

14325 Porcupine Rd
 Wyandotte, OK 74370
 Phone: (918) 678-2297
 Fax: (918) 678-4320



For Use of Housing Staff Only	
Date Received:	_____
Qualified:	_____
Date Completed:	_____

WYANDOTTE NATION HOUSING DOWN PAYMENT ASSISTANCE AND CLOSING COST ASSISTANCE PROGRAM APPLICATION

To be eligible for this program your household income may not exceed the income limits as allowed by HUD*.

Family Size	1	2	3	4	5	6	7	8
Maximum Income	\$42,280	\$48,320	\$54,360	\$60,400	\$65,232	\$70,064	\$74,896	\$79,728

*The income guidelines change annually

- 1) Complete the application that starts on page two (2) of this document.
- 2) Include the following required documentation with your application:
 - ◆ Copy of Tribal Membership Card
 - ◆ Copy of Driver's License and Social Security card *for each applicant*
 - ◆ Income Verification for each applicant including the following:
 - Copy of last two (2) pay stubs
 - Copy of last two (2) year's W-2's
 - If self-employed, include a complete copy of last year's tax return, including ALL schedules.
 - If receiving Social Security, Retirement, or disability income, include a copy of most recent awards letter showing monthly benefits.
 - ◆ Copy of Loan Approval letter from bank
 - ◆ Copy of contract

Incomplete applications will be returned

Return the completed application with all required documentation to the Housing Department at:

Wyandotte Nation Housing Department
14325 Porcupine Rd
Wyandotte, OK 74370
Phone: (918) 678-6336 or (918) 678-6339
Fax: (918) 678-4320

APPLICANT INFORMATION

NAME: _____
 Last First Middle

CURRENT ADDRESS: _____ No. Years: _____

CITY _____ STATE _____ ZIP CODE _____

FORMER ADDRESS: _____ No. Years: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: () _____ CELL PHONE: () _____

EMAIL ADDRESS: _____ PREFERRED CONTACT METHOD: _____

S.S.N. _____ DATE OF BIRTH: _____

TRIBAL AFFILIATION _____ ROLL NUMBER: _____

PRESENT EMPLOYER: _____ YEARS EMPLOYED: _____

POSITION/TITLE: _____ SUPERVISOR NAME: _____

EMPLOYER PHONE: _____

JOINT APPLICANT INFORMATION (IF APPLICABLE)

NAME: _____
 Last First Middle

S.S.N. _____ DATE OF BIRTH: _____

TRIBAL AFFILIATION _____ ROLL NUMBER: _____

PRESENT EMPLOYER: _____ YEARS EMPLOYED: _____

POSITION/TITLE: _____ SUPERVISOR NAME: _____

EMPLOYER PHONE: _____

TOTAL NUMBER OF INDIVIDUALS RESIDING IN HOUSEHOLD: _____

LIST ALL INCOME FOR THE 12-MONTH PERIOD FOR **EVERY MEMBER** OVER THE AGE OF 18 (INCLUDE FULL TIME, PART TIME, OR SEASONAL INCOME, EVEN IF COMPLETING THE APPLICATION DURING THE OFF-SEASON)

<u>Description</u>	<u>Annual Amount</u>
1. Wages, salaries	\$
2. Income earned from self-employment or job that pays in cash only	\$
3. Regular pay for member of the armed forces	\$
4. Public Assistance (TANF, GA)	\$
5. Worker's compensation	\$
6. Unemployment benefits or severance pay	\$
7. Student financial assistance (public or private, not including student loans	\$
8. Child support	\$
9. Alimony/ Spousal Maintenance	\$
10. Social Security Income (including unearned income of minor children)	\$
11. Disability benefits including social security disability	\$
12. Regular payments from pensions (PERA, railroad, etc.)	\$
13. Regular payment from retirement benefits	\$
14. Death benefits	\$
15. Regular payments from annuities or life insurance dividends	\$
16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
17. Net income from rental property	\$
18. Regular cash and non-cash contributions (assistance with paying bills)	\$
TOTAL INCOME: \$	

LEAD BASE PAINT ACKNOWLEDGEMENT

I acknowledge that if applicable, I will submit a copy of the "Disclosure of Information on Lead Base Paint and/or Lead Base Paint Hazards" document to the WNHD. (Document and signature(s) below are only required if the home was constructed prior to 1978.

Applicant Signature

Date

Joint Applicant Signature (If Applicable)

Date

Disclosure Statement

I have answered each question and provided all the requested information to the best of my ability. No fraudulent statements have been made or implied, and I have no objection to inquiries being made for the purpose of verification of statements is subject to prosecution and/or rejection to my application. By signing this application I agree to provide any additional information requested. I understand it is my responsibility to notify WNHD of any changes of address, income, or family composition. I understand it's my responsibility to answer any correspondences that WNHD sends to me. I understand that failure to comply will result in my application being inactive.

I understand that the WNHD will place a temporary lien on my property that will be automatically removed five (5) years after the date of closing. If I sell the property within the first five (5) years of ownership, I will be required to repay the assistance money to the WNHD at a pro-rated amount.

Applicant's Signature

Date

Joint Applicant Signature (If Applicable)

Date

Office Use Only

WNHD Representative: _____

Date: _____ Time: _____

Notes/Comments: _____

Wyandotte Nation Housing

14325 Porcupine Rd
Wyandotte, OK 74370

Phone: (918) 678-2297

Fax: (918) 678-4320



AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

THIS FORM MUST BE NOTARIZED

I, _____, DO HEREBY AUTHORIZE the Wyandotte Nation Housing Department (WNHD) to conduct a Criminal Background Check (CBC) with any Federal, State, Tribal, or Local Law Enforcement Agency. I further agree upon this written consent that I will not file, or cause to be filed on my behalf, any lawsuit against any Law Enforcement Agency, WN, or their designee, due to the results of said CBC.

I further agree I am aware that due to WNHD's tenant selection standards that my application can be denied and/or my participation in a program terminated due to any criminal activity, specifically those criminal activities involving crimes or physical violence to persons or property, drug related, or other violent crimes or criminal activity which would adversely affect the health, safety, or welfare of WNHD or their participants. I further agree that my failure to provide full and complete information as to my identity, aliases, previously used names, or previous places of residences is grounds immediate termination of my application or tenancy with the Wyandotte Nation.

Signature Birth Date Social Security Number

CRIMINAL BACKGROUND INFORMATION					
Legal Name (Print)	Last	First	Middle	Maiden	
Please list other names or aliases used since the age of 18:					
Previous Residence(s): Indicate all cities, counties, states, and countries, in which you resided for any length of time since the age of 18)					
City	County	State	Country	Dates Resided	Name(s) Used

STATE OF _____
COUNTY OF _____

On this _____ day of _____, before me, a Notary Public in and for the above State and County, personally appeared and acknowledged to me that they executed the same as their free and voluntary act and deed.

SEAL

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

14325 Porcupine Rd
Wyandotte, OK 74370



Phone: (918) 678-2297
Fax: (918) 678-4320

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

THIS FORM MUST BE NOTARIZED

I, _____, DO HEREBY AUTHORIZE the Wyandotte Nation Housing Department (WNHD) to conduct a Criminal Background Check (CBC) with any Federal, State, Tribal, or Local Law Enforcement Agency. I further agree upon this written consent that I will not file, or cause to be filed on my behalf, any lawsuit against any Law Enforcement Agency, WN, or their designee, due to the results of said CBC.

I further agree I am aware that due to WNHD's tenant selection standards that my application can be denied and/or my participation in a program terminated due to any criminal activity, specifically those criminal activities involving crimes or physical violence to persons or property, drug related, or other violent crimes or criminal activity which would adversely affect the health, safety, or welfare of WNHD or their participants. I further agree that my failure to provide full and complete information as to my identity, aliases, previously used names, or previous places of residences is grounds immediate termination of my application or tenancy with the Wyandotte Nation.

Signature Birth Date Social Security Number

CRIMINAL BACKGROUND INFORMATION					
Legal Name (Print)	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>	
Please list other names or aliases used since the age of 18:					
Previous Residence(s): Indicate all cities, counties, states, and countries, in which you resided for any length of time since the age of 18)					
City	County	State	Country	Dates Resided	Name(s) Used

STATE OF _____
COUNTY OF _____

On this _____ day of _____, before me, a Notary Public in and for the above State and County, personally appeared and acknowledged to me that they executed the same as their free and voluntary act and deed.

SEAL

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____