



# 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 55 -61)

This application is for Elders age 55 to 61 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 #
Are you or any member of your family handicapped or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please state Certified Disability:	
Wheel Chair required? <input type="checkbox"/> Yes <input type="checkbox"/> 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 :

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**INFORMATION REGARDING YOUR HOME:**

Was House Built Before 1978: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Home Built: _____	# of Bedrooms: _____ # of 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 a mobile or modular <input type="checkbox"/> yes <input type="checkbox"/> 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: _____	

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**HOUSEHOLD COMPOSITION:**

NAME: (LAST, FIRST, MI)	RELATIONSHIP TO HEAD	ETHNICITY/TRIBE	GENDER	BIRTH DATE	SOCIAL SECURITY #
	<b>Head</b>				
	<b>Spouse</b>				

**INCOME VERIFICATION:**

Household income for an Elder Program applicant, age 55 to 61, cannot exceed the 110% median income limit as determined by the Department of Housing and Urban Development (HUD).

Please list all income for every member of the household over the age 18.

HOUSEHOLD MEMBER WITH INCOME:	SOURCE OF INCOME: (EMPLOYER, SOCIAL SECURITY, SSI, VETERANS BENEFITS, UNEMPLOYMENT, CHILD SUPPORT, OTHER)	ANNUAL AMOUNT:

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

	Attached?
<b>Proof of Age</b> in the form of a birth certificate, federal, state or Tribal identification document.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tribal membership card</b> of applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Authorization for Release of Information/ Privacy Act</b> signed by everyone living at the residence that is eighteen (18) years of age and above. <i>(Form attached.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Proof of Homeownership Including Legal Description</b> 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
<b>Proof of Residency</b> 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
<b>Income Verification</b> proof of income for all household members eighteen (18) years and older that reside in the home. Acceptable forms of proof include: <ul style="list-style-type: none"> <li>• Social Security statements</li> <li>• Social Security award letter for the current year</li> <li>• Last two pay stubs</li> <li>• Retirement benefits letter for the current year</li> <li>• VA benefits statement dated within the last year</li> <li>• Unemployment documents if you are currently unemployed</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTE:</b> Adult household members who have <u>no</u> income must complete the attached Zero Income Certification form and include it with the application.	

**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:	



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### AUTHORIZATION FOR THE RELEASE OF INFORMATION FORM

#### RE: Request for Information

The individual(s) listed below are applicant(s)/tenant(s) for housing assistance which is subsidized through the U.S. Department of Housing and Urban Development (HUD). Federal regulations require that in order for the household to be eligible, we must verify the household’s income, expenses, medical and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household’s eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

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**Consent:** I consent to allow the Comanche Nation Housing Authority (CNHA) to request and obtain information for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs.

This consent form expires 15 months after signed.

#### Signatures:

_____	_____	_____
Head of Household (HOH)	SSN of HOH	Date
_____		_____
Spouse		Date
_____		_____
Other Family Member over age 18		Date
_____		_____
Other Family Member over age 18		Date

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**Privacy Act Notice.** Authority: The Comanche Nation Housing Authority is authorized to collect information by the Native American Housing and Self Determination Act of 1996 (NAHASDA). You are required to provide all of the information requested, including social security numbers of all household members age six years or older. Purpose: Your income and other information are being collected to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. The information will not be otherwise disclosed or released except as permitted or required by law. Penalty: Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.



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### Zero Income Certification

I, , hereby certify that I do not have income from any source, including, but not limited to the following:

- No Yes Self-employment (yard maintenance, house cleaning, baby-sitting, etc.)?
- No Yes Operation of a business or rental income from real or personal property?
- No Yes Unemployment, Social Security, Department of Human Services assistance, Veterans Administration, Workers Compensation, retirement funds, pensions, disability or death benefits?
- No Yes Allowances such as alimony, child support, or gifts received from persons not living in the unit?
- No Yes Educational grants and/or scholarships or Veterans Administration benefits available for subsistence after deducting expenses for tuition, fees and books? If so, how much: \_\_\_\_\_

PLEASE STATE HOW YOU WILL PAY FOR EVERYDAY EXPENSES (RENT, UTILITIES, FOOD, ETC.)

\_\_\_\_\_

\_\_\_\_\_

I agree to notify Comanche Nation Housing Authority immediately, if there is any change in my income. I acknowledge that any misrepresentation of income, assets or family composition used from my application to determine eligibility may result in termination of participation in the program, or I may be required to pay the difference between the total tenant’s payment paid and the amount which should have been paid.

\_\_\_\_\_  
Signature of applicant or adult household member

\_\_\_\_\_  
Date

### Additional Zero Income Certification

I, , hereby certify that I do not have income from any source, including, but not limited to the following:

- No Yes Self-employment (yard maintenance, house cleaning, baby-sitting, etc.)?
- No Yes Operation of a business or rental income from real or personal property?
- No Yes Unemployment, Social Security, Department of Human Services assistance, Veterans Administration, Workers Compensation, retirement funds, pensions, disability or death benefits?
- No Yes Allowances such as alimony, child support, or gifts received from persons not living in the unit?
- No Yes Educational grants and/or scholarships or Veterans Administration benefits available for subsistence after deducting expenses for tuition, fees and books? If so, how much: \_\_\_\_\_

PLEASE STATE HOW YOU WILL PAY FOR EVERYDAY EXPENSES (RENT, UTILITIES, FOOD, ETC.)

\_\_\_\_\_

\_\_\_\_\_

I agree to notify Comanche Nation Housing Authority immediately, if there is any change in my income. I acknowledge that any misrepresentation of income, assets or family composition used from my application to determine eligibility may result in termination of participation in the program, or I may be required to pay the difference between the total tenant’s payment paid and the amount which should have been paid.

\_\_\_\_\_  
Signature of applicant or adult household member

\_\_\_\_\_  
Date