



A B S E N T E E S H A W N E E  
HOUSING AUTHORITY

## MARKET RATE RENTAL PROGRAM

THE APPLICATION MUST BE COMPLETELY FILLED OUT AND INCLUDE THE FOLLOWING:

- Tribal Membership ID for all adults over the age of 18, If applicable
- Driver's license or State 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
- Processing Fee \$25.00 (No cash)

**COPIES INCLUDED WITH APPLICATION MUST BE LEGIBLE AND IN COLOR**

**IMPORTANT:** The Absentee Shawnee Housing Authority will not be able to successfully process your application if you do not provide the items requested above.



# Absentee Shawnee Housing Authority

107 N. Kimberly Ave, Shawnee, Oklahoma 74801

Phone (405) 273-1050 Fax (405) 275-0678

## HOUSING RENTAL APPLICATION

ADDRESS OF PROPERTY APPLYING FOR:

DESIRED MOVE-IN DATE:

### APPLICANT INFORMATION

FIRST NAME:

MIDDLE NAME:

LAST NAME:

MAIDEN NAME:

DATE OF BIRTH:

SSN:

CELL PHONE:

EMAIL ADDRESS:

### RESIDENCE HISTORY

(List 2 years of history, most current landlord first)

CURRENT ADDRESS:

RENT OR OWN?

CITY:

STATE:

ZIP CODE:

MONTHLY PAYMENT:

LANDLORD NAME:

LANDLORD PHONE:

MOVE IN DATE:

LANDLORD ADDRESS:

LEASE EXPIRES:

CITY:

STATE:

ZIP CODE:

PREVIOUS ADDRESS:

RENT OR OWN?

CITY:

STATE:

ZIP CODE:

MONTHLY PAYMENT:

LANDLORD ADDRESS:

MOVE IN DATE:

CITY:

STATE:

ZIP CODE:

LEASE EXPIRES:

### APPLICANT EMPLOYMENT INFORMATION

CURRENT EMPLOYER:

SUPERVISOR:

PHONE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

POSITION:

GROSS MO. INCOME

START DATE:

END DATE:

### CO-APPLICANT INFORMATION

FIRST NAME:

MIDDLE NAME:

LAST NAME:

MAIDEN NAME:

DATE OF BIRTH:

SSN:

CELL PHONE:

EMAIL ADDRESS:

### CO-APPLICANT EMPLOYMENT

CURRENT EMPLOYER:

SUPERVISOR:

PHONE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

POSITION:

GROSS MO. INCOME

START DATE:

END DATE:



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OTHER OCCUPANT(S) (LIST NAMES OF ALL PERSONS UNDER 18 WHO WILL OCCUPY THE UNIT. ALL APPLICANTS 18 OR OVER MUST BE LISTED AS AN APPLICANT)			
FIRST & LAST NAME:	RELATIONSHIP:	DOB:	SSN:
FIRST & LAST NAME:	RELATIONSHIP:	DOB:	SSN:
FIRST & LAST NAME:	RELATIONSHIP:	DOB:	SSN:
FIRST & LAST NAME:	RELATIONSHIP:	DOB:	SSN:

EMERGENCY CONTACT(S)			
FULL NAME:	RELATIONSHIP:	CONTACT PHONE:	EMAIL ADDRESS:
FULL NAME:	RELATIONSHIP:	CONTACT PHONE:	EMAIL ADDRESS:

VEHICLE INFORMATION					
YEAR:	MAKE:	MODEL:	COLOR:	TAG #:	STATE
YEAR:	MAKE:	MODEL:	COLOR:	TAG #:	STATE
DESCRIBE ANY OTHER VEHICLE, MOTORCYCLE, TRAILER OR BOAT YOU INTEND TO STORE OR PARK AT THE PROPERTY:					

MANDATORY SCREENING QUESTIONS				
Have you ever been evicted?	YES	NO		If yes, please explain:
Have you ever filed, or are you in the process of filing, bankruptcy?	YES	NO		
Do you owe any other landlords a balance?	YES	NO		
Have you ever been asked to move for a lease violation of any kind?	YES	NO		
Have you ever been convicted of a felony?	YES	NO		
Have you ever been convicted of a major misdemeanor?	YES	NO		

OTHER INCOME TO CONSIDER		
CHILD SUPPORT	\$	NAME & ADDRESS OF PAYER:
ALIMONY:	\$	NAME & ADDRESS OF PAYER:
SOCIAL SECURITY:	\$	DESCRIPTION OF BENEFITS:
DISABILITY BENEFITS:	\$	NAME OR SOURCE OF PAYMENTS:
PUBLIC ASSISTANCE:	\$	NAME OF ASSISTANCE PROGRAM:
OTHER:	\$	DESCRIBE:

### AUTHORIZATION TO RELEASE CONSUMER INFORMATION

Each person eighteen (18) years of age or older must be listed as an applicant on an application. If a co-signer is necessary, the co-signer must also complete and sign the application form. A required **\$ 25.00** Non-refundable processing fee will be collected with the application in order to process the application. Please completely fill in your application. If you do not, we will not be able to process the application successfully.

Tenancy will be denied if any information is misrepresented on this application. If misrepresentations are found after the rental agreement is signed, we have the right to terminate your rental agreement immediately, which would result in you being asked to leave the property. We utilize a third-party service to verify any or all of the following; your current and/or past employment, your current and/or past rental and eviction history, your credit history and score(s), and review criminal records. Preference is given to enrolled members of a federally recognized tribe; however, all applicants are processed without regard to race, color, religion, sex, handicap, familial status or national origin.

**This is to advise that I, the undersigned, hereby authorize Absentee Shawnee Housing Authority to obtain a consumer credit report from any or all of the three credit bureaus, conduct a criminal records search, eviction history search, verify the details of my employment including salary information, and to obtain a complete rental history from my current and/or former landlord(s) to determine eligibility for tenancy and assessing credit worthiness.**

SIGNATURE OF APPLICANT:	PRINTED NAME OF APPLICANT:	DATE:
SIGNATURE OF CO-APPLICANT:	PRINTED NAME OF CO-APPLICANT:	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)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices Institutions	State Unemployment Agencies	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: _____

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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.

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