



Absentee Shawnee Housing Authority

Over-Income Down Payment Assistance Program

INCOME REQUIREMENTS

| Family Size | Minimum | | Family Size | Minimum |
|-------------|---------|--|-------------|---------|
| 1 | 53,850 | | 5 | 83,100 |
| 2 | 61,550 | | 6 | 89,250 |
| 3 | 69,250 | | 7 | 95,450 |
| 4 | 77,000 | | 8 | 101,600 |



OVER INCOME DOWN PAYMENT ASSISTANCE PROGRAM

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

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

- Photo Identification for all household members over the age of 18.
- CDIB and /or Tribal Enrollment Cards (for ALL Native American household members)
- Social Security Cards (all household members)
- State Birth Certificates (all household members)
- Marriage License/Divorce Decree/Custody Decree (if applicable)
- Award Letters for Income (Social Security, SSI, Disability, Unemployment Benefits and Workman's Comp, etc...) if applicable
- Copies of paycheck stubs from the Applicant and each household member with earned income
- Federal Tax Returns filed for the previous year and current year (if filed)
- Any other documentation requested by the Absentee Shawnee Housing Authority



OVER INCOME DOWN PAYMENT ASSISTANCE APPLICATION

Head of Household: _____ Tribal Affiliation _____

Elderly/Handicapped? Yes No

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

Telephone Number home: _____ Work _____ Message _____

Have you ever participated in Absentee Shawnee housing program(s)? Yes No

If yes, please explain: _____

Have you ever participated in other Tribal housing program(s)? 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. | | Head of Household | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |

*Social Security number is required for all family members who are 6 years of age or older

B. Are you an enrolled member of the Absentee Shawnee Tribe? 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 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.

C. Total family income for next 12 months: \$ _____

D. Please attach copies of the most recent IRS 1040 forms that were filed for the prior year and most recent pay stubs for all applicable members of the family.

Part D. Release of Information, Public Disclosure and Signature

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Absentee Shawnee Housing Authority to obtain any and all information necessary for the purpose of verifying the statements made above. I approve the Housing Authority to pull my credit report for the review of my application. I also understand that it is my responsibility to inform the Absentee Shawnee Housing Authority if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

Applicant's Signature: _____ Date: _____

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

PUBLIC DISCLOSURE STATEMENT

The Absentee Shawnee Housing Authority policies mandate that a public disclosure regarding conflicts of interest must be made on individuals who apply for assistance from the Absentee Shawnee Housing Authority 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 Absentee Shawnee Housing Authority, elected Tribal Official or Executive Committee Member.

To ensure that all applicants are treated fairly, a public disclosure will be done 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: _____

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

ABSENTEE SHAWNEE HOUSING AUTHORITY OFFICIAL CERTIFICATION

TDHE
Representative

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 Board of Commissioners through the grievance policy and procedure governing housing programs. 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 the maximum, individual amount of assistance under this Program is \$5,000.

Applicant's Signature: _____ Date: _____

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

If I/We sell the house within the Binding Commitment Agreement years following the date the assistance was rendered, the subsidy will be voided and I/We will repay the full amount of the grant at the time of settlement to the TDHE.

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 the rules, regulations and policies of the Absentee Shawnee Housing Authority 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 Housing Authority may recognize for purposes of enforcing this Policy.

Applicant's Signature: _____ Date: _____

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

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