

PHOTOSTAT COPIES OF ALL  
CDIB CARDS ALL HOUSEHOLD  
MEMBERS REQUIRED TODAY

MODOC HOUSING AUTHORITY  
RENTAL APPLICATION

YOUR CURRENT LANDLORD:

NAME: \_\_\_\_\_

Phone: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_  
First Middle Initial Last

Maiden Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alt.Ph: \_\_\_\_\_

Address \_\_\_\_\_

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

Total number of people in household \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

Complete information for every person who would live in the rental unit including the name listed above.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_ Membership # \_\_\_\_\_

S.S. # \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_ Membership # \_\_\_\_\_

S.S. # \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_ Membership # \_\_\_\_\_

S.S. # \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_ Membership # \_\_\_\_\_

S.S. # \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

MODOC Housing Authority  
416 'H' Street, S.E.  
Miami, OK. 74354

Phone: 918-542-8175  
FAX #: 918-542-8191

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_  
Tribal Affiliation \_\_\_\_\_ Membership # \_\_\_\_\_  
S.S. # \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_  
Tribal Affiliation \_\_\_\_\_ Membership # \_\_\_\_\_  
S.S. # \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_  
Tribal Affiliation \_\_\_\_\_ Membership # \_\_\_\_\_  
S.S. # \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_  
Tribal Affiliation \_\_\_\_\_ Membership # \_\_\_\_\_  
S.S. # \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

**Attach additional pages if necessary.**

- **What is your current housing situation?**

Renting \_\_\_\_\_ Own Home \_\_\_\_\_  
Other, explain \_\_\_\_\_

- **What is your current Landlord's Name?**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

- **Have you applied for housing assistance from HUD or any Indian Tribe?**

Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type of assistance? \_\_\_\_\_

- **Have you ever received any type of housing assistance?  
(rental, ownership, housing improvement ... )**

Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type of assistance \_\_\_\_\_

- **Do you require a handicap accessible home?**

Yes \_\_\_\_\_ No \_\_\_\_\_

- **Do you have any special housing requests? (area of town, type of home, other)**

Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

- **Do you have any inside / outside pets? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, is animal inside \_\_\_\_\_ or outside \_\_\_\_\_?

# References:

## Employment Reference #1

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

## Employment Reference #2

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

## Credit Reference #1

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

## Credit Reference #2

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

## CURRENT LANDLORD

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone( ) \_\_\_\_\_ - \_\_\_\_\_

# Household Income

List every source of income from all persons in household.

- **Employment Income**

Employment income: \$ \_\_\_\_\_ Monthly Gross  
Employee's name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
How long at this job? \_\_\_\_\_

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Employer: \_\_\_\_\_  
How long at this job? \_\_\_\_\_

Employment income: \$ \_\_\_\_\_ Monthly Gross  
Employee's name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
How long at this job? \_\_\_\_\_

- **Other Income. List income from all other sources, child support, S.S. , etc. :**

Other Income: \$ \_\_\_\_\_ Monthly Gross  
Income source \_\_\_\_\_  
Person receiving income \_\_\_\_\_

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Income source \_\_\_\_\_  
Person receiving income \_\_\_\_\_

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