

ABSENTEE SHAWNEE

HOUSING
AUTHORITY

"Among The Shawnee"

STORM SHELTER ASSISTANCE APPLICATION

MUST BE AN ENROLLED MEMBER OF ABSENTEE SHAWNEE TRIBE

RETURN COMPLETE APPLICATIONS TO:

107 N. KIMBERLY AVE
Shawnee, Oklahoma 74801



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

APPLICATION FOR STORM SHELTER ASSISTANCE

Applicant Information

First Name:		MI:		Last Name:	
Tribe Roll#					
Street Address or PO Box#					
City:		State:		Zip:	
Is the address listed above a current home owned/managed by the Absentee Shawnee Housing Authority? Yes _____ No _____					
Phone	Home# _____		Work# _____		
			Message# _____		
Email Address:		_____			

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.				

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.

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

If yes please list: _____



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Part C. Select Preference of Storm shelter Type:

Please check all that apply:

<input type="checkbox"/> Above ground shelter	<input type="checkbox"/> Below ground shelter	<input type="checkbox"/> Shelter or safe room within the garage or interior of residence
<input type="checkbox"/> Other please explain:		

Have you ever received assistance through Absentee Shawnee Housing Authority?

Yes No If yes, when? _____

Is there an existing mortgage on your home? Yes No

Can you furnish a copy of the warranty deed in your name? Yes No

Is the land restricted or trust land? Yes No

Is this a Mutual Help/NAHASDA Lease Purchase Home? Yes No

If yes, when was it constructed _____

How long have you lived in the home? _____

In what year was the house constructed (estimate the date, if unknown): _____

Detailed directions: _____

An initial inspection will be conducted on behalf of the Absentee Shawnee Housing Authority to determine and address the best option for the storm shelter needs. **NOTE: This does not mean that your application has been approved.**

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 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 changes that will affect my housing and/or living status on my application.



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PUBLIC DISCLOSURE STATEMENT

Section 1000.30 and 1000.32 of the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996, mandates that a public disclosure regarding conflicts of interest must be made for selected applicants who 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 of the ASHA, BOC member or elected Tribal Official.

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.

I/We certify that the information given is true and correct to the best of my knowledge. I/We understand that making any false statements is punishable under federal law. I/We understand that furnishing false statements or information is grounds for denial or termination of the Home Rehab Assistance Program.

Signature

Date

Signature

Date

ASHA OFFICIAL CERTIFICATION

ASHA Representative

Date



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**WAIVER
LEAD BASE PAINT**

The ASHA will visually inspect privately owned homes constructed prior to January 1, 1978, to determine if Lead-Based Paint is present.

If a Lead-Based Paint test is required and the finding is positive, the ASHA is not obligated to eliminate the lead-based paint or provide rehabilitation services.

I acknowledge having read, understood and agreed to the above waiver.

Applicant (Print Name) Signature Date

Applicant (Print Name) Signature Date

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 to receive financial assistance, 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 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: _____



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I/We fully understand that, although the maximum individual grant amount under this Program is \$8,000.00 I/We are not automatically entitled to receive that amount and will not receive that amount if a smaller grant will address the needs identified in this application and verified upon the home site assessment conducted by ASHA.

Applicant's Signature: _____ Date: _____

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

If I/We sell the house within the period of the Useful Life & Binding Commitment term, the grant will be voided, and I/We will repay the grant according to the repay schedule at the time of settlement to the ASHA.

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: _____

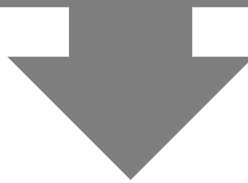
Privacy Act Statement

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.



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ATTENTION!
YOU MUST INCLUDE THESE ITEMS
WITH YOUR APPLICATION



CHECKLIST

- COPY OF TRIBAL I.D.'S
- COPY OF ALL HOUSEHOLD MEMBER SOCIAL SECURITY CARDS
AND BIRTH CERTIFICATES
- COPY OF PROPERTY DEED

Note: Additional documentation may be requested upon review of your application