before? YES _____ NO _____

If YES, explain _____

I (We), being of lawful age, do declare that all answers and information stated above to be true, current, and accurate.

DATED: ___ / ___ / _____

NAME (print) _____ SIGNED _____

NAME (print) _____ SIGNED _____