



Comanche Nation Housing Authority

“Service with Pride”

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

APPLICATION FOR THE HOMEOWNERSHIP LEASE PURCHASE PROGRAM

To qualify for the Homeownership Lease Purchase Program, you must not have a balance due to the CNHA (any existing balance must be paid in full), must have a minimum annual household income of \$25,000, and must not exceed the current HUD annual income limits.

APPLICANT PERSONAL INFORMATION:

Name:	
Address:	City/State/Zip:
Home Phone#:	Work/Cell Phone#:
Email Address:	
Are you or any member of your family handicapped or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please state who and what certified disability:	
Wheel Chair required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACT:

<i>Emergency Contact:</i>	Relationship:
Address:	City/State/Zip:
Home Phone#:	Work/Cell Phone#:

PREVIOUS ADDRESSES AND LANDLORDS: Please list your previous two addresses and landlords leaving no gaps in dates. We must have a contact number for the landlords listed.

Address:		City/State/Zip:	
Date From:	To:	Reason for Moving:	
Landlord's Name:		Contact Number:	
Address:		City/State/Zip:	
Date From:	To:	Reason for Moving:	
Landlord's Name:		Contact Number:	

LIST TOWN WHERE YOU WANT TO RESIDE:

(Must be within the CNHA service area consisting of the following counties: Caddo, Comanche, Cotton, Kiowa and Tillman.)

[1] _____

[2] _____

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PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you ever filed an application with the Comanche Nation Housing Authority? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse ever lived in a Comanche Nation Housing Authority home? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a mortgage or have you owned a home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any other member of your family ever been evicted from anywhere? If yes, explain the circumstances:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any other member of your family ever been convicted of a felony? If yes, specify person's name and offense:	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD COMPOSITION: List all persons who will be living in the household.

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

INCOME VERIFICATION:

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:

Comanche Nation Housing Authority

Homeownership Lease Purchase Application

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 _____

REQUIRED DOCUMENTATION: The following must accompany this application:

	Attached?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Cards for ALL household members.	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Degree of Indian Blood (C.D.I.B) card for head of household only.	<input type="checkbox"/>	<input type="checkbox"/>
Birth Certificate for ALL household members.	<input type="checkbox"/>	<input type="checkbox"/>
Authorization for Release of Information/ Privacy Act signed by everyone living at the residence that is eighteen (18) years of age or older. <i>(Form attached.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Notice/Authorization And Release For Criminal Background Investigation signed by everyone living at the residence that is eighteen (18) years of age or older. <i>(Form attached.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Income Verification proof of income for all household members eighteen (18) years and older that reside in the home. Acceptable forms of proof include:	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Last two pay stubs • Retirement benefits letter for current year • Social Security award letter for current year • Unemployment documents if unemployed • VA benefits statement for current year • Social Security statements 		
<p>NOTE: Adult household members who have <u>no</u> income must complete the attached Zero Income Certification form and include it with the application.</p>		

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

APPLICATION NOTES:

- It is the responsibility of the applicant to **notify the Housing Authority of any changes** to the information submitted.
- If additional copies are required, all application **forms can also be downloaded** from the CNHA website at the following address: www.comanchehousing.com/services/housing-programs



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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.**

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

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: _____

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Signature of applicant or adult household member

Date

NOTICE/AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND INVESTIGATION

Name of Head of Household on Housing Application: _____

I, the undersigned individual, do hereby authorize the **Comanche Nation Housing Authority, Lawton, OK** to procure a criminal background report on me for the purpose of initial applicant eligibility screening, lease enforcement and/or eviction actions. This authorization and release form is valid during the housing application process, and if accepted into a housing program, for the entire duration of stay in a CNHA housing unit.

This above-mentioned report will be disclosed only to CNHA staff who has a job related need for the information and who is an authorized officer, employee, or representative of the recipient.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the **Comanche Nation Housing Authority, Lawton, OK** including, but not limited to any and all courts and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the **Comanche Nation Housing Authority, Lawton, OK** and all persons, National Crime Information Center, police departments, and other law enforcement agencies, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a criminal background report hereby authorized.

Further, I certify that the information contained on this Notice/Authorization/Release form is true and correct and that my housing application will be terminated based on any false, omitted or fraudulent information.

Signature: _____ Today's Date: _____

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Full Name: _____ Suffix: JR ___ SR ___ III ___
[Do Not Abbreviate] First Middle Last

Other Names Used: _____ Dates Used: _____
(alias, maiden, or nicknames)

Current Address: _____
Street or P. O. Box City State Zip Code County Date Lived

Social Security Number: _____ - _____ - _____ Full Name on SSN: _____

Date of Birth (month/day/year): ____/____/____ Gender: Female ___ Male ___

E-mail Address: _____

TO BE COMPLETED BY CNHA STAFF ONLY

This criminal background report will be kept under lock and key and be under the custody and control of the CNHA executive director/lead official and/or his designee for such records.

Date Report Received: _____

Reviewed By: _____

Report Determination: Favorable / Unfavorable

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Signature: _____ Today's Date: _____

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Full Name: _____ Suffix: JR _____ SR _____ III _____
[Do Not Abbreviate] First Middle Last

Other Names Used: _____ Dates Used: _____
(alias, maiden, or nicknames)

Current Address: _____
Street or P. O. Box City State Zip Code County Date Lived

Social Security Number: _____ - _____ - _____ Full Name on SSN: _____

Date of Birth (month/day/year): ____/____/____ Gender: Female ____ Male ____

E-mail Address: _____

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