



# Ponca Tribal Housing Services

*"Rich in Culture and Tradition"*

Equal Opportunity Employer

105 White Eagle Drive, Unit 41 ▪ Ponca City, Oklahoma 74601 ▪ phone: (580) 762-5909 ▪  
Fax: (580) 762-0917

## APPLICATION FOR HOUSING PROGRAM

Applicant First Name: \_\_\_\_\_

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

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

Message: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Is mailing address different from above, if yes, complete below:  Yes  No

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Please select all service(s) applying for:

- |  |  |
|--|--|
| <input type="checkbox"/> Lease-Purchase                | <input type="checkbox"/> Tiny Home -Low Rent Program               |
| <input type="checkbox"/> Down Payment and Closing Cost | <input type="checkbox"/> Minor Emergency Repair and Rehabilitation |
| <input type="checkbox"/> Low-Rent Housing Program      |  |
| <input type="checkbox"/> Rental Assistance Program     | <input type="checkbox"/> Elderly Repair/Rehabilitation Program     |

FOR PTHS USE ONLY:

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Received By (initial): \_\_\_\_\_

## PART A. FAMILY COMPOSITION

List all person(s) living in the household on a permanent basis:

	First and Last Name	Relationship	Date of Birth	Age	Social Security #	Tribal Affiliation
1.		Head of Household				
2.						
3.						
4.						
5.						
6.						
7.						
8.						

\*Social Security number is required for all family members who are 6 years of age or older

Does anyone in the household, who is a permanent resident listed on this application, have a severe health problem, handicap or permanent disability:     Yes     No

Is anyone in your household a Veteran:     Yes     No

Have you or any other person named in your household ever been convicted for using, dealing or manufacturing illegal drugs, violent criminal activity or designated as a sexual offender:     Yes     No

Do you currently own your home:     Yes     No

Is this home your primary residence:     Yes     No

If No, do you rent: \_\_\_\_\_

Are you the legal owner or direct descendant of the owner of the property:

If you do not own, please provide the name(s) of owner(s): \_\_\_\_\_

Do you own any other real estate:

If Yes, provide the address(s): \_\_\_\_\_

## PART B. FAMILY INCOME

### 1. Earned Income

	Employer Name	Employer Contact Info	Hourly	Weekly	Annually
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
4.			\$	\$	\$

### 2. Other Income

	Source of Other Income	Monthly	Annually
1.	TANF	\$	\$
2.	Social Security	\$	\$
3.	S.S.I	\$	\$
4.	Unemployment	\$	\$
5.	Pensions	\$	\$
6.	Leases	\$	\$
7.	Own Business	\$	\$
8.	Tribal Per Capita Payments	\$	\$
9	Other	\$	\$

\*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster child, and any other regular source of income. **Please do not list income that cannot be anticipated with certainty.**

Total family income for next 12 months: \$ \_\_\_\_\_

Please attach copies of the most recent IRS 1040 forms that were filed for the prior year and most recent pay stubs for all applicable members of the family.

## PART C. REFERENCES

### 1. List References with addresses and phone numbers

	Reference Name	Category	Phone	Address
1.		Personal		
2.		Personal		
3.		Landlord		
4.		Credit		

## PART D. CONSENT, PUBLIC DISCLOSURE, WAIVER, & PRIVACY ACT

### CONSENT

#### **Read Consent, Waiver, & Privacy Act Thoroughly and Initial Each Below**

I consent to allowing the Ponca Tribal Housing Services Department to request and obtain the following information for the purpose of verifying my eligibility and level of benefits under the Ponca Tribal Housing Services Department Programs. I understand that income information obtained under this consent form cannot be used to deny, reduce or terminate assistance without the Tribal Housing Program first independently verifying what the amount was, whether I had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

- (1) employment history and income history;
- (2) rental history;
- (3) mortgage information on property that I own or have owned to release any information about my mortgage payment history;
- (4) bank, savings and loan, or credit union information to provide a verification of funds that I have on deposit;
- (5) copy of my consumer report (credit report) from any consumer reporting agency; and
- (6) criminal background information

---

### PRIVACY ACT STATEMENT

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19).

The primary use of this information is by PTHS staff or Tribal housing office to determine eligibility for services provided under Native American Housing Assistance and Self Determination Act of 2010 (NAHSDA). Additional disclosures of the information may be to a HUD employee in the conduct of a program review or audit, or to a federal law enforcement agency, when the agency becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is required to establish eligibility for your participation in the program.

---

## Public Disclosure Statement

Section 1000.30 and 1000.32 of the Native American Housing Assistance and Self-Determination Act of 1996 ("NAHASDA"), mandates that a public disclosure regarding conflicts of interest must be made on individuals who apply for assistance from the Housing Services Department and have immediate family ties (mother, father, husband, wife, daughter, son, brother, sister, mother-in-law, father-in-law, daughter-in-law, son-in-law) to any employee or officer of the Housing Services Department or elected Tribal Official.

To ensure that all applicants are treated fairly, a public disclosure will be made before you are permitted to participate in the program.

Name of Applicant: \_\_\_\_\_

Do you have an immediate family tie to any of the above-mentioned individuals?       Yes       No

Relationship of Applicant to Housing Services Department or the Tribe:

- \_\_\_\_\_ Employee of the Housing Services of the Ponca Tribe of Oklahoma
- \_\_\_\_\_ Member of the Board of Commissioners for the Housing Services of the Ponca Tribe of Oklahoma
- \_\_\_\_\_ Member of the Tribal Council of the Ponca Tribe of Oklahoma
- \_\_\_\_\_ Immediate family member of Housing Authority of the Ponca Tribe of Oklahoma staff
- \_\_\_\_\_ Immediate family member of a Board of Commissioners member of the Housing Services of the Ponca Tribe of Oklahoma
- \_\_\_\_\_ Immediate family member of a Tribal Council Member of the Ponca Tribe of Oklahoma

24 CFR § 1000.30 (c) permits the above-name individual(s) to receive housing services if they are selected for assistance in accordance with the written policies for eligibility, admission and occupancy for housing assistance and there is no conflict of interest under applicable governing law.

The required public notice of disclosure of the nature of assistance to be provided and the specific basis for selection of the named individual(s) is provided below:

Nature of Assistance: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ACKNOWLEDGEMENT

STATE OF OKLAHOMA            )  
  )        SS.  
COUNTY OF \_\_\_\_\_        )

Before me the undersigned, a Notary Public in and for said County and State on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_, to me known to be identical person(s) who executed the within and foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes therein set forth.  
Given under my hand and seal the day and year first above written.

\_\_\_\_\_  
Notary Public

Date: \_\_\_\_\_

(Seal)

My Commission Expires: \_\_\_\_\_

## CERTIFICATIONS

**Read all Certifications Thoroughly and Initial Each Below**

I/We certify that all the answers given are true, complete and correct to the best of my/our knowledge and belief, and that they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of tribal and federal law and grounds for denial of the assistance being requested.

\_\_\_\_\_

I/We fully understand that submission of an application does not guarantee receipt of assistance, and that resources will be allocated according to availability of funds and program eligibility.

\_\_\_\_\_

I/We understand that excepting assistance execution is deemed consent to amend it to conform to any provision of NAHASDA and the rules, regulations and policies of the Department and/or Tribe.

\_\_\_\_\_

I/We consent to the civil jurisdiction of the District Court of the Ponca Tribe of Indians of Oklahoma and/or to such jurisdictional court as the Department may recognize for purposes of enforcing this Policy.

\_\_\_\_\_

I/We understand that the Department shall not be liable for any damage to person or property caused by any action, omission or negligence of the Participant or any of the Participant's household members.

\_\_\_\_\_

I/We agree to hold the Department harmless from any claim, obligation, liability, loss, damage or expense, including without limitation attorney's fees and court costs, arising from implementation of the Program.

\_\_\_\_\_

I/We have read and fully understand the policy and guidelines provided with this application.

\_\_\_\_\_

**I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Housing Services Department of the Ponca Tribe of Indians of Oklahoma to obtain all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the Housing Services Department if there is any change in my family status along with reporting any changes in income, living conditions and change of address.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**HOUSING SERVICES DEPARTMENT OFFICAL CERTIFICATION**

PTHS Director Name: \_\_\_\_\_

Date: \_\_\_\_\_

PTHS Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## GENERAL HOUSING APPLICATION CASE FILE CHECKLIST

Applicant First Name: \_\_\_\_\_

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

	Checklist Items	Completed or N/A	Completion Date
1.	Completed and Signed Application	<input type="checkbox"/> <input type="checkbox"/>	
2.	Certificate of degree of Indian Blood Membership Card	<input type="checkbox"/> <input type="checkbox"/>	
3.	Birth Certificates for all household members (without two forms of ID)	<input type="checkbox"/> <input type="checkbox"/>	
4.	Driver's License or State-Issued identification card of Applicant	<input type="checkbox"/> <input type="checkbox"/>	
5.	Social Security Cards for all Household Members (over 6 years old)	<input type="checkbox"/> <input type="checkbox"/>	
6.	Public Disclosure/Conflict of Interest Form (if applicant is an immediate family member of a Housing Department employee, a Housing Committee member or a Business Committee member)	<input type="checkbox"/> <input type="checkbox"/>	
7.	Three (3) months of Check stubs starting from most recent	<input type="checkbox"/> <input type="checkbox"/>	
8.	Proof of income (federal tax returns or transcripts filed for the previous year OR (2) a proof of earned income or statements or award letters from agencies documenting unearned income (including but not limited to Social Security benefits).	<input type="checkbox"/> <input type="checkbox"/>	
9.	Evidence of any category for which Applicant claimed (disability status, veteran status, etc.)	<input type="checkbox"/> <input type="checkbox"/>	
10.	Legal Documentation for Children in Custody	<input type="checkbox"/> <input type="checkbox"/>	
11.	Is the family between 80 – 100% of median income?	<input type="checkbox"/> <input type="checkbox"/>	
12.	Is the family eligible based on the placement on the waiting list?	<input type="checkbox"/> <input type="checkbox"/>	
13.	**\$19.00 Money Order for Low-Rent, Lease-Purchase or Tiny Homes	<input type="checkbox"/> <input type="checkbox"/>	