



# Absentee Shawnee Housing Authority TINY HOME LEASE TO OWN PROGRAM

**Please submit only a COMPLETE application with the following attached documentation for all household members, if applicable:**

- Photo I.D.
- Tribal Identification Card
- Social Security Card
- State Birth Certificate
- Marriage License/Divorce Decree
- Declaration 214 Form MUST submit for all household members
- Income Award Letters (SSI, Disability, Unemployment, Workman's Comp., etc.)
- Deed or Proof of Ownership to Property

## Annual Income Requirement

<u>Family Size</u>	<u>Minimum</u>
1	54,768
2	62,592
3	70,416
4	78,240

P.O. Box 425      107 N. Kimberly Ave.      Shawnee, OK 74802-0425  
Phone (405) 273-1050      Fax (405) 273-0678  
Website: www.ashousingauthority.com



## TINY HOME LEASE TO OWN PROGRAM APPLICATION

Name (First, MI, Last): \_\_\_\_\_  
Street Address or P.O. Box: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Tribal Roll# \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ (optional)

Are you age 55 or older and/or disabled?  Yes  No

Are you a Veteran?  Yes  No

### 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.				

### INCOME STATUS:

Are you or a household member employed?  Yes  No

If yes, list below.

Employed Household Member Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed Household Member Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Employed Household Member Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed Household Member Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you or a household member receive other forms of income?  Yes  No

(ex: Social Security, General Assistance, Retirement, Unemployment)

If yes, please list household member name and type of assistance:

Household Member Name:	Income Type:

**ADDITIONAL INFORMATION:**

Does anyone in the household, who is a permanent resident listed on this application, have a severe health problem, handicap or permanent disability?  Yes  No

if yes, provide name of person(s) \_\_\_\_\_ and attach doctor's statement.

Have you ever participated in a tribal housing program?  Yes  No

If yes please list: \_\_\_\_\_

**LANDLORD HISTORY:**

List current and previous landlord information for the past five (5) years.

Rental address:			
Move in date:		Move out date:	
Reason for moving:			
Landlord name:			
Is the landlord a family member or friend of applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Landlord address:			
Landlord phone number:			

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Rental address:			
Move in date:		Move out date:	
Reason for moving:			
Landlord name:			
Is the landlord a family member or friend of applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Landlord address:			
Landlord phone number:			
Rental address:			
Move in date:		Move out date:	
Reason for moving:			
Landlord name:			
Is the landlord a family member or friend of applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Landlord address:			
Landlord phone number:			

Write additional information on a separate sheet of paper if necessary.

**Part B. Tiny Home Site Information**

Provide Home Site Address:

\_\_\_\_\_

Detailed directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check all current utilities available on the tiny home site:

<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Septic/Plumbing	<input type="checkbox"/> Water	<input type="checkbox"/> Other _____

Does the Home Site have any zoning, restrictive covenants or other regulations that would prohibit installation?

Yes  No If yes, describe? \_\_\_\_\_

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Briefly describe the current condition of the of the home site? *Explain if the site has been cleared and leveled to suit the installation of the Tiny Home.*

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Is the land restricted or trust land?       Yes       No

An initial site inspection will be conducted by the Absentee Shawnee Housing Authority inspector to assess the property to prepare a report whether the property is suitable for the Tiny Home Purchase Program. **NOTE: By being placed on the waiting list, until this has been done, you are not guaranteed that you have been selected to participate in the Tiny Home Program**



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### **ADDITIONAL 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 for the program, and that false or misleading statements may constitute a violation of tribal and federal law.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

I/We fully understand that submission of an application does not guarantee receipt of program eligibility. I/We understand the right to appeal any adverse decision regarding this application for the program 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: \_\_\_\_\_

If I/We sell the house within fifteen (15) years following the date of lease agreement execution, the lease will be voided and I/We will repay the full amount due according to the loan amount.

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: \_\_\_\_\_

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## **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.



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## **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 Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing 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	Employment, Income, and Assets	Residences and Rental Activity
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	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public 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. HUD 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.

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<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Head of Household: _____	_____ 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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## **FEDERAL PRIVACY ACT NOTICE**

Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and Public and Indian Housing Program.

### **PURPOSE:**

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit, size, and the amount the family must pay toward rent and utilities.

### **USE:**

HUD uses 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 furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulator 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 information requested by the public housing agency/Indian housing authority including all social security numbers you and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 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.

### **AUTHORITY FOR INFORMATION COLLECTION:**

The following laws authorize the collection of the information by HUD or the public housing agency/Indian housing authority; the U.S. Housing Act of 1937 (42 U.S.C. 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3443) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

I read the Federal Privacy Act Notice on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Spouse/ or Other Adult



## DECLARATION OF SECTION 214 STATUS

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**Notice to applicants and tenants:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance, must be lawfully within the United States. Please read the Declaration statement carefully and sign. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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I, \_\_\_\_\_ certify, under penalty of perjury<sup>i</sup>, that to the best of my knowledge, I am lawfully within the United States because (Please check appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States.
- I have eligible immigration status and I am 62 years of age or older. Attach proof of age.<sup>ii</sup>
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigration status under §§ 101 (a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)<sup>iii</sup>
  - Permanent residence under § 249 of the INA<sup>iv</sup>
  - Refugee, asylum or conditional entry status under §§ 207, 208 or 203 of the INA<sup>v</sup>
  - Parole status under § 212 (d)(5) of the INA<sup>vi</sup>
  - Threat to life or freedom under §§ 243 (h) of the INA<sup>vii</sup>
  - Amnesty under § A of the INA<sup>viii</sup>

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



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<sup>i</sup> Warning: 18 U.S.C. 100t provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

<sup>ii</sup> Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a documents providing evidence of proof of age. No further documentation of eligible immigration status is required.

<sup>iii</sup> Immigrant status under § 101(a)(15) or 101(a)(20) of the INA. A noncitizen lawfully admitted for permanent residence, as defined by § 101(a)(20) of the immigration and nationality Act (INA), as an immigrant, as defined by § 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101 (a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under § 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

<sup>iv</sup> Permanent residence under § 249 of the INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under § 249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*]

<sup>v</sup> Refugee, asylum, or conditional entry status under §§ 207,208 or 203 of the INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under § 207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under § 208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under § 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980 because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

<sup>vi</sup> Parole status under § 212(d)(5) of the INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under § 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

<sup>vii</sup> Threat to life or freedom under § 243(h) of the INA. A noncitizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under § 243(h) of the INA (8 U.S.C. 1253(h)) [*Threat to life or freedom*].

<sup>viii</sup> Amnesty under § 245A of the INA. A noncitizen who is lawfully admitted for temporary or permanent residence under § 245A of the INA (8 U.S.C. 1255a) [*Amnesty granted under INA 245A*].