

Household Income Information

List current monthly income of all household members. Please list exact amounts for each month.

Household Member Full Name (First, Middle, Last)	Source of Income	Gross Monthly Amount

List all non-employment income below.

Supplemental Security Income (SSI)	\$	/month
Social Security	\$	/month
Unemployment	\$	/month
Veteran's Benefits	\$	/month
Other (please specify)	\$	/month

Description of Need

In the space below, please summarize your current situation and need for assistance. If you need additional room, please use a separate sheet of paper.

[Large empty text area for describing the current situation and need for assistance.]

Authorization for Release of Information

NATURE OF CONSENT:

I authorize and direct the Housing Program of the Shawnee Tribe to gather information or materials needed to complete and verify my application for participation in and/or to maintain my continued assistance under Shawnee Tribe Housing Programs.

INFORMATION COVERED:

I understand that previous or current information regarding my household or myself may be needed. Verification and inquiries that may be requested include, but are not limited, to:

- Identity and marital status
- Medical or childcare allowances
- Employment, income, and assets
- Residence and rental history
- Credit history
- Other sources of income

AUTHORIZATION:

I authorize the Housing Program of the Shawnee Tribe to verify all information provided in this application. I agree that a photocopy of this authorization may be used for the purposes stated above; the original of this authorization is on file with the Shawnee Tribe Housing Program and will stay in effect for one year and one month from the date signed.

Applicant Signature: _____ **Date:** _____

Applicant Certification

I certify that all the answers given are true, complete, and correct to the best of my knowledge and belief, and 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 could result in suspension or termination of eligibility for future housing programs and may result in legal action.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the Tribe or other Federal agency requires it in the performance of their duties.

(Initial the following)

- _____ I understand that this program is on a first come, first serve basis and I am not guaranteed project approval.
- _____ I understand that all contractors/vendors need to have general liability coverage.
- _____ I understand that all payments will be made directly to contractors/vendors.
- _____ I do not have any unpaid debts owed to the Shawnee Tribe.
- _____ I understand that the present condition of subject property must be in reasonable condition or brought up to reasonable standard condition after the emergency service assistance has been completed.
- _____ I understand I will have to provide initial proof of project and post-project photos and completed project form.

Required Supporting Document Checklist:

Your application will be considered incomplete and will not be processed until all items/documentation have been received by our office.

- Copy of Shawnee Tribe citizenship card
- Copy of driver's license or photo ID
- Proof of ownership (Warranty deed, BIA TSR)
- Proof or statement indicating mortgage current on payments
- Proof of prior year property taxes paid

Applicant Name (please print):	
Signature:	Date:

Return completed application and required supporting documents to the Shawnee Tribe Housing Program at housing@shawnee-tribe.com or mail to **Shawnee Tribe Housing Program, PO Box 189, Miami, OK 74355.**