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 Warranty Deed

3) We are allowed to provide well/septic services in the following counties in OK:
   ● Craig       ● Nowata       ● Rogers
   ● Creek       ● Okfuskee     ● Tulsa
   ● Delaware    ● Okmulgee     ● Wagoner
   ● Mayes       ● Ottawa       ● Washington

Applicants for the states of MO, KS, and AR must live within a 50 mile radius of the Tribal Headquarters.

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
I. GENERAL INFORMATION

Name ____________________________________________

Mailing Address ____________________________________________

Box or Street ______________________ City ______ State _____ Zip Code ______

Phone (Home) ______________________ (Business) ______________________

Tribe ______________________ (Please attach copy of Certificate of Degree of Indian Blood)

II. LOCATION OF HOMESITE TO BE SERVED

County ______________ Range _____ W Township _______ S Section __________

Directions to Site: ____________________________________________

________________________________________

________________________________________

III. HOME INFORMATION

__________________________ Mobile Home (Must be on property and fully skirted)

Date Moved on Site: ______________________

Date Purchased: ______________________

__________________________ Existing House

__________________________ Mutual Help Home

__________________________ New Home (Built or purchased within the past year)

If Mobile or New, Approximate cost: ______________ _______ Funding Source: ________

If Existing or Mutual Help, are renovations being done, or have they been done within the past year? __________________________

Describe the renovations: ____________________________________________

Cost of Renovations: ______________________ Funding Source: ________

(Please attach copies of receipts)

Does home have indoor plumbing? __________________________

Number of Bedrooms: __________ Type of heating: __________

Is 220V Electricity Available? __________________________

What type of water supply does the home now have? __________________________
What type of sewage disposal does the home now have?

Total Number of People living in home:

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
<th>Tribal Affiliation</th>
<th>Roll #</th>
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Family Health Problems or Handicaps: (Must have documentation)

IV. STATUS OF LAND OWNERSHIP

- Own (Please attach copy of deed)
- Buying (Please attach copy of warranty deed)
- Lease (Please attach notarized copy of lease agreement)
- Heirship (Please attach statement of status)
- Other Explain: ________________________________

Size of Lot: ____________ Acres or ________ feet by ________ feet

V. SERVICES NEEDED (Check Facilities Desired)

- Well
- City Water
- Rural Water
- Name of Water District ________________
- City Sewer
- Septic Tank and Drainfield

Other (Please specify): ________________________________
VI. PREVIOUS SERVICE

Indian Health Service Date

Home Improvement Program (HIP) Date

Describe services that were provided: ______________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Have you applied for service from any other agency besides the Indian Health Service?
If so, please list: ______________________________________________________________________

____________________________________________________________________________________

I certify that the information provided in this application is true and accurate to the best of my
knowledge. I understand that, if I falsify information on this application that I may be disqualified for
any assistance.

Applicant Signature ___________________________ Date ________________
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

<table>
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<tr>
<th>Legal Name (Print)</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
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Please list other names or aliases used since the age of 18:

<p>| Previous Residence(s): Indicate all cities, counties, states, and countries, in which you resided for any length of time since the age of 18) |</p>
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<tr>
<th>City</th>
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<th>Country</th>
<th>Dates Resided</th>
<th>Name(s) Used</th>
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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: ________________