

NAHASDA REHAB ASSISTANCE APPLICATION CHECKLIST

THE FOLLOWING DOCUMENTATION IS REQUIRED IN ORDER TO DETERMINE YOUR ELIGIBILITY FOR HOUSING ASSISTANCE:

- _____ 1. **A completed application. (All questions must be answered and all eligibility documentation must be submitted. Do not submit original documents. Make copies.)**
- _____ 2. Tribal Enrollment Cards and Certificate of Degree of Indian Blood Cards for all household members, if applicable.
- _____ 3. Social Security Cards (for all persons in the household).
- _____ 4. Income verification. Proof of income from **all** members of the household over the age of 18 is needed to determine the projected household income for the next twelve months. A Statement from employer projecting your earnings for the next twelve months or the employment verification form (attached). This would also include unearned income such as Social Security, AFDC, Retirement, child support, etc. These would require a letter from the Department of Human Services, V.A., Social Security, SSI, etc. If unemployed, a letter from State Employment Office or a notarized statement that you do not have income.
- _____ 5. Ownership of the residence/land must be provided with a copy of a Warranty deed, gift deed, trust-title, or trust-patent **OR** if applicant owns an undivided interest in the home or property, a 25-year lease signed by all undivided owners must be provided.
- _____ 6. Applicant must be (18) years of age to apply **OR** a non-Quapaw applicant who has legal custody of Quapaw children residing in the home must be 18 years of age (proof of birth date required).
- _____ 7. Applicant must occupy proposed residence **OR** be temporarily residing elsewhere (renting, leasing, living with family or friends) and requires rehab services in order to reside at the residence. Residence must be within the Tribe's service area which is defined as all of Ottawa County and within fifty miles of the Quapaw Tribal Complex extending into Kansas and Missouri.

NOTE: You will be required to sign grant and security agreements before assistance is provided. Term of the grant will be determined by the grant amount through our Useful Life and Binding Commitments Policy. Hazard insurance coverage is required on all homes to be rehabilitated and proof of insurance will need to be provided to our office before the project begins. This insurance will need to be retained throughout the term of the grant agreement. For replacement or new construction/acquisition projects, hazard insurance must be obtained and proof provided before move in and must be retained throughout the term of grant agreement.

SUBMITTING AN APPLICATION DOES NOT GUARANTEE PROGRAM APPROVAL FOR SERVICES. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT JEANNIE GLEAVES IN THE HOUSING DEPARTMENT MONDAY THRU THURSDAY, 8-12:00 AND 1-5:00 P.M. OR ON FRIDAYS 8-12:00 AND 1-4:00 P.M. THE PHONE NUMBER IS 918-542-1430.

IF YOU ARE DETERMINED ELIGIBLE FOR ASSISTANCE, YOUR APPLICATION WILL BE PLACED ON THE WAITING LIST. YOU WILL BE RESPONSIBLE FOR NOTIFYING THE QUAPAW TRIBE HOUSING DEPARTMENT OF ANY CHANGE IN HOUSEHOLD SIZE, INCOME, CHANGE OF RESIDENCE, MAILING ADDRESS, AND PHONE NUMBER. IF WE ARE UNABLE TO CONTACT YOU USING THE INFORMATION CONTAINED IN OUR FILES, YOUR APPLICATION MAY REACH INACTIVE STATUS AND WILL BE REMOVED FROM THE WAITING LIST.

Revised 5/18/18

QUAPAW TRIBE HOUSING DEPARTMENT
P.O. Box 765
Quapaw, OK 74363
PHONE: 918-542-1430 FAX: 918-542-5871
APPLICATION FOR
NAHASDA REHABILITATION SERVICES
(For the rehabilitation/replacement of Privately Owned Homes)

To be considered a complete application, all questions must be answered and all eligibility documentation must be submitted. Do not submit original documents. Make copies.

A. APPLICANT INFORMATION

FOR OFFICE USE ONLY
Received by: _____
Date: _____
Time: _____

Name

Address

Mailing Address if different from above

Phone Number

City, State, Zip Code

Emergency Contact: (Name, Address, Phone)

B. HOUSEHOLD COMPOSITION (List all persons living in household.)

Names of all HH Members (Last, First,)	Relation to Head	Sex M/F	Date of Birth	Social Security#	Indian Y/N	List Tribe	Tribal Enrollment #
1.	Head						
2.	Spouse						
3.							
4.							
5.							
6.							
7.							
8.							

Does anyone in your family, who is a permanent resident listed under Part B of this application, have a severe health problem, handicap, or permanent disability? ___Yes ___No

If yes, please provide name of family member and brief description of condition.

Name of Family Member	Brief Description of Condition
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Is anyone in your family/household, who is a permanent resident listed under Part B of this application, a veteran?
___Yes ___No

If yes, please provide the following: Service Period: From _____ to _____ Branch of Service: _____

Is anyone listed in Section B of this application an employee of the Quapaw Tribe Housing Department or an immediate relative of an employee of the Quapaw Tribe Housing Department? ___Yes ___No If yes, please explain. _____

(Note: Immediate family is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents of the employee or his/her spouse and grandchildren of the employee or "foster" or "step" situations within these relationships.)

C. HOUSEHOLD INCOME

Household Member	Employer	Weekly Wages	Welfare TANF AFDC	Child Support Received	Social Security Benefits	Unemployment Benefits	All Other Income
1.		\$	\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$	\$

D. HOUSING INFORMATION

Location of the house to receive rehabilitation assistance. (Give address and detailed directions to this house.) **Draw map on back of this page**

Do you own or lease this house? ___Own ___Lease

Is the deed in your name? ___Yes ___No

Do you have an existing mortgage? ___Yes ___No

Is this a mobile home? ___Yes ___No

If this is a mobile home, is it tied down, axles and tongue removed, on a permanent foundation and are the exterior walls greater than three inches? ___Yes ___No

Is this house located in a flood zone? Yes___ No___

Is the house you are requesting assistance for your principal residence? ___Yes ___No

Do you own any other houses? ___Yes ___No If yes, give location_____

What year was your home constructed? _____

How long have you owned and resided in your home? _____

Was your home built by the Quapaw Tribe Housing Department? ___Yes ___No When? _____

Do you have hazard insurance on your home? ___Yes ___No

Insurance Agent Name/Address _____

Phone: _____ Policy # _____

Has this home ever received substantial rehabilitation under any Quapaw Tribe of Oklahoma assistance program?

___Yes ___No When: _____

Name of Program: _____ Amount: \$ _____

Have you ever applied for Federal funds to receive housing improvement assistance? ___Yes ___No

If yes, with what program? _____

Has anyone listed under Section B of this application ever been convicted or pleaded guilty in any Court to any drug related criminal activity during the past five years? ___Yes ___No

If yes, list name and explain: _____

Has anyone listed under Section B of this application ever been convicted or pleaded guilty in any Court to any drug related Violent Crime in the past five years? Yes No

If yes, list name and explain: _____

Has anyone listed under Section B of this application ever committed fraud in connection with any Federal or Tribal housing program? Yes No

If yes, list name and explain: _____

E. LAND INFORMATION

Do you own land only? Yes No If yes, give brief description (lot size, acreage, improvements, etc.)

Give location/address of the land: _____

Is the land located in a flood zone? Yes No

Is the deed in your name? Yes No

Do you have an existing mortgage? Yes No

What is the current status of the land?

Fee Public Domain Tribal Fee Individual Trust Land Tribal Trust Land

Individually Restricted Native Restricted Tribally Restricted Other

F. REPAIR INFORMATION

Give a brief description of the housing repairs for which you are applying that concern safety, sanitation and security issues:

G. TYPE OF HOUSING SERVICES AVAILABLE

Terms: Rehabilitation and replacement assistance will have a deed restriction that prohibits the sale of the home as determined by the Useful Life and Binding Commitments (ULBC) Policy. This is a one-time only assistance. This program is available for applicants whose income falls at or below 70% of the National Median Income Guidelines as published by HUD.

Rehabilitation Assistance: The rehabilitation grant program provides rehab grant assistance which addresses safety, security and sanitation issues not to exceed \$50,000 per unit as determined by the Quapaw Tribe Housing Department. Repairs may include, but are not limited to, roofs, internal plumbing, interior repairs, exterior repairs, installation of handrails, installments of amenities to meet 504 requirements, etc. The privately-owned home must have hazard insurance coverage during the time of rehabilitation and throughout the term of the grant agreement. Repayment of entire grant will be required if house is sold within the first five years. If the house is sold after the first five years, but before the expiration of the grant agreement, repayment will be determined by the Useful Life and Binding Commitments Policy.

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Replacement Assistance: If the condition of a home requires rehabilitation in excess of \$50,000 as determined by the Quapaw Tribe Housing Department, the home may be replaced through either new construction or acquisition. The privately-owned home must have hazard insurance coverage during the time of rehabilitation and throughout the term of the grant agreement. If the home is sold within the first five years, repayment of the entire grant will be required. If the house is sold after the first five years of the grant agreement but before the expiration of the grant agreement, repayment will be determined by the Useful Life and Binding Commitments Policy.

New Construction/Acquisition: If you do not own a home but own land only, grant assistance may be provided for new construction of a home or acquisition of a modular home. (New construction or acquisition will be determined by the Quapaw Tribe Housing Department.) You will be required to obtain hazard insurance on the unit before moving in and maintain the insurance throughout the term of the grant agreement. Repayment of entire grant will be required if house is sold within the first five years. If the house is sold after the first five years, but before the expiration of the grant agreement, repayment will be determined by the Useful Life and Binding Commitments Policy.

H. APPLICANT CERTIFICATION (Read carefully before you sign.)

I/We certify that the information given is true, complete and correct to the best of our knowledge, and is made in good faith. I/We understand that false statements are punishable under Federal Law. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. I/We understand that the above information is being collected to determine if I/We are eligible to receive Housing Assistance. I/We authorize the Housing Department of the Quapaw Tribe of Oklahoma to verify all information provided on this application. I/We understand that false statements or information are grounds for termination of Housing Assistance. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program requiring it in the performance of their duties.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if applicable): _____ Date: _____

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

Date: _____

Received by: _____

VERIFICATION OF EMPLOYMENT

Name/Address of Employer: _____

Applicant/Resident Name

Applicant/Resident Physical Address

Applicant/Resident Mailing Address (if different than Physical Address)

City State Zip

The individual named above has obtained or is attempting to obtain housing assistance, which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be or remain eligible, we must verify the family's income, expenses, and other information related to eligibility. The individual has authorized below your release of the requested information. We are required to complete the verification process in a short period of time and would appreciate your prompt response. If you have any questions, please feel free to contact Jeannie Gleaves, Housing Assistant, Quapaw Tribe of Oklahoma at 918-542-1430. After completion of the form, please mail to our office at: Quapaw Tribe Housing Department, P.O. Box 765, Quapaw, OK 74363 or you may fax the form at 918-542-5871. Thank you for your cooperation.

I, _____ hereby authorize _____ (employer) to release the information requested below regarding my employment and compensation.

Signature Date

TO BE COMPLETED BY EMPLOYER:

1. Date employment began_____ Position/Occupation_____
2. Current rate of pay \$_____ per _____ (hour, week, month, etc.)
3. Current rate of overtime pay \$_____ per _____.
4. Number of hours per week employee normally works _____
5. Anticipated average amount of overtime per week_____.
6. Gross annual earnings you anticipate for this employee for the next twelve months, including all tips, bonuses, overtime, commissions_____
7. If the employee's work is seasonal or sporadic, indicate lay-off periods_____

I certify the preceding information is true and correct.

Name of Company Official

Signature

Company

Title of Company Official

Address

Date

City, State, Zip

Telephone

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

CERTIFICATION OF EMPLOYMENT STATUS

I, _____, certify that the following statement that I check explains my current employment status and that should this status change, I will notify the Quapaw Tribe Housing Department within ten days:

- () Currently unemployed with no plans to seek employment. Estimated earnings for the next twelve months will be \$00.00.
- () Currently unemployed but seeking employment. I have registered at the Employment office and am not eligible for or currently drawing unemployment benefits .
- () Currently unemployed but seeking employment. I have registered at the Employment office and am eligible for and currently drawing unemployment benefits. (Please attach a statement from the Employment office showing your weekly benefit amount and the amount you are eligible to draw.)

Signature

Date

STATE OF OKLAHOMA)
)
COUNTY OF OTTAWA)

BEFORE ME, the undersigned, a Notary Public, in and for said County and State, on the ____ day of _____, 20__, personally appeared _____ to me known to be the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as a free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I hereunto set my official signature and affix my notarial seal the day and year last above written.

Notary Public

My Commission Expires:

(SEAL)

CLAIM OF NO INCOME

This form must be filled out by any adult member over the age of 18 living in the household that is reporting no income or employment. Please read each claim carefully and initial by each statement that applies. If you are receiving any money in any form it must be reported to the Quapaw Tribe Housing Department.

IF YOU ARE CLAIMING NO INCOME YOU MUST COMPLETE THIS FORM!

This statement confirms that:

- I am not receiving income from ANY source.
- I am not employed through any public or private employer.
- I am not employed by any employer and receiving cash.
- I am not working and receiving cash as payment for any type of services provided.
- I am not receiving any type of employment compensation benefits.
- I am not receiving TANF, Welfare, Social Security, Veterans Benefits or any other benefits.
- I am not receiving pension or annuity benefits.
- I am not receiving any income from babysitting, cutting wood, selling aluminum cans, door to door sales, mechanic work, home business, yard work, self employment, house cleaning, rent, etc.
- I am not receiving child support or any monetary benefits from a divorce.
- I am not receiving alimony.
- I am not receiving any money from any foster care program.
- I am not receiving any money from school grants/college funds.
- I am not the beneficiary of any other persons Social Security, pensions, annuity or otherwise.
- I am not receiving dividends paid on Stock, Bonds, etc.
- I am not receiving any type of per capita money from my tribe.
- I am not receiving any money from any type of inheritance.
- I am not receiving any money from any source.
- I am not receiving any general assistance funds from my tribe.
- I am not receiving any money in an Individual Indian Money (IIM) account for royalty, lease, and other monies or Annual Trust Income.

Signature

Date

IF YOU DO ODD JOBS, COMPLETE THIS SECTION

I do odd jobs and receive \$----- monthly from these jobs.

Signature

Date

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements of misrepresentation to any department or Agency of the U.S. to any matter within its jurisdiction.

Revised 9/12/17

**QUAPAW TRIBE OF OKLAHOMA HOUSING DEPARTMENT
REFERRAL FORM AND AUTHORIZATION RELEASE**

REFERRAL FORM

I am referring _____ to the _____ Program for assistance.

This applicant:

- () **is not** eligible for assistance from the Housing Department Programs.
- () **is** eligible for assistance from the Housing Department Programs. If you find that this applicant is eligible for assistance through your program, please contact me so that we can coordinate benefits in order to avoid any duplication of services.

Housing Department Employee Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Quapaw Tribe Housing Department to submit copies of any information or documentation within my housing department application file to the following program at the Quapaw Tribe:

_____.

Any information submitted to the above named program on my behalf will be used for the purpose of obtaining assistance that I may be eligible for through the above named program.

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.

Applicant Signature

Date