



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

MORTGAGE ASSISTANCE PROGRAM
FOR ENROLLED ABSENTEE SHAWNEE TRIBAL MEMBERS

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

You must attach all the following documents with the application 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)
- Pre-qualification letter to confirm you are working with a lender
- Any other documentation requested by the Absentee Shawnee Housing Authority



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

HOUSING AUTHORITY

MORTGAGE ASSISTANCE PROGRAM APPLICATION

1. Head of Household: First _____ Last: _____ MI: _____
2. Are you an enrolled member of the Absentee Shawnee Tribe? Yes* No

*Include a copy of your tribal enrollment card

3. Elderly/Handicapped? Yes No
4. Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

5. Telephone Number home: _____ Work _____ Message _____

6. Have you received prior services with Absentee Shawnee Housing Authority? (Example: Low Rent, Mutual Help, Home Rehab, etc.) 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

Part B. Lender Information

Company Name: _____

Address: _____

Phone: _____

***You must include a copy of your pre-qualification letter.**

Part C. 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



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

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 \$15,000.

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 amount due according to the grant schedule 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.

**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	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

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.

	SIGNATURES	PRINTED/TYPED NAME
Head of Household: _____	_____	Date: _____
Spouse: _____	_____	Date: _____
Adult Member 18 & Older: _____	_____	Date: _____
Adult Member 18 & Older: _____	_____	Date: _____
Adult Member 18 & Older: _____	_____	Date: _____

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.