



**22 N Eight Tribes Trail
Miami, OK 74354
PH: 918-542-8175 Fax: 918-542-5415**

MODOC HOUSING AUTHORITY RENTAL APPLICATION

The following are required when applying:

Rental Application

Birth Certificates (everyone living in the home)

Copies of CDIB/Tribal Enrollment Cards (Everyone Living in Home)

Copies of Social Security Cards (Everyone Living in Home)

Copies of Driver's License (All Drivers in Home)

Income Verification Form (all those 18 and older)

Zero Income Certification (all those 18 and older)

Proof of Income- Provide proof of income for all household members eighteen (18) years and older that reside in the home. (Form attached for employer to complete)

1. Must include previous month's pay stubs. Other proof of income includes: Social Security statements, Social Security award letter for the current year, Retirement benefits letter for the current year, VA benefits statement dated within the last year, letter from Child Support Division and/ or Divorce Decree, or notarized custody papers signed by the non- custodial parent, Department of Human Service (DHS), Alimony, Royalties, Per Capita payments, Interest, and Individual Indian money ledgers. If unemployed provide documentation from State Employment office.

2. Current Tax return

3. If self employed, you must provide current tax return with all schedules

Conflict of Interest Form (*Signed*)

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Date ___ / ___ / _____

MHA staff : _____ Date received: _____

Name: _____
 First Middle Name Last

Maiden Name: _____

Telephone: _____ Alt.Ph: _____ Email: _____

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. Once the application is approved it is the responsibility of the applicant to notify and update with MHA once a year. Failure to comply will result in the application becoming inactive and will be removed from the waiting list and you will have to reapply.

First Name: _____ Middle Name: _____ Last: _____ Tribal Affiliation _____ Membership # _____ S.S. # _____ Age: _____ DOB _____ Male/Female
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Attach additional pages if necessary.

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

Renting _____ Own Home _____
Other, please explain _____

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

Name: _____

Phone: _____

Address: _____

- **What is your Previous Landlord's Name for the Past 5 years?**

Address: _____
Landlord Name: _____
Landlord Phone: _____
Date From: _____ To: _____
Reason for Moving: _____

Address: _____
Landlord Name: _____
Landlord Phone: _____
Date From: _____ To: _____
Reason for Moving: _____

Address: _____
Landlord Name: _____
Landlord Phone: _____
Date From: _____ To: _____
Reason for Moving: _____

Address: _____
Landlord Name: _____
Landlord Phone: _____
Date From: _____ To: _____
Reason for Moving: _____

Address: _____
Landlord Name: _____
Landlord Phone: _____
Date From: _____ To: _____
Reason for Moving: _____

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? _____

- **Have you or a family member ever been evicted?**

Yes _____ No _____

If yes, please explain: _____

- **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, please explain:

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

Yes _____ No _____

If yes, please 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 () _____ - _____

Personal Reference #1

Name: _____

Address _____

Phone () _____ - _____

Personal Reference #2

Name: _____

Address _____

Phone () _____ - _____

IN CASE OF AN EMERGENCY NOTIFY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____ ALT PHONE: _____

Household Income

List every source of income from all persons in household.

Note: A minimum of one person living in the home must maintain a 32-hour per week, minimum wage job to be eligible for housing (exclusions and exceptions will be made for students, elderly and the disabled applicants). Or at least one household member must maintain at a minimum any reliable sources of income equivalent to a full-time, minimum wage job during the entirety of the lease.

- **Employment Income**

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

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Employee's name: _____
Employer: _____
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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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**MODOC HOUSING AUTHORITY
22 N EIGHT TRIBES TRAIL
MIAMI, OK 74354
(918)542-8175**

**Certification of Zero Income
(To be completed by all adult household members only, if applicable)**

1. I hereby certify that I do not individually receive income from any of the following sources:

- a) Wages from employment (including commissions, tips, bonuses, fees, etc.)
- b) Income from operation of a business
- c) Rental income from real or personal property.
- d) Interest or dividends from assets.
- e) Social Security payments, insurance policies, retirement funds, pensions, or death benefits.
- f) Unemployment or disability payments.
- g) Public assistance payments.
- h) Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
- i) Sales from self-employment resources (Avon, Mary Kay, etc.).
- j) Any other source not named above

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in the certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant

Printed Name of Applicant

Date

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Signature of Applicant

Printed Name of Applicant

Date

MODOC HOUSING AUTHORITY
EMPLOYMENT INCOME VERIFICATION

The Modoc Housing Authority is required by HUD to verify the income of all prospective renters / home owners. 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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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 an applicant or spouse ever participated in Mutual Help, Low Rent, Section 8, or any HUD housing programs before? YES _____ NO _____

If YES, who and explain _____

I (We), being of lawful age, do declare that all answers and information stated above to be true, current, and accurate to the best of my knowledge. I understand that the information provided is used to determine eligibility and does not necessarily qualify me for the program. I give permission to Modoc Housing Authority to make inquiries for the purpose of verification of statements made in this application, including inquiries with any current or former landlords or employers. I understand that providing false information may disqualify me or could result in the Housing Authority evicting me from any premises that it later leases to me. (Must be signed by everyone in the household 18 and older)

DATED: ___ / ___ / _____

NAME (print) _____ SIGNED _____

NAME (print) _____ SIGNED _____

NAME (print) _____ SIGNED _____