



"Among The Shawnee"

HOMELESS PREVENTION- FINANCIAL ASSISTANCE APPLICATION

Absentee Shawnee Housing Authority

107 North Kimberly Avenue Shawnee, OK, 74801

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ABSENTEE SHAWNEE HOUSING AUTHORITY

HOMELESS PREVENTION- CARES ACT FUND PROGRAM

107 N. Kimberly Shawnee, OK 74801

Office Phone: 405-273-1050 Office Fax: 405-275-0678

INCOME REQUIREMENTS

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

- Applicants must submit the following documents along with the Financial Assistance Application before the application can be processed to receive assistance: **a) two (2) months of current employment paystubs or if job loss final paystub of previous employment, b) photo ID and tribal identification for family members 18 and over, c) if received, copy of unemployment benefits.**
- Applicants *who are currently housed* must also submit the following documents before they are eligible to receive financial assistance: **a) proof of rent or mortgage amount, b) current proof of lease or ownership of property c) length of residency, d) landlord contact information, and e) eviction notice or summons (if applicable).**
- Applicants *who are NOT currently housed* must also submit **proof of homelessness** before they are eligible to receive financial assistance. Assistance shall not be provided until execution of rental lease agreement or mortgage loan.
- Applicants approved for financial assistance will be required to attend an initial assessment with the Resident Education Specialist. **Note: This meeting is mandatory. You will not receive financial assistance if you miss this requirement!**
- Applicants will develop a case plan if deemed necessary with the Resident Education Specialist addressing barriers to obtaining or maintaining housing including credit history, budgeting, substance abuse, mental health, physical health, disability, income, etc.
- Applicants approved for the program will only be provided a one-time payment of **\$1,000.00** in housing assistance. Funds will be paid directly to the landlord or mortgage company. No funds will be made payable directly to the applicant.



- Applicants approved for the assistance shall request from the Resident Education Specialist other drop-in services such as food (canned goods, snacks, and juice), hygiene products, cleaning products or personal protection equipment (PPE) during the COVID-19 crisis only upon request and as supplies are available.
- Applicant approved for financial assistance will be entering into a **financial assistance subsidy agreement**. The program will only operate as funds remain available.
- Applicants approved for the assistance will be placed on a waiting list with preference provided to enrolled Absentee Shawnee Tribal members.
- Applicants must agree to allow us to contact anyone, including your landlord and employer, regarding your tenancy and/or your household income by signing the attached release of information included within the application. Applicants must agree to allow the individuals we contact to provide us with the related documentation, not allowing communication will result in termination of the subsidy assistance agreement.
- Ineligible Applicants:
 - A current resident of HUD assisted housing programs such as but not limited to public or Indian housing units or section 8 housing;
 - Previous tenants or homeowners who owe a debt to the ASHA or any other public or Indian housing authority for past-due rent or damages to a dwelling unit;
 - Reside in home built prior to 1978;
 - Reside outside ASHA service area, present service area is Oklahoma County, Lincoln County, Pottawatomie County and Cleveland County, Oklahoma.

PLEASE NOTE THAT IF YOU FAIL TO COMPLY WITH ANY OF THE TERMS OF THE HOMELESS PREVENTION – FINANCIAL ASSISTANCE POLICY, ASHA WILL NOT ASSIST YOU.

By signing below, I have read and understand the policy requirements for the program. I agree to its terms.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

ASHA

Received by: _____

Date: _____



HOMELESS PREVENTION CARES ACT APPLICATION FOR FINANCIAL ASSISTANCE

Head of Household: _____ Tribal Affiliation: _____

Are you currently homeless? Yes* No

*If yes, still provide below an address where you are able to receive mail.

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

What year was the home built you reside? _____ (only answer this question if you are not homeless)

Phone. Home: _____ Work: _____ Message: _____

Email Address: _____

Have you ever participated in a HUD assisted public or Indian housing program? Yes No

If yes, please explain: _____

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.				

Are you an enrolled member of the Absentee Shawnee Tribe of Oklahoma? Yes No



Part B. Family Income

1. 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 per capita, 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.**



Part C. Release of Information, Public Disclosure and Signature

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 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 officer 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.

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the ASHA 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 ASHA if there is any change in my family status along with reporting any changes in income, or change of address.

Applicant’s Signature: _____ Date: _____

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

ASHA OFFICIAL CERTIFICATION

Resident Education Specialist Signature: _____ Date: _____



ACKNOWLEDGEMENTS

Read these certifications carefully before you sign and date your application. Sign in ink.

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.

Applicant's Signature: _____ Date: _____

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

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 BOC through the Grievance Policy. I/We have read and fully understand the policy and guidelines provided with this application.

Applicant's Signature: _____ Date: _____

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

I/We fully understand that, although subsidy amount under this Program is \$1,000.00, I/We are not automatically entitled to receive that amount and will not receive that amount if a smaller grant will enable my household to occupy the Dwelling Unit in accordance with the Policy.

Applicant's Signature: _____ Date: _____

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

I/We understand that execution of the agreement is deemed consent to amend it to conform to any provision of NAHASDA and the rules, regulations and policies of the ASHA and/or Tribe. I/We consent to the civil jurisdiction of the District Court of the Absentee Shawnee Tribe of Oklahoma and/or to such jurisdictional court as the ASHA may recognize for purposes of enforcing this Policy.

Applicant's Signature: _____ Date: _____

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



I/We understand that the ASHA shall not be liable for any damage to person or property caused by any action, omission or negligence of the ASHA or any of its employees or agents. Further, I/We agree to hold the ASHA 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.

Applicant's Signature: _____ Date: _____

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

Privacy Act Statement

Part 256 of 25 CFR, established under the mechanism of the Snyder Act, 25 USC 13, provides for the collection of this information. The primary use of this information is by an officer or employee of the Federal or Tribal housing office to determine eligibility for a grant for services provided under HUD and BIA-assisted programs. Additional disclosures of the information may be to a HUD or BIA employee in the conduct of a program review or audit, or to a Federal Law enforcement agency when the agency becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is required to establish eligibility for your participation in the program.