



Comanche Nation Housing Authority

“Service with Pride”

1918 E. Gore Blvd, Lawton, OK 73501
Telephone 580.357.4956, Fax 580.280.4714

Comanche Nation Housing Authority Home Improvement Program

This application is for Comanche Tribal Members whose home is located in the defined jurisdictional area of the program. The applicant must reside in and be the home owner of the property to be worked on.

APPLICANT PERSONAL INFORMATION:

| | |
|---------------------|--------------|
| Name: | Birth Date: |
| Mailing Address: | |
| Physical Address: | |
| City/State/Zip: | |
| Directions to Home: | |
| County: | |
| Home Phone#: | Cell Phone#: |
| Email Address: | |

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:

Work will be limited to the emergency repair need described below. Please be as specific as possible.
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 (F) of the CNHA HIP Policy:

Continued on back (Turn over)

Comanche Nation Housing Authority

Home Improvement Program

INFORMATION REGARDING YOUR HOME:

| | |
|---|---------------------------|
| Was House Built Before 1978: <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Bedrooms: |
| 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 | |
| Type of Water: <input type="checkbox"/> Rural <input type="checkbox"/> City <input type="checkbox"/> Private Well | |
| Type of Sewer: <input type="checkbox"/> City <input type="checkbox"/> Septic System <input type="checkbox"/> Lagoon | |

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

| | Attached? |
|---|--|
| Certificate of Degree of Indian Blood (C.D.I.B) or 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> | <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 could result in the loss of eligibility for this or other Comanche Nation programs

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: | |
| | |