KAW HOUSING AUTHORITY

P.O. Box 371 / #9 Kanza Ln.

Newkirk, OK 74647

(580)362-6264

Dear Applicant:

Enclosed you will find the application that you have requested. Along with this application Kaw Housing Authority will need a copy of the following:

1. **All the adults in the household Driver's License.**
2. **Tribal Membership Card for all tribal members of the household.**
3. **Social security cards for all members of the household.**
4. **All applicants must have a stable income or minimum of 1 year employment.**
5. **Submission of last year's income tax return.**
6. **Current year to date income statement from employer.**

If you have any questions, regarding this matter, please feel free to contact Kaw Housing Authority at (580) 362-6264.

Sincerely,

Kaw Housing Authority

THE HOUSING AUTHORITY OF THE KAW TRIBE

Date Received_____ Time Received_____
Head of Household: _____
Spouse (Include Maiden Name):_____
Present Street Address:_____
Mailing Address if different than Street:_____
City:_____State:_____Zip:_____
Previous Address:_____
City:_____State:_____Zip:_____
Telephone:_____ Marital Status:_____
Tribal Affliiation:_____
Have you ever been housed by another Indian or Public Housing Authority_____Yes_____No
If yes, give name and address of Authority:_____
_____
Do you currently have an application for housing with another Authority:_____Yes_____No
If yes, give name and address of Authority:_____
_____

Give the names and complete address of at least three (3) Credit References:

#1_____
Address:_____Phone:_____
#2_____
Address:_____Phone:_____
#3_____
Address:_____Phone:_____
Are you buying or renting your present home?_____
If buying, list the mortgage holder:_____
Address:_____Phone:_____
Name of present landlord (if renting)_____
Address:_____Phone:_____
Name of previous landlord:_____
Address:_____Phone:_____
Name of Present Employer:_____Position:_____
Address:_____Phone:_____
Start Date: _____Supervisors Name:_____
Name of Previous Employer:_____
Address:_____Phone:_____
Start Date: _____End Date: _____

Office Use Only - Date Application is Complete: _____

List the names and addresses of employers for all members of your household 18 years and over (including yourself). Also, list any type of benefit received by any household member (such as unemployment, social security, and etc...). Amount of wages or benefits should also be included.

Household member	Employer/Agency	Address	Monthly Income
Household member	Employer/Agency	Address	Monthly Income
Household member	Employer/Agency	Address	Monthly Income

Have you ever been convicted of a felony?_____
If so, please explain:_____
Have you ever been convicted for nonpayment of rent, disturbing the peace, or destroying rental property?_____
If so, explain:_____
Do you own a building site free of indebtedness?_____
Is your land trust of fee simple (deeded)?_____
Legal Description of land?_____
_____
Is the site you own rural or in a city?_____

PLEASE LIST THE NAMES OF ALL PERSONS WHO WILL BE RESIDING IN THE HOUSEHOLD, BEGINNING WITH THE HEAD OF HOUSEHOLD. PLEASE INCLUDE DATE OF BIRTH AND SOCIAL SECURITY NUMBERS FOR EACH PERSON LISTED.

FULL NAME	DATE OF BIRTH	S.S.NUMBER	RELATIONSHIP

A COPY OF YOUR CERTIFICATION OF INDIAN BLOOD (CDIB) AND A COPY OF VERIFICATION OF INCOME FOR ALL HOUSEHOLD MEMBERS EMPLOYED OR RECEIVING ANY TYPE OF BENEFITS ARE REQUIRED WITH THIS APPLICATION. ALL DOCUMENTATION MUST BE PROVIDED AND APPLICATION MUST BE COMPLETED IN FULL BEFORE IT WILL BE PRESENTED TO OUR BOARD OF COMMISSIONERS FOR CONSIDERATION.

_____

Signature of Applicant

_____

Signature of Spouse

I, the above named Applicant(s), authorize the Housing Authority of the Kaw Tribe to obtain information relative to any statements included in this Application for Housing including creditors, landlords or employers. I also understand that upon completion of all requirements, this application is good for a period of one (1) year and that it is my responsibility to provide the Authority with updated information annually.

I also affirm the information provided in this Application is true and correct to the best of my knowledge and fraudulent statements may be a cause for denial of housing, removal after being housed, and/or prosecution under U.S.C. 18.

_____

Signature of Applicant Date Signature of Spouse

Statement of Location

I will only accept a home located in

A. Ponca City
B. Newkirk
C. Blackwell
D. Kaw City
E. Any of the Above Sites
F. Donated Site

I wish to participate in

A. KHA's Rental Program
B. KHA's Homeownership Program

I understand I will only be offered a home in the city (ies) indicated above. Upon being offered a home in the indicated location, I further understand that if I deny the home offered that my name will be dropped to the bottom of the appropriate list.

I further understand that if I choose to change my preferred location or type of housing, it is my responsibility to notify Kaw Housing Authority in written form.

_____

Applicant's Signature Date

I _____hereby authorize and request the Kaw Housing Authority, or its Authorized Agents, to make any necessary inquires to evaluate my tenancy.

I _____grant Kaw Housing Authority and or Agents to research Evictions, Federal Records and Criminal Backgrounds concerning me.

I HEREBY RELEASE ALL LIABILITY OR RESPONSIBILITY TO ALL PERSONS AND CORPORATIONS REQUESTING OR SUPPLYING SUCH INFORMATION.

_____

Applicant's Signature Date

Please provide the following information.

HOH Full Name: _____HOH Signature: _____

Date of Birth: _____Date of Birth: _____

Social Security Number: _____Drivers' License #_____

Other Names Used: _____

Spouse Full Name: _____Spouse Signature: _____

Date of Birth: _____Date of Birth: _____

Social Security Number: _____Drivers' License #_____

Other Names Used: _____

_____

Kaw Housing Representative Date

"FEDERAL PRIVACY ACT NOTICE
For the

Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and the Public and Indian Housing Programs"

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 agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory 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 of the 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 delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this 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. 3543) 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

Kaw Housing Authority

P.O. Box # 371, Newkirk, OK 74647

Phone: 580.362.6264, Fax: 580.362.3986

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To:

Landlord's Name/Company_____

Landlord's Telephone Number_____Fax:_____

RE:

Applicants Name_____

Applicants Current Address_____

_____has applied for a Home with Kaw Housing Authority; please fill out the following information regarding his/her tenancy with you. Please fax this back as soon as possible so that we may process the application. Thank You.

Length of stay at above address_____ to _____

Amount of rent paid per month: _____was the rent paid on time: _____

If late, how many times: _____Did the tenant have any NSF checks: _____If so how many: _____

Did the tenant give proper notice: _____ would you rent to this person again_____

If not explain why? _____

_____

_____

Any noise complaints so problems with the tenant, if so, please describe: _____

_____

Are you in the process of evicting this tenant/did you evict this tenant? _____

Has there been any problems with pest, if so, what kind and was it due to the tenants negligence? _____

_____

_____

What condition was the apartment left in when the tenant moved out: (Good, Fair, or Poor) _____

_____

Information provided by _____Title:_____

I, _____hereby give my permission for you to release the above information.

_____

Signature *Date*

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling with _____, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired/licensed, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment/licensure, contract period or volunteer service.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment/licensure, contract or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the Consumer Reporting Agency: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone: 800-975-9876 ("Agency") upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: http://americanchecked.com/privacy-policy.
I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to the Company.

By checking the following box, I request a copy of all such reports be sent to me. Check here: ☐

DISCLOSURE AND AUTHORIZATION 2.1

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CST) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington State Law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Printed Name _____

Signature _____

Date _____

For identification purposes:

Social Security No. _____ Date of Birth _____

Driver License No. _____ State of Issue _____

APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS...
IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to $10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(**Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

AmericanChecked, Inc.
Section 4
SUMMARY OF YOUR RIGHTS

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates.	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357