



KAW HOUSING AUTHORITY

#9 Kanza Lane / P.O. Box 371, Newkirk, OK 74647

Phone: (580)362-6264 / Fax (580)362-3986

Housing Rehabilitation Program Application

The Kaw Housing Authority Rehabilitation Program is designed to provide rehabilitation services for privately owned homes for low-income Kaw Tribal Members who reside within the Kaw Housing Authority jurisdiction area. This program will pay up to \$ 10,000 per lifetime, as long as the funding is available. One application will be accepted for all rehab services per home. This program is for Kaw Tribal Members only.

Eligibility Requirements include:

- Household income must be at or below 80% of the national median income guideline.
- Applicant must be the owner/occupant of the home.
- The home must be the family's primary residence.
- The applicant must maintain adequate homeowner's insurance coverage.
- Criminal Background checks will be conducted on all household members 18 years of age and older
- Other eligibility requirements will apply according to the KHA Rehabilitation Program Policy

The following items are required for the application process:

- Verification of Kaw Tribal Citizenship (CDIB)
- Copies of Social Security Card(s) for each household member
- Copies of Driver's License or photo identification card for all household members applicable
- Copies of Warranty Deed
- Verification of All Income, Child Support, Unemployment Benefits, Disability, SSI,
 - Social Security, TANF, VA or any other form of fixed income, provide award letter ● For self-employed applicants, must provide current income tax return including schedule C, E, and/or F type and name of business.
- Copy of Homeowner's Insurance Verification — coverage summary stating amount of dwelling coverage, effective date and expiration date
- Property Deed and/or Lease Agreement recorded with the County Clerk's Office, BIA approved lease, or Right of Entry consent if located on Tribal Restricted or Tribal Trust Land
- All applications will be date stamped once received.
- Must provide 2 estimates for the work needed.



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Housing Rehabilitation Application

(Complete in Black or Blue Ink Only No Pencil/No White Out)

Name Date

Mailing Address City State Zip Code

Home Phone/Cell Work Phone

County
Emergency Contact Name: _____ Phone: _____

Household Composition:

Full Name(s) of all Household Members	Relation to HOH	Sex M/F	Date of Birth	Native American	Tribe	Social Security# Required
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Are there family members temporarily absent? _____ Yes _____ No If so, whom: _____

Where are they residing? _____

When are they expected to return? _____

Total Household Income:

Household Member	Employer/Type Income	Gross Wage Weekly Bi-Weekly/Semi/Monthly	Other Income
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Housing Status: (Check all that apply) _____ 65 or older _____ Disabled.



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Is the head of household or spouse currently receiving disability benefits from the Social Security Administration or the Veteran's Administration? ___ Yes ___ No

Do you currently own your home? ___ Yes ___ No

Type of Dwelling: _____ Frame home _____ Mobile home

Number of Bedrooms: _____ Year Built: _____

Do you have homeowner's insurance? _____

Insurance Company: _____

Land Status: ___ Fee Simple ___ Restricted ___ Trust

Purchase Price: _____

Have you or any other person named on the application as intending to reside in the unit, ever been convicted of using, dealing, manufacturing illegal drugs, or violent criminal activity? If yes, please explain:

Types of Housing Rehab Services Available

(Check the type of Assistance Needed)

___ **Emergency**- Emergency home repairs are intended to protect, repair, or restore components of a home when there is an apparent threat to the life, health or safety of the occupants. **Emergency applications will only be accepted when completed with a Kaw Housing Authority employee.**

___ **Housing Accessibility** - Provides accessibility ramps, structural modifications, structural assistive devices, roof & electrical repairs, or other items needed to allow individuals better mobility and use of their home.

___ **Housing Rehab** - Major repairs that include health and safety items, such as: water, septic/sewer, electrical, plumbing, roof, heat & air, energy conservation, termite treatment, and/or floor covering to prevent a safety/tripping hazard, etc.; bathroom remodels, kitchen remodel & mold remediation.

___ **Weatherization** - Assistance to repair, restore or winterize a property in order to alleviate weather concerns.

___ **Driveway Repair** - Program provides improved access to driveways or sidewalks for health and safety purposes or for medical necessity.

Previous Participation

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

Do you or spouse have any relative(s) presently working for Kaw Housing Authority, KHA Board of Commissioners or holding office within Kaw Nation? ___ Yes ___ No

If yes, give the name(s) of relative(s), relation and who employed by.

Upon completion of this application, return to Kaw Housing Authority for approval/denial.



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PLEASE READ BEFORE SIGNING THE APPLICATION PACKET. IN ORDER TO RECEIVE SERVICES, YOU MUST QUALIFY BY MEETING ELIGIBILITY REQUIREMENTS AND PROGRAM FUNDING MUST BE AVAILABLE.

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

Applicant Certification

I/We certify that the answers/information given on this application in reference to household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. 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 or other federal agency requiring it in the performance of their duties. This application will not be valid unless completely filled out.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

I hereby authorize the release of account information to and from other financial institutions I have supplied to the Kaw Housing Authority in connection with such evaluation. I understand the processing of this application will require providing my information to the Kaw Housing Authority.

Consent: I consent to allowing the Kaw Housing Authority to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD/KHA assisted housing programs. I understand that income information under this consent form cannot be used to deny, reduce, or terminate assistance without 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.

Signature of Head of Household

Date

Social Security

Signature of Spouse

Date

Social Security

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective participant or borrower under the agency's program(s). It will not be disclosed outside this agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective participant or borrower may be delayed or rejected, the information requested in this form is authorized by TITLE 38, USC, Chapter 37 (if VA by 12 USC, Section 1701 BT.SEQ; (if USDA/FMHA)

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Kaw Housing Authority
P.O Box 371
Newkirk, OK 74647
(580)362-6264

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without 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.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: 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.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the Information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.