

**Housing Services Department**  
**Ponca Tribe of Indians of Oklahoma**



**RECORDS MANAGEMENT POLICY AND PROCEDURES**

These policies and procedures were revised and adopted by the Housing Services Committee of the Ponca Tribe of Indians of Oklahoma by Resolution on April 12, 2017.

## SECTION 1: GENERAL PROVISIONS

A. Introduction. The Housing Services Committee of the Ponca Tribe of Indians of Oklahoma (“Committee”) hereby enacts this Records Management Policy and Procedure (“Policy”) in order to ensure that (i) program participants demonstrate eligibility under applicable governing law prior to receiving assistance and for continued occupancy (if applicable to the program) and (ii) such eligibility information can be verified by funding federal agencies and other authorities for compliance purposes. This Policy shall be administered by the Housing Services Department (“Department”) of the Ponca Tribe of Indians of Oklahoma (“Tribe”).

B. Interpretation; Applicability. This Policy supersedes any and all ordinances, policies, laws or resolutions regarding its subject matter.

C. Compliance with Applicable Law. This Policy shall be implemented and may be conformed to comply with applicable provisions of the Native American Housing Assistance and Self-Determination Act of 1996, as amended (“NAHASDA”), the rules and regulations of the United States Department of Housing and Urban Development (“HUD”), and other applicable tribal, state and federal laws. **This Policy shall not be construed or applied to prevent the Department from complying with the terms and conditions of any federal grant or contract, including any rules or regulations applicable to HUD-assisted programs.**

D. Sovereign Immunity. The Department specifically retains all governmental immunities associated with its sovereign status. The Department’s subsidiaries, employees, officers and agents shall share in its sovereign immunity from suit. The Department does not waive its sovereign immunity in any respect and this Policy shall not be construed as such waiver.

E. Delegation of Authority. The Committee hereby directs the Occupancy Specialist to obtain, organize and preserve all Participant eligibility and other documents, as applicable, for each program or project of the Department. The Occupancy Specialist shall receive training regarding required eligibility documentation and records management on an ongoing basis.

## SECTION 2: RECORDS MANAGEMENT RESPONSIBILITIES

A. General. The Department shall obtain and maintain all required Participant eligibility and other documents, prior to expending federal funds for any project. Records shall be obtained and retained for projects, including but not limited to, the following:

1. Lease-Purchase Housing Program;
2. Down Payment and Closing Cost Assistance Program;
3. Low-Rent Housing Program;
4. Rental Assistance Program;
5. Elderly Repair/Rehabilitation Program; and
6. Mutual Help Homeownership Program

B. Records Retention. The Participant’s application and all supporting documentation shall be obtained and retained in the file for each individual project.

Documentation shall be retained for a minimum of: 1) the length of the Participant's occupancy of any dwelling unit under tribal management plus three (3) years, or 2) ten (10) years following the date that any financial assistance (such as a down payment assistance grant) was tendered on behalf of the Participant, whichever period is longer.

### **SECTION 3: RECORDS MANAGEMENT PROCEDURES**

A. Participant Application Form. The application is the basic record of each family applying for admission to the Program. The Housing Department shall ensure that the Participant completes the application form for the respective program, and signs all required certifications and disclosures. The form of application set forth at Appendix "A" of this Policy hereby is adopted and incorporated by reference. The form of application may vary for each housing program. All tenants/homebuyers must also recertification income and family composition annually. The form for recertification set forth at Appendix "B" of this Policy is hereby adopted and incorporated by reference.

B. Supporting Documents. For each housing program, the Department shall complete and maintain a case file checklist in order to verify that each Participant's file is complete. For programs where participation may be ongoing, such as the Low-Rent and Lease-Purchase Programs, the Department shall ensure that each file also is brought current in terms of re-certification and inspection requirements. The forms of case file checklists set forth at Appendix "C" of this Policy hereby are adopted and incorporated by reference. The Department shall establish and maintain appropriate checklists for any other housing program that hereafter may be developed or administered by the Department.

**APPENDIX A**

**APPLICATION FOR HOUSING PROGRAM**

Lease-Purchase \_\_\_\_\_  
Down Payment and Closing Cost \_\_\_\_  
Low-Rent Housing Program \_\_\_\_  
Rental Assistance Program \_\_\_\_  
Elderly Repair/Rehabilitation Program  
Mutual Help Homeownership \_\_\_\_

Head of Household: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Elderly/Handicapped?  Yes  No Near-Elderly  Yes  No

Street Address or P.O. Box #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_ Message: \_\_\_\_\_

**Part A. Family Composition**

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

	Name	Relationship	Date of Birth	Social Security #
1.		Applicant		
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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

Are you an enrolled member of the Ponca Tribe?  Yes  No A Copy of Certificate of Degree of Indian Blood (CDIB) or Tribal Enrollment Card is required.

Are there family members temporarily absent?  Yes  No If so, whom: \_\_\_\_\_ Where are they residing? \_\_\_\_\_ When are they expected to return? \_\_\_\_\_ Will any household member, including children, live in the unit on a less than full time basis? If yes, explain: \_\_\_\_\_

Do you anticipate any change in your household (someone moving in or out) during the next 12 months?

If yes, explain: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

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

If yes, provide name of person(s) \_\_\_\_\_ and attach doctor's statement.

Is anyone in your household, who is a permanent resident listed under Part A of this application, a veteran?  Yes  No

Have you or any other person named on the application as intending to reside in the unit, ever been convicted for using, dealing or manufacturing illegal drugs, violent criminal activity or designated as a sexual offender?  Yes  No

If yes, explain: \_\_\_\_\_

Do you currently own your home?  Yes  No

Is this home your primary residence?  Yes  No

If No, do you Rent?  Yes  No Make a Mortgage/Bank Payment?  Yes  No

If so how much? \_\_\_\_\_

Are you the legal owner or a direct descendant of the owner of the property?  Yes  No

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

Do you own any other real estate? If so, please provide the address: \_\_\_\_\_

Have you or any member of the household ever received housing services from the Ponca Tribal Housing Authority?  Yes  No

Please indicated which program: Low Rent \_\_\_\_\_ Mutual Help \_\_\_\_\_ Rental Assistance \_\_\_\_\_  
Down Payment/Closing Cost Assistance \_\_\_\_\_ Rehabilitation \_\_\_\_\_  
Elderly Repair/Rehabilitation \_\_\_\_\_

Have you or any member of the household ever received housing services from another Tribe/Tribal Housing Authority, or Public Housing Authority?  Yes  No

If yes, please provide information as to what assistance was provided and when it was provided:  
\_\_\_\_\_

**Part B. Family Income**

1. Earned Income

	Complete Employer Name(s) & Address	Per Hour	Per Week	Per Year
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$

2. Other income

Source	Per Month	Per Year
TANF	\$	
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other*	\$	

\*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, 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. Public Disclosure, Certifications, Consent, Waiver and Privacy Act Statement**

**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 done before you are permitted to participate in the program.

Do you have an immediate family tie to any of the above-mentioned individuals?

Yes  No

If, yes please list their names and their relationship to you.

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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 any and 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.

## CERTIFICATIONS

**Read these certifications carefully before you sign and date your application.**

I/We certify that all of 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 or withheld according to availability of funds, the characteristics and living environments of other applicants and other valid considerations. I/We understand the right to appeal any adverse decision regarding this request for assistance to the Housing Services Committee through the grievance policy and procedure governing housing programs. I/We have read and fully understand the policy and guidelines provided with this application.

I/We understand that execution of the lease agreement/contract 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 Department or any of its employees or agents. Further, 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.

## CONSENT

I consent to allow 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 actually 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 in order 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

## **LEAD-BASED PAINT WAIVER**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women.

The Housing Department will visually inspect privately-owned homes constructed prior to January 1, 1978, to determine if “Lead-Based Paint” is present.

If a Lead-Based Paint test is required and the finding is positive, the Department and/or the Tribe is not obligated to eliminate the lead-based paint or provide housing services.

I acknowledge having read, understood and agreed to the above waiver.

## **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 Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

## **PART D. REFERENCES**

A. List (2) Personal References with addresses and phone numbers

1. \_\_\_\_\_

2. \_\_\_\_\_

B. List previous landlord and Credit References with addresses and phone numbers

1. \_\_\_\_\_

2. \_\_\_\_\_



**PART E. SIGNATURES**

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

Applicant (Print Name): \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse (Print Name): \_\_\_\_\_

**HOUSING SERVICES DEPARTMENT OFFICIAL CERTIFICATION**

PTHSD Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PTHSD Representative (Print Name): \_\_\_\_\_

Date:

**APPENDIX B**

**Ponca Tribal Housing Department  
RECERTIFICATION FORM**

*(It is the responsibility of the applicant to recertify income annually)*

**TENANT/HOMEBUYER INFORMATION:**

Name of Applicant:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Physical Address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

\_\_\_\_\_

Email:

**HOUSEHOLD COMPOSITION:**

	NAME	RELATIONSHIP	DOB	AGE	GENDER
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**SOURCE OF INCOME:** Income includes but is not limited to the following; hourly wage, salary, income from a business, public assistance, Social Security, disability, child support, alimony, unemployment, VA benefits, regular payments from an annuity or trust, pensions or other retirement accounts, any income received from assets, etc. Provide gross income, before deductions.

**ALL INCOME MUST BE REPORTED FOR THOSE INDIVIDUALS LIVING IN THE HOME OVER THE AGE OF 18.**

Name	Source of Income	Total Annual Income
1.		
2.		
3.		
4.		
5.		
6.		

**TOTAL:** \$ \_\_\_\_\_

**ASSETS/DIVIDEND INCOME:**

Assets include, but are not limited to; real property, non-commercial boats, recreational vehicles/watercraft, rental property, stocks, etc. Documentation of current value of each asset must be provided with the application.

Name	Description of Asset	Current Value
1.		
2.		
3.		
4.		
5.		

**BANK ACCOUNTS:**

List all checking and savings accounts, CD's, IRA's, Bonds, etc. Use a separate sheet if necessary.

Name	Account Holder	Bank or Lending Institution	Account Numbers
1.			
2.			
3.			

**DEDUCTIONS:**

1. Is the head of household or spouse age 62 or older or a person with a disability?

Yes  No If yes, please answer the following questions.

Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)?

Yes  N If yes, please describe the type of expense (not your medical condition) and the *unreimbursed* amount you spend per month on all medical expenses:

Type of expense:

Monthly medical expense:

Please give us the name, address & phone # of someone who can verify the expense:

\_\_\_\_\_

2. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work?  Yes  No

If yes, describe the nature of the expense and the monthly amount:  
Please give us the name, address & phone # of someone who can verify the expense:

\_\_\_\_\_

3. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training?  Yes  No

If yes, please list the name, address and phone # of your child care provider:

\_\_\_\_\_

Monthly unreimbursed child care cost: \$ \_\_\_\_\_

4. Is any member of the household age 18 or older (other than the family head and spouse a full-time student or a person with a disability)?  Yes  No

If yes, please give us the name of the family member and the name and address of someone who can verify this information or provide documentation to verify:

Name of family member: \_\_\_\_\_

Please give us the name, address & phone # of someone who can verify this information:

\_\_\_\_\_

5. Do you have any unreimbursed excessive travel expenses for employment or education?  Yes  No

If Yes, please provide the amount, name of family member and name, address and phone # of someone who can verify this information or provide documentation:

\_\_\_\_\_

I certify that the information provided on this form is true and correct. I consent to allow the Ponca Tribal Housing Department to verify the information contained in this form.

Name of Tenant/Homebuyer:

\_\_\_\_\_  
(print)

Signature

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

Name of Ponca Tribal Housing Department Staff:

\_\_\_\_\_  
(print)

Signature

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

**APPENDIX C**

<b>LEASE-PURCHASE HOUSING PROGRAM CASE FILE CHECKLIST</b>		Yes	No
<b>1.</b>	<b>Completed and Signed Application</b> <b>Date:</b> _____ <b>Time:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	<b>Ponca Tribal Membership Card and Certificate of Degree of Indian Blood (CDIB).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	<b>Birth certificates for all household members.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	<b>Driver's license or state-issued identification card of head of household.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	<b>Social Security cards for all household members (over 6 years of age).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	<b>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).</b>  N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	<b>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).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	<b>Evidence of any category for which Applicant claimed preference points (disability status, veteran status, etc.).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	<b>Legal Documentation for Children in Custody</b>  N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b>	<b>Background check</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b>	<b>Is the family between 80 – 100% of median income?</b> <b>Income Limit:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b>	<b>Is the family eligible based on the placement on the waiting list?</b> <b>Explain:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.</b>	<b>Signed Lease Purchase Agreement</b> <b>Date:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.</b>	<b>Move-in Inspection</b> <b>Date:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>15.</b>	<b>Calculation Form for Monthly Payment and Amortization Schedule</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16.</b>	<b>Environmental review record for dwelling unit</b>	<input type="checkbox"/>	<input type="checkbox"/>

17.	<b>Appraisal of dwelling unit</b>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<b>Date home constructed:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
19.	<b>Lead-based paint clearance test with negative result (if home constructed after 1978).</b> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<b>Useful Life Binding Commitment</b>	<input type="checkbox"/>	<input type="checkbox"/>
21.	<b>Annual Recertification with income verification and payment calculation</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Recertification with income verification and payment calculation</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Recertification with income verification and payment calculation</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Recertification with income verification and payment calculation</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Recertification with income verification and payment calculation</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
22.	<b>Annual Inspection</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Inspection</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Inspection</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Inspection</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
23.	<b>Payback Agreements if applicable</b> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	<b>Move-out Inspection</b>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>DOWN PAYMENT ASSISTANCE PROGRAM CASE FILE CHECKLIST</b>		<b>Yes</b>	<b>No</b>
<b>1.</b>	<b>Completed and Signed Application</b> <b>Date:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	<b>Ponca Tribal Membership Card and Certificate of Degree of Indian Blood (CDIB).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	<b>Birth certificates for all household members.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	<b>Driver's license or state-issued identification card of head of household.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	<b>Social Security cards for all household members (over 6 years of age).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	<b>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).</b>  N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	<b>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).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	<b>Evidence of any category for which Applicant claimed preference points (disability status, veteran status, etc.).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	<b>Legal Documentation for Children in Custody</b>  N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b>	<b>Is the family between 80 – 100% of median income?</b> <b>Income Limit:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b>	<b>Is the family eligible based on the placement on the waiting list?</b> <b>Explain:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b>	<b>Environmental review record for dwelling unit</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.</b>	<b>Appraisal of dwelling unit</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.</b>	<b>Date home constructed:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>15.</b>	<b>Lead-based paint clearance test with negative result (if home constructed after 1978).</b> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16.</b>	<b>Useful Life Binding Commitment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17.</b>	<b>Proof of Insurance</b> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>LOW-RENT HOUSING PROGRAM CASE FILE CHECKLIST</b>		<b>Yes</b>	<b>No</b>
<b>1.</b>	<b>Completed and Signed Application</b> <b>Date:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	<b>Ponca Tribal Membership Card and Certificate of Degree of Indian Blood (CDIB).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	<b>Birth certificates for all household members.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	<b>Driver's license or state-issued identification card of head of household.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	<b>Social Security cards for all household members (over 6 years of age).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	<b>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).</b>  N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	<b>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).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	<b>Evidence of any category for which Applicant claimed preference points (disability status, veteran status, etc.).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	<b>Legal Documentation for Children in Custody</b>  N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b>	<b>Background Check</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b>	<b>Is the family between 80 – 100% of median income?</b> <b>Income Limit:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b>	<b>Is the family eligible based on the placement on the waiting list?</b> <b>Explain:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.</b>	<b>Signed Lease</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.</b>	<b>Move-in Inspection</b> <b>Date:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>15.</b>	<b>Calculation Form for Monthly Payment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16.</b>	<b>Annual Recertification with income verification and payment calculation</b>  <b>Date:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Annual Recertification with income verification and payment calculation</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Recertification with income verification and payment calculation</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Recertification with income verification and payment calculation</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Recertification with income verification and payment calculation</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>17.</b>	<b>Annual Inspection</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Inspection</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Inspection</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Inspection</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>18.</b>	<b>Payback Agreements if applicable</b> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.</b>	<b>Move-out Inspection</b>	<input type="checkbox"/>	<input type="checkbox"/>

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	<b>RENTAL ASSISTANCE PROGRAM CASE FILE CHECKLIST</b>	<b>Yes</b>	<b>No</b>
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1.	Completed and Signed Application Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2.	Ponca Tribal Membership Card and Certificate of Degree of Indian Blood (CDBI).	<input type="checkbox"/>	<input type="checkbox"/>
3.	Birth certificates for all household members.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Driver's license or state-issued identification card of head of household.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Social Security cards for all household members (over 6 years of age).	<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). N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	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"/>
8.	Evidence of any category for which Applicant claimed preference points (disability status, veteran status, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
9.	Legal Documentation for Children in Custody N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is the family between 80 – 100% of median income? Income Limit: _____	<input type="checkbox"/>	<input type="checkbox"/>
11.	Is the family eligible based on the placement on the waiting list? Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
12.	Move-in Inspection Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
13.	Environmental review record for dwelling unit	<input type="checkbox"/>	<input type="checkbox"/>
14.	Date home constructed: _____	<input type="checkbox"/>	<input type="checkbox"/>
15.	Lead-based paint clearance test with negative result (if home constructed after 1978). N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Useful Life (Binding Commitment only needed over \$5000)	<input type="checkbox"/>	<input type="checkbox"/>

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	<b>MUTUAL HELP HOUSING PROGRAM CASE FILE CHECKLIST</b>	<b>Yes</b>	<b>No</b>
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1.	<b>Completed and Signed Application</b> <b>Date:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
2.	<b>Ponca Tribal Membership Card and Certificate of Degree of Indian Blood (CDBI).</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<b>Birth certificates for all household members.</b>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<b>Driver's license or state-issued identification card of head of household.</b>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<b>Social Security cards for all household members (over 6 years of age).</b>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<b>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).</b>  N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<b>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).</b>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<b>Evidence of any category for which Applicant claimed preference points (disability status, veteran status, etc.).</b>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<b>Legal Documentation for Children in Custody</b>  N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<b>Background Check</b>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<b>Is the family between 80 – 100% of median income? Income Limit: _____</b>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<b>Is the family eligible based on the placement on the waiting list? Explain: _____</b>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<b>Signed Mutual Help and Occupancy Agreement</b>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<b>Move-in Inspection</b> <b>Date:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
15.	<b>Calculation Form for Monthly Payment and Amortization Schedule</b>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<b>Date home constructed:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
17.	<b>Lead-based paint clearance test with negative result (if home constructed after 1978).</b>  N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<b>Annual Recertification with income verification and payment calculation</b>  <b>Date:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Recertification with income verification and payment calculation</b>  <b>Date:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Annual Recertification with income verification and payment calculation</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Recertification with income verification and payment calculation</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Recertification with income verification and payment calculation</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.</b>	<b>Annual Inspection</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Inspection</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Inspection</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Annual Inspection</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>20.</b>	<b>Payback Agreements if applicable</b> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>ELDERLY REPAIR/REHAB PROGRAM CASE FILE CHECKLIST</b>		Yes	No
1.	<b>Completed and Signed Application</b> Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2.	<b>Ponca Tribal Membership Card and Certificate of Degree of Indian Blood (CDBI).</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<b>Birth certificates for all household members.</b>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<b>Driver's license or state-issued identification card of head of household.</b>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<b>Social Security cards for all household members (over 6 years of age).</b>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<b>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).</b>  N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<b>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).</b>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<b>Evidence of any category for which Applicant claimed preference points (disability status, veteran status, etc.).</b>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<b>Legal Documentation for Children in Custody</b>  N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<b>Is the family between 80 – 100% of median income? Income Limit: _____</b>	<input type="checkbox"/>	<input type="checkbox"/>
11	<b>Is the family eligible based on the placement on the waiting list? Explain: _____</b>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<b>Proof of ownership of the dwelling unit (in the form of a recorded deed or long-term lease, if restricted land)</b>		
13.	<b>Environmental review record for dwelling unit</b>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<b>Date home constructed: _____</b>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<b>Lead-based paint clearance test with negative result (if home constructed after 1978).</b> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<b>Useful Life Binding Commitment</b>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<b>Insurance</b> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>18.</b>	<b>File contains proof of total development cost analysis pursuant to Total Development Cost Policy</b>	<input type="checkbox"/>	<input type="checkbox"/>
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