

14325 Porcupine Rd
Wyandotte, OK 74370
Phone: (918) 678-2297
Fax: (918) 309-8438



For Use of Housing Staff Only

Date Received: _____

Application Points: _____

HOUSING IMPROVEMENT PROGRAM WYANDOTTE NATION

To be eligible for this program your household income may not exceed the income limits as allowed by HUD*.

Family Size	1	2	3	4	5	6	7	8
Maximum Income	\$36,848	\$42,112	\$47,376	\$52,640	\$56,851	\$61,062	\$65,274	\$69,485

*The income guidelines change annually

- 1) Complete the application that starts on page two (2) of this document.
- 2) Include the following required documentation with your application:
 - ◆ Copy of Tribal Membership Card
 - ◆ Copy of Proof of Income for all items listed on chart
 - ◆ Copy of Warranty Deed

Incomplete applications will be returned

Return the completed application with all required documentation to the Housing Department at:

**Wyandotte Nation Housing Department
14325 Porcupine Rd
Wyandotte, OK 74370
Phone: (918) 678-6336 or (918) 678-6339
Fax: (918) 309-8438**

Date: _____ Phone: (____) _____

Name: _____

Tribe: _____ Social Security Number: _____

Present Address: _____

City State Zip

Location of property to be repaired: _____

Family Information: Age Sex Occupation Employer

Applicant

Spouse

Others in Household: (List all dependents and others living in the home)

Describe any severe health, handicap, or permanent disability problems: _____

Description of Housing Assistance Request: _____

Legal Description of Property: _____

Location of Property: _____

Present Dwelling Condition: _____

Owner of Dwelling: _____

Size of Dwelling: (square feet, include number of rooms and number of bedrooms) _____

Distance to water, sewer, and electricity (Supply and information concerning IHS facilities provided)

Have you or anyone in your household received Housing Improvements before? _____
If yes: When, where, and how much? _____

Have Improvement Funds been used to provide any repairs on the home you are now living in? _____
If yes: When? _____

LIST **ALL** INCOME FOR THE 12-MONTH PERIOD FOR **EVERY MEMBER** OVER THE AGE OF 18 (INCLUDE FULL TIME, PART TIME, OR SEASONAL INCOME, EVEN IF COMPLETING THE APPLICATION DURING THE OFF-SEASON)

<u>Description</u>	<u>Annual Amount</u>
1. Wages, salaries	\$
2. Income earned from self-employment or job that pays in cash only	\$
3. Regular pay for member of the armed forces	\$
4. Public Assistance (TANF, GA)	\$
5. Worker's compensation	\$
6. Unemployment benefits or severance pay	\$
7. Student financial assistance (public or private, not including student loans	\$
8. Child support	\$
9. Alimony/ Spousal Maintenance	\$
10. Social Security Income (including unearned income of minor children)	\$
11. Disability benefits including social security disability	\$

12. Regular payments from pensions (PERA, railroad, etc.)	\$
13. Regular payment from retirement benefits	\$
14. Death benefits	\$
15. Regular payments from annuities or life insurance dividends	\$
16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
17. Net income from rental property	\$
18. Regular cash and non-cash contributions (assistance with paying bills)	\$
TOTAL INCOME: \$	

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that, if I falsify information on this application that I may be disqualified for any assistance.

Applicant's Signature _____

Date: _____