



Miami Tribe of Oklahoma Social Services & Housing Department HOUSING STORM SHELTER PROGRAM

Miami Tribe of Oklahoma Housing Department has a program designed to provide funding to install or repair a storm-shelter at an Indian homeowner's residence. This addition or repair adds to the safety of the homeowner and family.

The Housing Storm Shelter application can and may take up to 30 days for processing. At the end of the processing period, you will be notified by phone or written correspondence of the decision made on the application.

**Please note that any incomplete applications will be returned.
To receive services, you must qualify by meeting all eligibility
requirements and program funding must be available.
Complete in blue or black ink only.**

The following information is required for **ALL** household members to determine eligibility for assistance:

- Tribal Enrollment Card(s)
- Social Security Card(s)
 - Birth Certificate(s)
- Driver's License(s)
- Income Verification
 - Pay Stub from Employer along with Verification of Income Form
 - Letter from State Employment Office, if unemployed, **or**
 - Letter from Department of Human Resources, **or**
 - Letter from Social Security, VA, SSI, **or**
 - Letter from Child Support Agency, **or**
 - Zero Income Declaration Form, **or**
 - Copy of last year's Income Tax Statement
- Copy of Deed **and** Insurance Verification, **or**
- Rental Agreement
- Completed Application



Miami Tribe of Oklahoma Social Services & Housing Department HOUSING REHABILITATION ASSISTANCE APPLICATION

Miami Tribe use only:

Date Rec'd: _____ **Time Rec'd:** _____ **By:** _____

Name of Head of Household (Tribal member): _____

Name of Adult Co-Head of Household: _____

Current Address: _____

Current City: _____ Current State: _____ Current Zip: _____

Permanent Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

FAMILY INFORMATION

Beginning with the tribal member, **list ALL persons** who will live in the Home. Each box must be completed for each family member.

Name: First, Last	SS#	Date of Birth	Sex	Relation To Head	Disabled Y/N	Tribal Y/N	Child Y/N	Student Y/N
				SELF				

Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc.?
 Yes No If yes, who can verify this? Please give name, address, phone # and list the Natural Disaster _____

Is the applicant family displaced by domestic violence? Yes No If yes, who can verify this?
Please give name, address, phone # and list the name of the victim _____

Family Income Information

Is any adult family member employed? Yes No If yes, please fill out the following information:

Name of family member	Employer, address and phone #

Has any adult family member recently been laid off, terminated or released from employment? Yes No
If yes, please provide employer name, address, phone # and list the name of the adult family member _____

Is any adult family member enrolled in a job training program, including one under a State or Tribal program?
Yes No If yes, who can verify this? Please give name, address, phone # and list the name of the trainee____

Is any adult family member enrolled in an education program full-time? Yes No If yes, who can verify
this? Please give name, address, phone # and the name of the student _____

Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? Yes
No If yes, please describe the type of asset(s) _____

What is the market value of all assets? _____

Do you, or any member of the household, receive any Tribal Benefits? Yes No If yes, please describe and
list the name of the person receiving benefits _____

Do you, or any member of the household, own any real estate? Yes No If yes, please list the address and
who owns the real estate _____

Have you, or any member of the household, sold any real estate or asset in the past two years? Yes No If
yes, what was the address or asset sold and who owned the asset _____

Household Income
For ALL household members

Income Guide Line

Family of	1	2	3	4	5	6
	\$43,960	\$50,240	\$56,520	\$62,800	\$67,824	\$72,848

Examples of Income are as follows:

Wages/Salaries
Commissions
Employment Bonuses
Sick Leave Pay
Disability Pay
Tips

Workman's Comp
Self-Employment
Unemployment
SSI
TANF
Child Support

Alimony
Retirement
Pension
Lease/Rental Income
Inheritance
Interest/Dividends

Please list the source and amount of ALL income received for each household member, including yourself:

Family Member Name	Income Source	Amount \$	Frequency - Per
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other

Miami Tribe Use Only:

Total Household Income: \$ _____

Total Annual Income: \$ _____

Expense Information

Please fill out in its entirety - estimate on a monthly basis

Mortgage/Rent: \$	Home Phone: \$	Car Payment: \$	Child Care: \$
Home Insurance: \$	Cell Phone: \$	Car Payment: \$	Entertainment: \$
Real Estate Taxes: \$	Cable/Dish: \$	Fuel & Oil: \$	Credit Card #1: \$
Gas: \$	Internet: \$	Repairs & Tires: \$	Credit Card #2: \$
Water: \$	Groceries: \$	Auto Insurance: \$	Loan: \$
Electric: \$	Adult Clothing: \$	Life Insurance: \$	Cigarettes/Tobacco: \$
Trash: \$	Children Clothing: \$	Health Insurance: \$	Alcohol: \$
Other: \$	Other: \$	Other: \$	Other: \$

Miami Tribe Use Only:

Total Monthly Expenses: \$ _____

Housing History

The following questions pertain to your housing for **ANY** assistance that you have received from tribal or nontribal programs. Please answer the questions in their entirety and truthfully.

Have you, or any other member of the household, participated in a Rental Assistance program? Yes No
 If yes, When _____ Where _____
 With Whom: _____

Have you, or any member of the household, participated in a Down Payment Assistance program? Yes No
 If yes, When _____ Where _____
 With Whom _____

Have you, or any member of the household, participated in a Utility Assistance program? Yes No
 If yes, When _____ Where _____
 With Whom _____

Have you, or any member of the household, participated in a Home Ownership program? Yes No
 If yes, When _____ Where _____
 With Whom: _____

Have you, or any member of the household, participated in a Rehabilitation program? Yes No
 If yes, When _____ Where _____
 With Whom _____

Miscellaneous Information

Have you, or any member of the household, ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the nature of the charges or convictions and the name of the household member _____

Are you, or any member of the household, currently on probation or parole? Yes No If yes, please explain and list the household member _____

Assistance Needed

Is this a mobile home? Yes No

Number of bedrooms:_____ Number of bathrooms:_____ Year home was built:_____

Do you currently own the residence? Yes No If no, do you: Rent_____ Lease_____ Mortgage/Bank Payment_____

Do you currently own the land the residence sets upon? Yes No If no, do you: Rent_____ Lease_____ Mortgage/Bank Payment_____

How long have you lived in this residence? _____

What is the current status of the land on which the residence is located? Private Property____ Tribal Trust____
In City Limits____ Individual Trust Land____ Other:_____

I am seeking repair of an existing storm shelter. _____Yes _____No
I am seeking installation of a new storm shelter _____Yes _____No

Application Certification

I/We certify that the answers/information given on this application and attachments, if any, are true to the best of my/our knowledge and belief and understand that they will be verified. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of assistance and any tenancy which I/we might receive. No record will be communicated to anyone or any agency unless request is made in writing either by the applicant, an officer of the Miami Tribe of Oklahoma's Housing Department, Department of Public assistance, the Social Security Administration and/or any other government agencies requiring it is the performance of his/her duties. This application will not be valid unless it is completely filled out. **INCOMPLETE APPLICATIONS WILL BE MADE INACTIVE.**

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

Miami Tribe Use Only:	
Review Date: _____	
Signature of Housing Director: _____	
Income Eligibility Determination:	
Family Size: _____	Monthly Gross Income: \$ _____
Approved-Reason: _____ _____ _____	
Denied-Reason: _____ _____ _____	
Other: _____ _____	



Miami Tribe of Oklahoma Social Services & Housing Department

Verification of Income from Employment

Employer: _____

Employer Address: _____

Employer City, State and Zip Code: _____

Re: _____

Social Security # _____

Applicant

The individual named above has obtained or is attempting to obtain housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be or remain eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. We are required to complete the verification process in a short time period and would appreciate your prompt response. If you have any questions please feel free to contact our office at 918-542-1445 Ext 1387.

I, _____, hereby authorize _____ (employer) to release the information requested below regarding my employment and compensation.

Signature of Applicant

Date: _____

TO BE COMPLETED BY EMPLOYER:

Date Employment Began: _____

Job Title: _____

Salary, Base Pay Rate: \$ _____ per hour \$ _____ per week \$ _____ per month

Average hours worked at Base Pay Rate: _____ hrs/week, or _____ hrs/month in year.

Is this person likely to receive Overtime? Yes _____ No _____ If yes, Overtime Pay Rate : _____ Hr

Average number of Overtime hours expected during the next 12 months: _____ Hrs/Month

Any other compensation not listed above? Please specify for commission, bonuses, tips, etc.?

For _____ \$ _____ per _____

Total Base Pay Earnings for the last 12 months: \$ _____

Total Overtime Earnings for the last 12 months: \$ _____

Firm Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____



Miami Tribe of Oklahoma Social Services & Housing Department
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Employer Address: _____
Employer City, State and Zip Code: _____

Re: _____ Social Security # _____
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For _____ \$ _____ per _____

Total Base Pay Earnings for the last 12 months: \$ _____

Total Overtime Earnings for the last 12 months: \$ _____

Firm Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____



Miami Tribe of Oklahoma Social Services & Housing Department
Zero Income Self Declaration Form

*Please complete and sign this form if you have claimed zero or no income on the attached application. **Failure to complete this form will delay the processing of your application.** Blank or writing N/A or dashes (---) is not acceptable. If more than one adult household member claims zero or no income, you will need to provide copies of this form for all qualifying household members.*

(Full Name)

(Address)

(City)

(State)

(Zip)

Date of Birth: _____

Social Security #: _____

Phone number: _____

Please explain reasoning for lack of employment and include how you have paid your monthly bills for at least the past 90 days:

Office use only.

Client Notes:



Miami Tribe of Oklahoma Social Services & Housing Department
Zero Income Self Declaration Form

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Client Notes:



Miami Tribe of Oklahoma Social Services & Housing Department

CONFLICT OF INTEREST DISCLOSURE

The Miami Tribe of Oklahoma Adult Services Program takes seriously any actual or potential conflicts of interest. As we wish to avoid even the applicants to disclose any immediate family members, or significant persons, which could potentially cause a conflict of interest. For this purpose, immediate family members include, but is not limited to, spouse, children, parents and siblings.

Please list any relationships here (please print):

Attestation: The undersigned individual (s) hereby attest he/she is a participant in the Miami Tribe of Oklahoma Adult Services Program and that he/she is independent of and has no conflict of interest with any persons listed above.

Signature of Applicant

Date



Miami Tribe of Oklahoma Social Services & Housing Department

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Signature of Applicant

Date



Miami Tribe of Oklahoma Social Services & Housing Department

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the Miami Tribe of Oklahoma Social Services & Housing Department to release and receive information to and from the following persons and organizations. I have been informed of the type of information to be released and requested.

- _____ Department of Human Services
- _____ Court/Criminal/Civil
- _____ Lawyers
- _____ Referral Source
- _____ Medical
- _____ Housing
- _____ Employer
- _____ Other

_____ I hereby release the Miami Tribe of Oklahoma and its agents and employees from all liabilities, responsibilities, damages and claims which might result from the release of information authorized above.

_____ I hereby waive any therapist-patient privilege with respect to records released to the above named individual or organization.

_____ I hereby waive any physician-patient privilege with respect to records released to the above named individual or organization.

_____ I understand that the above-named consents are subject to revocation by me at any time, except to the extent that action has been taken in reliance on this consent prior to revocation.

Signature of Person Authorizing Release

Date

Signature of MTO Representative

Date



Miami Tribe of Oklahoma Social Services & Housing Department

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