



Comanche Nation Housing Authority

“Service with Pride”

402 S.E. “F” Ave, Lawton, Oklahoma 73502
Telephone 580.357.4956 Fax 580.280.4714

APPLICATION FOR THE ELDER PROGRAM (AGE 62 & OVER)

This application is for Elders age 62 or older whose home is located in the jurisdictional area of the Comanche Nation Housing Authority (CNHA). The applicant must reside in and be the home owner of the property to be worked on and must not owe a debt to the CNHA.

APPLICANT PERSONAL INFORMATION:

Name:	Birth Date:
Mailing Address:	Social Security#
Physical Address:	
City/State/Zip:	
Directions to Home:	
Home Phone#:	Cell Phone#:
Email Address:	Emergency #

1. Are you or any member of your family handicapped or disabled? _____
2. Please state who and what certified disability: _____
3. Wheel Chair required? Yes No

REQUESTED ASSISTANCE:

Please give a brief description of the issue(s) you are having within the home. **Note:** CNHA staff shall set up a home visit and will determine the necessary scope of work needed based on the appropriate international building code, habitability and safety standards, and ADA standards in accordance with the applicable service category in Section IV(B)(1) of the CNHA Elder Program Policy :

DISCLOSURES:

Are you related to or do you have business ties to any CNHA staff, members of their immediate families, CNHA Board members, members of their immediate families, Comanche Business Committee members, members of their immediate families, and such individual's business associates?

Yes No

If Yes, Name _____ Relationship _____

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INFORMATION REGARDING YOUR HOME:

Was House Built Before 1978: <input type="checkbox"/> Yes <input type="checkbox"/> No	Yr. Home built: _____	# of Bedrooms: _____	# Bath: _____
Number of Persons Living in Home: _____	Name of Electric Company: _____		
Type of Heat: <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric	Is your home mobile or modular ___yes___no		
Type of Water: <input type="checkbox"/> Rural <input type="checkbox"/> City <input type="checkbox"/> Private Well	Home Insurance: _____yes___no		
Type of Sewer: <input type="checkbox"/> City <input type="checkbox"/> Septic System <input type="checkbox"/> Lagoon	Square Ft of home: _____		

REQUIRED DOCUMENTATION: The following information and documentation must accompany the application:

	Attached?
Proof of Age in the form of a birth certificate, federal, state or Tribal identification card.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tribal membership card of applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Homeownership Including Legal Description in the form of a deed, abstract of title, lease cancelation, mortgage document , or other documentation through legal proceedings such as, court probate, will or lifetime use of the property . <i>(These documents are not available through the CNHA and must be provided by the applicant.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Residency in the form of a current utility bill for the residence in the name of the applicant and bearing the address of the residence. <i>(The address that is listed must be the same as is on the application.)</i> No PO Box's must be a physical address	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENT AND SIGNATURE:

The above information is correct to the best of my knowledge. I understand that any false statement or information provided in this application is in violation of federal law, Title 18 USC 1001, a felony crime punishable by up to five years in prison. The signatures below are acknowledgement that this law was discussed with the applicant by a Housing Management Specialist.

Applicant Signature

Date

Housing Management Specialist Signature

Date

For Official Use Only

CNHA Representative accepting application:	
Date application received:	Time:
Date notification of incomplete application due:	Mailed:
Date determination of eligibility due:	Mailed:
Eligibility determination: Ineligible / Eligible	Date placed on Waiting List:
Comments:	