



"Among The Shawnee"

# ABSENTEE SHAWNEE TRIBAL MEMBERS COLLEGE HOUSING RENTAL ASSISTANCE

**\*\*DEADLINE FOR FALL SEMESTER IS 60 DAYS BEFORE THE FIRST DAY OF CLASS\***

**\*\*DEADLINE FOR SPRING SEMESTER IS 60 DAYS BEFORE THE FIRST DAY OF CLASS\***

Head of Household: \_\_\_\_\_ Absentee Shawnee Tribal Roll# \_\_\_\_\_

Street Address or P.O. Box #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_ Message: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever participated in Absentee Shawnee Housing Authority 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.		Applicant		
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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

### **OPTIONAL 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.

Is anyone in your household, who is a permanent resident listed under Part A of this application, a veteran?  Yes  No



**Part B. Release of Information, Public Disclosure and Signature**

**PUBLIC DISCLOSURE STATEMENT**

The Absentee Shawnee Housing Authority require a public disclosure regarding conflicts of interest made on individuals who apply for assistance from the 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 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.

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I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Housing Authority 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 Absentee Shawnee Housing Authority if there is any change in my family status along with reporting any changes as a full-time student status and change of address.

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

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

**OFFICIAL CERTIFICATION**

TDHE Representative 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 Housing Authority Board of Commissioners 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 the maximum, individual assistance amount under this Program is \$1200.00, 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 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 Housing Authority shall not be liable for any damage to person or property caused by any action, omission or negligence of the Absentee Shawnee Housing Authority or any of its employees or agents. Further, I/We agree to hold the Housing Authority 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.



## **AUTHORIZATION FOR RELEASE OF INFORMATION**

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish **ABSENTEE SHAWNEE HOUSING AUTHORITY** and **MAXIMUM REPORTS, INC.**, and/or its representative's permission and authority to conduct a credit check in order to determine my suitability for **College Housing Assistance Program** with **ABSENTEE SHAWNEE HOUSING AUTHORITY**. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of **ABSENTEE SHAWNEE HOUSING AUTHORITY** and **MAXIMUM REPORTS, INC.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

\_\_\_\_\_  
**APPLICANT'S FULL NAME (PLEASE PRINT)**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**CITY, STATE, ZIP CODE**

\_\_\_\_\_  
**DRIVER'S LICENSE NUMBER STATE**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**