



**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:

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

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

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**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 \_\_\_\_\_