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**CHAIRWOMAN**  
*Sallie Kerchee Tonips*



**EXECUTIVE DIRECTOR**  
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## **APPLICATION INSTRUCTIONS FOR THE ELDERLY ASSISTANCE PROGRAM**

1. Complete the application that starts on page two of this document.
2. The following information and documentation must accompany the application:
  - ❖ Certificate of Indian Blood (C.D.I.B) for all household members.
  - ❖ Social Security Number if not located on tribal card.
  - ❖ Authorization for Release of Information/ Privacy Act Notice signed by everyone living at the residence that is eighteen (18) years of age and above. (Form enclosed.)
  - ❖ Income Verification for everyone living at the residence that is eighteen (18) years of age and above. (Form enclosed.) Acceptable forms include:
    - 1) Current Social Security statements
    - 2) Award social security letter for the current year
    - 3) Last two pay stubs
    - 4) Retirement benefits letter for the current year
    - 5) VA benefits
    - 6) Unemployment documents if you are currently unemployed

If you do not have any of these items please let the CNHA Housing Management Department know and the CNHA staff will have the appropriate documentation that is required.

- ❖ Age of Home.
  - ❖ Certified document of Legal Description in the form of a deed and /or abstract, or a lease cancelation if the home is on tribal land.
  - ❖ Proof of Residency in the form of a current utility bill including your name and current address. (Please make sure the address that is listed is the same on the application.)
3. Submit the completed application and required documentation to the CNHA office.

**NOTE 1:** Please keep in mind that CNHA cannot accept any documents that are hand written or not on a legal letterhead from the place of business.

**NOTE 2:** Please notify CNHA if you have applied or been approved for any of CNHA's programs. In addition, notify CNHA if you have had assistance with the Home Improvement Program with the Comanche Tribe.

**NOTE 3:** Please allow up to fifteen (15) business days to process.

**Comanche Nation Housing Authority**

Elderly Assistance Application

This program is for eligible Elderly (**62 years of age**) individuals only. Funds will be administrated by a waiting list that is established from the Comanche Nation Housing Authority Housing Management Department. **All Elders that apply must reside and own the home that the work is being performed on.**

**Please complete the application below to the best of your ability.**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Directions to Home: \_\_\_\_\_

\_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Year House Was Built: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Persons living in Home: \_\_\_\_\_

Are you or any member of your family handicapped or disabled? \_\_\_\_\_

Certified Disability: \_\_\_\_\_

Wheel Chair? \_\_\_\_\_

Have you ever filed out an application with the Elderly Home Repair Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes when? \_\_\_\_\_

Has the Comanche Nation Home Improvement Program (HIP) worked on your home in the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If so when? \_\_\_\_\_

Nature of Work Completed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comanche Nation Housing Authority**

Elderly Assistance Application

Please complete the information below for **all** household members.

| NAME: (LAST, FIRST, MI) | RELATIONSHIP | RACE/TRIBE | SEX | BIRTH DATE | SOCIAL SECURITY # |
|-------------------------|--------------|------------|-----|------------|-------------------|
|                         |              |            |     |            |                   |
|                         |              |            |     |            |                   |
|                         |              |            |     |            |                   |
|                         |              |            |     |            |                   |
|                         |              |            |     |            |                   |
|                         |              |            |     |            |                   |
|                         |              |            |     |            |                   |
|                         |              |            |     |            |                   |
|                         |              |            |     |            |                   |

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list the nature of the Emergency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\* Elder Disclosure Statement\*\***

*I have answered each question and provided all the requested information to the best of my ability. No fraudulent statements have been made or implied, and I have no objection to inquiries being made for the purpose of verification of statements is subject to prosecution and / or rejection to my application. By signing this application I agree to provide any additional information requested. I understand it is my responsibility to notify CNHA of any changes of address, income, or family composition. I understand it's my responsibility to answer any correspondences that CNHA sends to me. I understand that failure to comply will result in my application being inactive.*

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

\_\_\_\_\_  
Date

**Office Use Only**

CNHA Representative: \_\_\_\_\_

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

Time: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Third Party Employment Income Verification

Comanche Nation Housing Authority **Housing Management Department** requires all household members to verify the household income including all anticipated income sources. The only acceptable income verification is: **two current pay stubs, Social security, Social security disability, Retirement, VA, previous years IRS return.** Verification for the entire household income is required for the following programs: **Low Rent, Student Housing, , Non- Nahasda rentals , Mutual Help, lease Purchase, Down payment& Closing Cost, Elderly and, 100% Mortgage loan program.**

Every one in the household that is over the age of 18 is required to verify income. If you are not employed please circle "No Income" and sign and print your name.

#### NO INCOME

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please understand that by circling "no income" and signing your name that you are certifying that you are without income as of this date and it is considered fraud in the state of Oklahoma if this statement is not accurate and you the client may be punishable under Federal law.

If you receive any type of income, please turn in the supporting documents and current **last two pay stubs.**

#### Information below is to be completed by employer ONLY

Employment Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employment is: Permanent: \_\_\_\_\_ Temporary: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_ If seasonal or temporary, please explain: \_\_\_\_\_

Current number of hours worked a week: \_\_\_\_\_ Overtime: \_\_\_\_\_

Current base pay: \_\_\_\_\_ Bi- Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

Anticipated gross income for the current year: \_\_\_\_\_

**The above information is correct to the best of my knowledge. I understand that any false statements or information can be punishable under federal law.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Work email address: \_\_\_\_\_

Please feel free to call CNHA Housing Management Department if you have any questions.

CNHA hours of operation are form 8am to5pm Monday through Friday. CNHA is closed most major holidays.

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

|  |       |                                 |       |
|--|-------|---------------------------------|-------|
| _____  | _____ |                                 |       |
| Head of Household                                    | Date  |                                 |       |
| _____  |       | _____                           | _____ |
| Social Security Number (if any) of Head of Household |       | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Spouse   | Date  | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Other Family Member over age 18                      | Date  | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Other Family Member over age 18                      | Date  | Other Family Member over age 18 | Date  |

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.