



# Miami Tribe of Oklahoma Social Services & Housing Department

## LOW INCOME RENTAL HOUSING APPLICATION

The Miami Tribe of Oklahoma Social Services and Housing Department has three (3) 2-bedroom units that are completely unfurnished and one (1) two-bedroom unit, reserved for emergency assistance, available to Native American applicants. These units are rentals and require submission of a **completed application** to be considered for occupancy. The application can and may take up to thirty (30) days for processing and you will be notified in writing the status of your application. Once approved, your application will be placed on a waiting list, as the units are leased on a first-come-first-served basis and is also based on the urgency of housing needs.

*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 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
- Rental History from Current and Previous Landlord

- Completed Application
- Any other information that may be requested by the Housing Department.



## Miami Tribe of Oklahoma Social Services & Housing Department LOW INCOME RENTAL HOUSING 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: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

### FAMILY INFORMATION

Beginning with the tribal member, list ALL persons who will live in the Miami Tribe Housing unit. Each box must be completed for each family member. No one except those listed on this form may live in the unit.

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. \_\_\_\_\_



## Miami Tribe of Oklahoma Social Services & Housing Department

### **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 number

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) \_\_\_\_\_

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

What is the market value of all assets? \_\_\_\_\_

Do you own any real estate? Yes  No  If yes, what is the address and list who owns the real estate \_\_\_\_\_

Have you sold any real estate or asset in the past two years? Yes  No  If yes, what was the address of the real estate or asset sold and please list who owned the real estate or asset \_\_\_\_\_

### **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: \$ \_\_\_\_\_ MIAMI, OK 74355 • (918)541-1389 • FAX# (918)513-5147 *Revised, 2022*



# Miami Tribe of Oklahoma Social Services & Housing Department

## HOUSEHOLD INCOME

*For ALL household members*

### Gross 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     | Workers Comp    | Alimony             |
| Commissions        | Self-Employment | Retirement          |
| Employment Bonuses | Unemployment    | Pension             |
| Sick Leave Pay     | SSI/SSDI        | Lease/Rental Income |
| Disability Pay     | TANF            | Inheritance         |
| Tips               | Child Support   | 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 Monthly Income: \$ \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_



# Miami Tribe of Oklahoma Social Services & Housing Department

## RENTAL INFORMATION

*Please give landlord information for the current and previous 10 years.*

	Name	Mailing Address	Phone #	How Long
Current				
Previous				
Previous				
Previous				

*The Miami Tribe Housing will be contacting current and previous landlords for rental history.*

Have you, or anyone in your household, ever been evicted from housing? Yes  No  If yes, please explain why: \_\_\_\_\_  
 \_\_\_\_\_

Do you, or anyone in your household, owe any money to any housing authority or previous landlord: Yes  No  If yes, to whom do you owe: \_\_\_\_\_  
 \_\_\_\_\_

Do you have any past due utility bills? Yes  No  If yes, please describe and give the amount that is owed: \_\_\_\_\_  
 \_\_\_\_\_

## 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 and date(s) of the charges or convictions: \_\_\_\_\_  
 \_\_\_\_\_

Are you, or any member of the household, currently on probation or parole? Yes  No  If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Are you or any member of the household, a veteran of any branch of the United States Military? If so, specify whom: \_\_\_\_\_  
 \_\_\_\_\_



## Miami Tribe of Oklahoma Social Services & Housing Department

### MISCELLANEOUS INFO (CONT.)

Please provide the following information for ALL household members who have a driver's license:

Name	License Number	State Issued	Expires

Please provide the following information for all vehicles used by household members:

Year	Make	Model	License # and State

Are you, or any member of the household, related to a Miami Tribe employee or Miami Tribal Housing employee? If so, state employee's name and how related: \_\_\_\_\_

### 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 Rehabilitation program through the Miami Tribe of Oklahoma? Yes  No   
 If yes, When \_\_\_\_\_ Where \_\_\_\_\_  
 With Whom: \_\_\_\_\_



# Miami Tribe of Oklahoma Social Services & Housing Department

## 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 a request is made writing either by the applicant, or 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 complete. **INCOMPLETE APPLICATIONS WILL BE DENIED.**

*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 (5) years or both.*

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date

### Miami Tribe Use Only:

Review Date: \_\_\_\_\_

Signature of Authorized Employee: \_\_\_\_\_

Income Eligibility Determination:

Family Size: \_\_\_\_\_

Monthly Net Income: \$ \_\_\_\_\_

Approved-Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Denied-Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Miami Tribe of Oklahoma Social Services & Housing Department

## VERIFICATION OF 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 918-541-1300 Ext 1389.

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

## VERIFICATION OF EMPLOYMENT

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer City, State and Zip Code: \_\_\_\_\_

Re: \_\_\_\_\_  
Applicant

Social Security # \_\_\_\_\_

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Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_



# Miami Tribe of Oklahoma Social Services & Housing Department

## ZERO INCOME SELF DECLARATION

*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 #

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

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### Office Use Only

**Client Notes:**

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### Office Use Only

Client Notes:

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# 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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- \_\_\_\_\_ Lawyers
- \_\_\_\_\_ Referral Source
- \_\_\_\_\_ Medical
- \_\_\_\_\_ Housing
- \_\_\_\_\_ Employer
- \_\_\_\_\_ Other

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Date

\_\_\_\_\_  
Signature of MTO Representative

\_\_\_\_\_  
Date



# 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):

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**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



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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date