

**QUAPAW TRIBE HOUSING PROGRAM CHECKLIST**  
**Documentation Required for Application to be Processed**  
**(For Enrolled Tribal Members Only)**

\_\_\_ 1. Completed application

All questions must be answered or marked with “N/A”. All documentation on this checklist must be submitted with application. Do **not** submit original documents. Make copies.

\_\_\_ 2. Income Verification

Proof of income from all household members over 18. This will require the completion of an employment verification form for each household member employed. Unearned income such as Social Security, retirement, Disability, child support, etc. would require a letter from the organization paying the benefits stating the amount received.

\_\_\_ 3. Social Security Cards and Tribal Enrollment Cards for all household members

\_\_\_ 4. All household members over 18 need to sign the “Authorization to Release Information” form attached to the application as background checks will be conducted.

\_\_\_ 5. To claim veteran status, you must submit a copy of your DD-214.

NOTE: Applicants may use their tribal services utility allocation for deposits and utilities until it is depleted for the year.

If you have questions or need assistance completing this application, call the Housing Department at 918-542-1430

## Quapaw Tribe Housing Application – Tribal Members Only

### Applicant Information

Name:		Date/Time Application Rec'd:	
Tribal Affiliation:	Roll #:	Received by:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own	Rent	(Please	Monthly payment or rent:
			How long?
Previous address:			
City:	State:	ZIP Code:	
Owned	Rented	(Please	Monthly payment or rent:
			How long?

### Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly	Salary	(Please circle)
		Annual income:	

### Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

### Co-Applicant Information

Name:			
Tribal Affiliation:		Roll #:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own	Rent	(Please	Monthly payment or rent:
			How long?
Previous address:			
City:	State:	ZIP Code:	
Owned	Rented	(Please circle)	Monthly payment or rent:
			How long?

### Co-Applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly	Salary	(Please circle)
		Annual income:	

### References

Name:	Address:	Phone:

### General Information

Does anyone in your household, who is a permanent resident listed in this application, have a severe health problem?		
Yes	No	(Circle)
If yes, please provide name and brief explanation:		

Have you or any member of your household been a previous tenant of the former Quapaw Tribe Family Emergency Housing Program (FEMA trailers)?  Yes  No If yes, did you leave in good standing?  Yes  No

Have you, or any member of your household, been convicted of any felonies?  Yes  No If yes, list person this applies to: \_\_\_\_\_

Are you or any member of your household a veteran?  Yes  No If yes, list the veteran \_\_\_\_\_

**LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD ON A PERMANENT BASIS WITH YOURSELF**

Name	Date of Birth	Relationship	Social Security #

**INCOME INFORMATION**

- EARNED INCOME:** Starting with the applicant, list all permanent household members 18 years old and above, who have earned income. Provide W-2 forms, wage stubs, etc. for income verification.

Name	Annual Income	Source	Comments

**TOTAL ANNUAL EARNED INCOME:** \$ \_\_\_\_\_

- UNEARNED INCOME:** Starting with the applicant, list all permanent household members 18 years old and above, who have unearned income, such as Social Security, retirement, disability, unemployment benefits, child support, alimony, royalties, per capita payments, interest, or etc. . Provide check stubs, statements, Individual Indian Money (IIM) ledgers, etc.

Name	Annual Income	Source	Comments

**TOTAL ANNUAL UNEARNED INCOME:** \$ \_\_\_\_\_

**TOTAL COMBINED INCOME:** \$ \_\_\_\_\_

**BY SIGNATURE BELOW, I/(WE), AUTHORIZE LANDLORD TO PERFORM CREDIT AND CRIMINAL BACKGROUND CHECKS AND TO VERIFY THE INFORMATION PROVIDED ON THIS FORM. I/(WE) CERTIFY THAT ALL OF THE INFORMATION GIVEN ABOVE IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND IS GIVEN IN GOOD FAITH. I HAVE RECEIVED A COPY OF THIS APPLICATION.**

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Co-Applicant's Signature Date

Please return completed application to:

**QUAPAW TRIBE OF OKLAHOMA  
ATTN: HOUSING DEPARTMENT  
P.O. BOX 765  
QUAPAW, OKLAHOMA 74363  
(918) 542-1430**

**Approve by QTBC on 1/17/16**

**QUAPAW TRIBE OF OKLAHOMA HOUSING DEPARTMENT**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct the Quapaw Tribe of Oklahoma Housing Department to gather any information or materials needed to complete and verify my application for participation in and/or to maintain my continued participation in their housing assistance program(s).

**INFORMATION COVERED**

I understand that 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 | Residences and Rental Activities |
| Credit and Criminal Activity   |                                  |

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

- |                                |   |
|--------------------------------|---|
| Previous Landlords             | 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 System                       |
| Utility Companies              | Banks, Credit Bureaus, Credit Providers |

Authorization includes, but is not limited to the above groups.

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Department and will stay in effect for a year and one month from the date signed.

\_\_\_\_\_  
Head of Household                      Date

\_\_\_\_\_  
Spouse                                      Date

\_\_\_\_\_  
Other Adult                              Date

\_\_\_\_\_  
Other Adult                              Date

**Quapaw Tribe Housing Department**  
**Confidentiality Policy**

1. Any and all documents and information related to any housing program provided by any applicant to the Quapaw Tribe Housing Department, whether the Applicant is eligible or not, shall be maintained in strict confidentiality for a period of three fiscal years after such documents and information are submitted to the Quapaw Tribe Housing Department. After three fiscal years, such records will be deemed to be destroyed whether they are in fact destroyed.
2. The Quapaw Tribe Housing Department, and any employees working for or with the Quapaw Tribe Housing Department, shall only use the documents and information submitted to the Quapaw Tribe Housing Department under this program for the purposes of determining eligibility or preference status.
3. Any and all documents and information related to any housing program provided by any applicant to the Quapaw Tribe Housing Department shall be maintained by the Director in a locked and secure location. The Director of the Quapaw Tribe Housing Department shall ensure and maintain the confidentiality of all records.
4. Further, the existence of information identifying any Applicant making any application to the Quapaw Tribe Housing Department under any Housing Program shall be maintained confidentially by the Quapaw Tribe Housing Department, and such Applicant's identity shall not be revealed to any person unless necessary to effectuate the purposes of the Quapaw Tribe Elder Housing Program.