



OVER INCOME RENTAL PROGRAM

Income Guidelines

Family Size	MINIMUM	Family Size	MINIMUM
1	\$40,264	5	\$62,122
2	\$46,016	6	\$66,723
3	\$51,768	7	\$71,325
4	\$57,520	8	\$75,926

Applicants MUST meet the above income guidelines

THE ABSENTEE SHAWNEE HOUSING AUTHORITY ONLY ACCEPT COMPLETE APPLICATIONS INCOMPLETE APPLICATIONS WILL BE RETURNED OR FILED INACTIVE

You must attach colored copies of the following documents with the application in order for the application to be processed:

- \$25.00 Application fee (NO CASH)
- Driver's license or Stated ID for all household members over the age of 18.
- Social Security Cards for all household members over the age of 18.
- State Birth Certificates for all household members over the age of 18



ABSENTEE SHAWNEE HOUSING AUTHORITY
P.O. Box 425 * 107 North Kimberly * Shawnee, OK * 74802-0425
Phone (405) 273-1050 * Fax (405)275-0678

Over-Income Rental Application

(use black or blue ink only)

Applicant Information:

First Name:	Last Name:	DOB:
Middle Initial:		SSN:
Current Mailing Address:		Phone:
City:	State:	Zip:
Do you own or rent?	Monthly house payment?	

Rental History for the past 3 years (list most recent first)

1. Landlord Name:	Length of occupancy?
Address:	Phone:
City:	State:
2. Landlord Name:	Length of occupancy?
Address:	Phone:
City:	State:
3. Employer Name:	Length of occupancy?
Address:	Phone:
City:	State:

***List additional Landlord history on a separate sheet of paper**

Employment Information

Current Employer:	Start date:	End date:
Employer Address:	Annual Income: \$	
City:	State:	Zip:
Phone:	Position:	

If you have been with your current employer less than *3 years, list below previous employment.

Employer:	Start date:	End date:
Employer Address:	Annual Income: \$	
City:	State:	Zip:
Phone:	Position:	

Employer:	Start date:	End date:
Employer Address:	Annual Income: \$	
City:	State:	Zip:
Phone:	Position:	

Employer:	Start date:	End date:
Employer Address:	Annual Income: \$	
City:	State:	Zip:
Phone:	Position:	

***List any additional employment on a separate sheet of paper.**

Co-applicant Information

First Name:	Last Name:	DOB:
Middle Initial:		SSN:
Current Mailing Address:		Phone:
City:	State:	Zip:
Co-Application employment information:		
Employer:		Hire date:
Employer Address:		Annual Income: \$
City:	State:	Zip:
Phone:		Position:

Household Composition

List all household members below:

Name:	Relation	Sex	Date of Birth	Social Security #
	Self			

References

List 3 personal references below. (must not be related)

Name:	Relation:	How long have you known this person?
Mailing Address:	City:	State: Zip: Phone#
Name:	Relation:	How long have you known this person?
Mailing Address:	City:	State: Zip: Phone#
Name:	Relation:	How long have you known this person?
Mailing Address:	City:	State: Zip: Phone#

Emergency Contact

Name:	Phone#	Relation:
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Acknowledgement

I have answered every question and filled in 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 made herein. I fully understand that false statements are subject to prosecution and/or rejection of my application.

By signing this application, I understand I am subject to a home visit, credit report check, and criminal background to provide any additional information necessary to complete the application process.

I understand that it is my responsibility to update my application at least once a year, and must notify the Absentee Shawnee Housing Authority of any change of address, income or family composition and to answer any correspondence the Housing Authority send me and I understand that failure to do so will result in the application becoming inactive.

Signature of Applicant:	Date:
Signature of Co-applicant:	Date:



ABSENTEE SHAWNEE HOUSING AUTHORITY CONFLICT OF INTEREST POLICY

PURPOSE:

The purpose of this Policy is to help ASHA manage those situations where Conflicts of Interest arise within the Absentee Shawnee Housing Authority's housing programs to ensure fair and equitable treatment for all eligible participants of those programs.

APPLICATION OF REQUIREMENTS

The Conflict of Interest provisions apply to anyone who participates in any TDHE recipient's decision-making process or who gains inside information with regard to the TDHE assisted activities. Such individuals are, but are not necessarily limited to: housing staff, housing or Tribal Board Members, members of their immediate families, Council Members, members of their immediate families and such individual business associates.

The requirements prohibit any such individuals from benefiting from their position personally, financially or through the receipt of special benefits other than payment of their salary and/or appropriate administrative expenses. This does not prevent housing staff, Board Members, their family members, Council Members, their family members, and/or business associates from receiving housing benefits for which they qualify, **if not in violation of Tribal or State Laws.**

CONFLICT OF INTEREST

A Conflict of Interest may occur when an employee of the Absentee Shawnee Housing Authority, a Member of the Absentee Shawnee Tribal Council/Board of Commissioners, or an immediate relative of an employee or Absentee Shawnee Tribal Council/Board of Commissioners is selected to receive assistance through any of the Absentee Shawnee Housing Authority Programs.

DEFINITIONS:

Immediate family: is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents of the employee or his/her spouse, and grandchildren of the employee, or "foster" or "step" situations within these relationships.



ABSENTEE SHAWNEE HOUSING AUTHORITY

PUBLIC DISCLOSURE STATEMENT

A public disclosure regarding conflicts of interest must be made on individuals who apply for assistance from the ASHA 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 board member of the ASHA 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.

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.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if applicable): _____ Date: _____

OFFICE USE ONLY

The above has applied and has been determined eligible for services: The nature and basis of the assistance to be provided as follows:

ASHA Representative Signature: _____ Date: _____

AUTHORIZATION For Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Absentee Shawnee Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Indian Housing program. I understand and agree that this authorization or the information obtained with its use given to administer and enforce program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status Activity	Employment, Income, and Assets	Residences and Rental
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies) Courts and Post Offices Institutions	Past and Present Employers Welfare Agencies State Unemployment Agencies	Veterans Administration Retirement Systems Banks and other Financial
Schools and Colleges Bureaus	Social Security Administration	Credit providers and Credit
Law Enforcement Agencies Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that the Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. The Housing Authority may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Applicant:	_____	_____ Date: _____
Spouse:	_____	_____ Date: _____
Adult Member:	_____	_____ Date: _____
Adult Member:	_____	_____ Date: _____
Adult Member:	_____	_____ Date: _____

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