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## **COLLEGE HOUSING ASSISTANCE PROGRAM**

### **Application Guidelines**

#### **Purpose**

The purpose of the College Housing Assistance Program, a NAHASDA funded program administered by the Housing Authority of the Cherokee Nation, is to assist low income Native American students to secure safe and affordable housing while seeking a first-time Bachelor's degree and maintaining full-time student status at an accredited institute of higher education. The College Housing Assistance Program will provide students with up to \$1000 per semester for housing costs only.

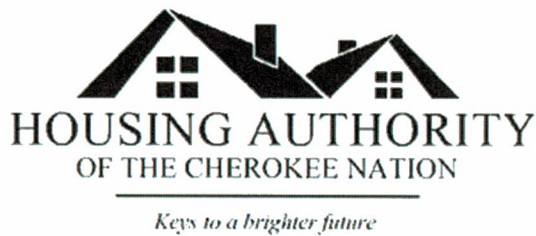
#### **Eligibility**

- Applicant must be member of a federally recognized tribe. Priority will be given to Cherokee Nation tribal citizens.
- Applicant must be a resident of the Cherokee Nation.
- Applicant family must meet all eligibility requirements for the College Housing Assistance Program, including NAHASDA income guidelines.
- Applicant must be seeking a first-time Bachelor's degree at an accredited institute of higher education.
- Must participate in the Cherokee Cultural Curriculum while on the program.
- Priority will be given to students who were assisted the previous semester on the College Housing Assistance Program.
- Assistance is limited to eight (8) semesters.
- Other eligibility requirements may apply according to the College Housing Assistance Program policy.

**For more information, please contact:**  
**918-456-5482**

**Spring 2021 Application Dates**  
**January 4 – 15, 2021**

*\*Applications will only be accepted during these dates. Any early applications received will be returned.*



*Housing Authority of the Cherokee Nation*

*1500 Hensley Drive*

*P.O. Box 1007*

*Tahlequah, OK 74465-1007*

*Phone 918-456-5482*

*Toll Free 800-837-2869*

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## **College Housing Assistance Program Area Contact Information**

Applications will be processed in the following office locations according to your permanent physical address.

### **Adair County**

Dora Waite, Housing Counselor  
918-456-5482, ext. 1201

Alyene Hogner Heights  
160 Alyene Drive  
Stilwell, OK 74960

### **Cherokee & Wagoner Counties**

Cynthia Scott, Housing Counselor  
918-456-5482, ext. 1199

Leon Daniel Heights  
701 W. Fox St.  
PO Box 1007  
Tahlequah, OK 74465

### **Craig, Nowata, Rogers, Tulsa & Washington Counties**

Vanessa Robinson, Housing Counselor  
918-456-5482, ext. 1188

Claremore HACN Office  
23205 S. Hwy 66  
PO Box 1325  
Claremore, OK 74018

### **Delaware, Mayes & Ottawa Counties**

Annie Loy, Housing Counselor  
918-456-5482, ext. 1161

Jay HACN Office  
109 13<sup>th</sup> St  
PO Box 328  
Jay, OK 74346

Willard Stone Heights  
300 Willard Stone Circle  
PO Box 1240  
Locust Grove, OK 74352


### **Muskogee, McIntosh & Sequoyah Counties**

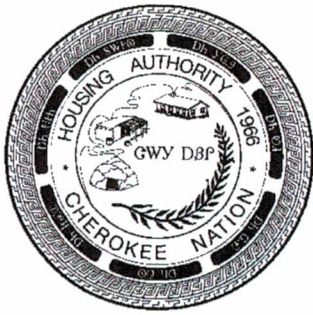
Cody Fullbright, Housing Counselor  
918-456-5482, ext. 1219

Sallisaw HACN Office  
2260 W. Cherokee  
PO Box 469  
Sallisaw, OK 74955



# COLLEGE HOUSING ASSISTANCE PROGRAM APPLICATION

LEGAL NAME - LAST	FIRST	MI	SOCIAL SECURITY NUMBER		OTHER NAME(S) UNDER WHICH YOUR RECORDS MAY APPEAR		
PERMANENT PHYSICAL RESIDENCE			CITY, STATE ZIP		COUNTY NAME	DATE OF BIRTH	SEX
MAILING ADDRESS			CITY, STATE ZIP		HIGH SCHOOL NAME	Mo Day Year	TRIBAL CITIZENSHIP NUMBER
TWO CONTACT NUMBERS			EMAIL ADDRESS				
HAVE YOU APPLIED FOR THE CN UNDERGRADUATE SCHOLARSHIP?			HAVE YOU APPLIED FOR THE CHEROKEE PROMISE SCHOLARSHIP?		HOUSING PLANS?		
____ YES ____ NO			____ YES ____ NO		____ ON CAMPUS ____ OFF CAMPUS		
COLLEGE YOU PLAN TO ATTEND (No abbreviations please)			CLASSIFICATION (Check One)				
			____ FRESHMAN (0-29 HRS) ____ SOPHOMORE (30-59 HRS) ____ JUNIOR (60-89 HRS) ____ SENIOR (90-140 HRS)				
DO YOU HAVE ANY SIBLINGS THAT ARE CURRENTLY RECEIVING ASSISTANCE OR ARE APPLYING FOR THE COLLEGE HOUSING ASSISTANCE PROGRAM? IF YES, LIST NAMES			DO YOU OR ANY OTHER PERSON NAMED ON THE APPLICATION USE ANY SCHEDULE 1 DRUG AS CLASSIFIED BY THE CONTROLLED SUBSTANCES ACT, INCLUDING MARIJUANA REGARDLESS OF MEDICAL OR RECREATIONAL USE UNDER ANY STATE LAW?				
			____ YES ____ NO				
INTENDED MAJOR			HAVE YOU EVER BEEN CONVICTED, PLED GUILTY, OR NO CONTEST TO ANY DRUG RELATED OR VIOLENT CRIMINAL ACTIVITY?				
			____ YES ____ NO DESCRIPTION:				
 <b>HOUSING AUTHORITY</b> OF THE CHEROKEE NATION <i>Keys to a brighter future</i>			<p>The information contained in my application contains no falsification and all items are true and correct. I understand that any false statement made herein would result in a voided application. I, the undersigned, understand that that any and all personally identifiable information maintained by any educational institution concerning my financial and academic records is protected under FERPA. I agree to waive my rights under FERPA and allow the Housing Authority of the Cherokee Nation to receive access to any and all of my financial and academic records from any educational institution. This consent further allows officials from any educational institution to discuss my financial and academic records with the Housing Authority of the Cherokee Nation. I understand that I can revoke this release at any time by notifying the Housing Authority of the Cherokee Nation in writing at the address listed above. Any modifications I wish to make to this Release of Information Agreement must be described in writing by a document bearing my signature and attached to this application.</p> <p>SEE REQUIRED DOCUMENTS FOR ALL APPLICANTS FORM TO COMPLETE APPLICATION</p>				
STUDENT SIGNATURE:			DATE:				
DATE RECEIVED:			****FOR OFFICE USE ONLY****				
TIME:			STAFF SIGNATURE:				



# *Housing Authority of the Cherokee Nation*

## **REQUIRED DOCUMENTS FOR CHAP NEW APPLICANTS**

Application may be made inactive if failure to submit all necessary documentation by the application deadline date. Please note that information on all household members will be required. The household composition must be the same that is reported on your 2020-2021 FAFSA and is indicated on the Student Aid Report (SAR).

### **Included in Packet – Use Black or Blue Ink Only – No Pencil – No White-Out**

- \_\_\_\_\_ Family Composition Form – include entire household as indicated on the SAR
- \_\_\_\_\_ Employment / Income verification – entire household
  - a. Employment Form / No Income – Odd Job Form – one form required for each household member 18 & over
  - b. Asset Information – for entire household
  - c. Income Assistance Verification Form – signed by each household member 18 & over, take to DHS for verification
- \_\_\_\_\_ Authorization for a Criminal Background Check – must be notarized – student only
- \_\_\_\_\_ NAHASDA Public Disclosure form

### **Additional Documents Required**

- \_\_\_\_\_ Gov't Issued Driver's License or ID, Social Security Card, and Tribal Membership card
- \_\_\_\_\_ 2020-2021 Student Aid Report (SAR) – must show annual income & EFC score
- \_\_\_\_\_ 2020-2021 Financial Aid Award Letter
- \_\_\_\_\_ Spring 2021 Class Schedule
- \_\_\_\_\_ High School Transcript and/or College Transcript, must show previous semester grades
- \_\_\_\_\_ Verification of permanent physical address

Please be advised: Completing the required documentation does not guarantee assistance for college housing. Additional documentation may be required and requested from the applicant.



**HOUSING AUTHORITY OF THE CHEROKEE NATION**  
**FAMILY COMPOSITION AND OCCUPANCY FORM**

Name \_\_\_\_\_

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

City, State, Zip Code \_\_\_\_\_

Two Phone Numbers \_\_\_\_\_

**OFFICE USE:**

**HOUSEHOLD COMPOSITION:**

Full Name(s) of all Household Last, First, Middle	Relation to Head	Sex M/F	Date of Birth	Indian Y/N	List Tribe	Social Security Number
1.	Head					
2.	Spouse					
3.						
4.						
5.						
6.						
7.						
8.						

**INCOME/ASSETS**

Household Member(s) Type of income (Wages/Social Security, etc)	MONTHLY AMOUNT	Office Use Only
		Annual Verified Amount
1. Head	\$	\$
2. Spouse	\$	\$
3. Other	\$	\$
4. Other	\$	\$

**DEDUCTIONS**

Type of Deduction:	Monthly Amt.	Office Use Only
		Annual Verified
1. Child Care (12 & under)	\$	\$
2. Medical (Elderly family)	\$	\$
3. Handicapped Allowances	\$	\$

Are there family members temporarily absent? \_\_\_\_\_ YES \_\_\_\_\_ NO If so, whom: \_\_\_\_\_  
Where are they residing? \_\_\_\_\_ When are they expected to return? \_\_\_\_\_

I/We certify the information given to the Housing Authority of the Cherokee Nation in reference to household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household / Date

Signature of Spouse / Date



## Employment Form

Complete the top half of this form by listing your employer's name and mailing address. Print your name, list your social security number and list your employer's phone number.

\_\_\_\_\_  
Name of Company/Employer

\_\_\_\_\_  
Print Employee's Name

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Employer's Phone Number

**I hereby authorize you to furnish all of the information requested on this inquiry.**

\_\_\_\_\_  
Signature of Participant/Applicant

\_\_\_\_\_  
Date

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### Applicant/Participant – Have Employer Complete

Anticipated Gross Earnings for the next 12 month period \$ \_\_\_\_\_

Average number of hours per pay period \_\_\_\_\_

Average number of hours per week \_\_\_\_\_

Current Base Pay Rate (Gross)\$ \_\_\_\_\_

Year to Date: \_\_\_\_\_

\$ \_\_\_\_\_ Hour  
\$ \_\_\_\_\_ Week  
\$ \_\_\_\_\_ Bi-weekly  
\$ \_\_\_\_\_ Bi-monthly  
\$ \_\_\_\_\_ Month  
\$ \_\_\_\_\_ Other

Regular \_\_\_\_\_

Part Time \_\_\_\_\_

Temporary/Seasonal \_\_\_\_\_

If temporary/seasonal, indicate lay off periods: \_\_\_\_\_

Title or Position \_\_\_\_\_

Date of hire: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone & Fax Number



## Income Assistance Verification Form

Complete this form by having the head of the household, spouse and anyone that is 18 years of age or older to sign their name and list their social security number. **COMPLETE EVEN IF YOU DO NOT RECEIVE BENEFITS.**

You are authorized to furnish all information requested on this inquiry.

Signature \_\_\_\_\_ SSN \_\_\_\_\_

Signature \_\_\_\_\_ SSN \_\_\_\_\_

Signature \_\_\_\_\_ SSN \_\_\_\_\_

Signature \_\_\_\_\_ SSN \_\_\_\_\_

If you draw from a different social security number, list the number \_\_\_\_\_  
 V.A. Claim Number \_\_\_\_\_

### PARTICIPANT/APPLCIANT—To be completed by DHS or Tribal Social Service Department

BENEFIT	AMOUNT	PERSON RECEIVING BENEFIT
SSA.....	\$ _____	_____
SSI.....	\$ _____	_____
VA.....	\$ _____	_____
TANF.....	\$ _____	_____
CHILD SUPPORT.....	\$ _____	_____
AID TO DISABLED.....	\$ _____	_____
AID TO ELDERLY.....	\$ _____	_____
GENERAL ASSISTANCE.....	\$ _____	_____
TRIBAL WORK EXPERIENCE	\$ _____	_____
OTHER.....	\$ _____	_____
Explain other _____		

Does the state pay supplemental insurance/Medicare? No \_\_\_\_\_ If YES, amount \$ \_\_\_\_\_

Signature of Authorized Personnel \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone/Fax Number \_\_\_\_\_





## No Income – Odd Jobs – Monetary Gifts

### ***IF YOU HAVE NO INCOME, COMPLETE THIS SECTION***

This statement is to certify that I am not receiving income from any source. I am not:

- Employed through any public or private employer,
- Receiving any cash payouts for any service performed,
- Receiving any type of unemployment or worker's compensation benefits,
- Receiving TANF, Social Security, Veterans or any other governmental/tribal benefits,
- Receiving a pension, retirement, per capita or any annuity benefits,
- Receiving child support, family assistance, aid from charity/church or monetary benefits,
- Receiving any income from babysitting, cutting wood, selling household/metal goods or any other odd job/source.

***I understand I must report any changes in income immediately. I understand that I must furnish all of the information requested on this inquiry.***

Signature of Participant/Applicant \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Print Name of Participant/Applicant \_\_\_\_\_

### ***IF YOU DO ODD JOBS, COMPLETE THIS SECTION***

I do odd jobs and receive \$\_\_\_\_\_ weekly or monthly (circle one or agency will assume weekly)

The odd jobs I perform are: (explain) \_\_\_\_\_

Signature of Participant/Applicant \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Print Name of Participant/Applicant \_\_\_\_\_

### ***IF YOU RECEIVE MONETARY GIFTS, COMPLETE THIS SECTION***

LIST the name of your provider, address and telephone number in order to verify your monetary gifts:

### **PLEASE HAVE MONETARY GIFT PROVIDER COMPLETE THE FOLLOWING:**

The applicant/participant has indicated to us that he/she received monetary gifts from you. We are required to complete our determinations within a specified time period, and therefore, your prompt reply would be appreciated.

I certify that I provide the following monetary gifts to \_\_\_\_\_ in the amount(s) of \$\_\_\_\_\_ (circle one) monthly weekly bi-weekly  
(If you do not actually give the person above money, but buy goods/necessities for them, estimate the cost of the items.) OTHER: (explain) \_\_\_\_\_

Signature of Provider: \_\_\_\_\_

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







## Asset Information

Please check and complete if you have any of the accounts listed below.

Checking	Balance \$	Account Number	Bank Name
Checking	Balance \$	Account Number	Bank Name
Savings	Balance \$	Account Number	Bank Name
Savings	Balance \$	Account Number	Bank Name
Certificate of Deposit (CD's)	Balance \$	Account Number	Bank Name
IRA'S	Balance \$	Account Number	Bank Name
Mutual Funds	Balance \$	Account Number	Bank Name
Stocks/Bonds	Balance \$	Account Number	Bank Name
Money Markets	Balance \$	Account Number	Bank Name
Annuities	Balance \$	Account Number	Bank Name
Other	Balance \$	Account Number	Bank Name

Type: \_\_\_\_\_  
I/We have no account(s) listed above

- Real Property (land, house, etc.):** Do you own or are you listed as a co-owner (trust, joint, co-signer, etc.) of any Real Property? ☐ YES ☐ NO If so, TYPE (house, land, etc.): \_\_\_\_\_
- If yes,** where is the property located? Please give tax status: taxable, trust property, restricted, etc. \_\_\_\_\_
- Real Property Disposed (land, house, etc.):** Have you owned or disposed of any Real Property within the past 3 years by sale, gift or other transfer? ☐ Yes ☐ No  
**If Yes, how was the property disposed of?**  
☐ **SALE** – provide contract of sale  
☐ **Assignment/Transfer/Gift** – provide warranty deed or legal document to verify and \_\_\_\_\_ tax assessor's statement  
☐ **Foreclosure** – provide foreclosure documents and tax assessor's statement of property at foreclosure  
☐ **Other** – provide documents to explain and provide value of property at the time of disposition
- Other Assets:** List RV's, vehicles, livestock, farm machinery, equipment, livestock, jewelry, etc. List any interest bearing accounts, dividends, retirement accounts, stock/bond accounts or other net income from savings accounts or any lump sum payments (inheritances, lottery winnings, insurance settlements, social security benefits, unemployment compensation) within the last two years. Please provide verification. \_\_\_\_\_

Signature of Head of Household

Date

Signature of Spouse

Date

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of Misrepresentation to any Department or Agency of the U.S. to any matter within its jurisdiction.





## Authorization for a Criminal Background Check

I, \_\_\_\_\_, DO HEREBY AUTHORIZE the Housing Authority of the Cherokee Nation (HACN) to conduct a Criminal Background Check (CBC) with any Federal, State, Tribal, or Local Law Enforcement Agency. I further agree upon this written consent that I will not file, or cause to be filed on my behalf, any lawsuit against any Law Enforcement Agency, HACN, or their designee, due to the results of said CBC.

I further agree that I am aware that due to HACN's special tenant selection standards that my application can be denied and/or my participation in a program terminated due to any criminal activity, specifically those criminal activities involving crimes or physical violence to persons or property, drug related, or other violent crimes or criminal activity which would adversely affect the health, safety, or welfare of the HACN or their participants.

I further agree that my failure to provide full and complete information as to my identity, aliases, previously used names, or previous places of residences is grounds for immediate termination of my application or tenancy with the HACN.

Signature		Birth Date		Social Security Number		
Name: <i>(Please print all information legibly.)</i>						
(Print)	First Name	Middle Name	Last Name	Maiden		
Please list other names or aliases used since the age of 18.						
Previous Residence (s): <i>(Indicate all cities, counties, states, and countries, other than Oklahoma, in which you resided for any length of time since the age of 18.)</i>						
(Print)	City	County	State	Country	Dates Resided	Name(s) Used
(Print)	City	County	State	Country	Dates Resided	Name(s) Used
(Print)	City	County	State	Country	Dates Resided	Name(s) Used

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) §

**THIS FORM IS TO BE NOTARIZED**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public in and for the above State and County, personally appeared and acknowledged to me that they executed the same as their free and voluntary act and deed.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



## NAHASDA Public Disclosures

As required by 24 CFR part 1000.30, services provided to Cherokee Nation employees and employee relatives from funds received pursuant to the Native American Housing Assistance and Self-Determination Act of 1996 shall be publicly disclosed.

Please indicate below if you are currently an employee of the Cherokee Nation, or have a relative who is an employee of the Cherokee Nation or is a Cherokee Nation elected official. Applicants who fall in this category may be publicly disclosed at the Cherokee Nation Tribal Council Committee Meeting, posted at area Housing Authority of the Cherokee Nation offices, and sent to the Office of Housing and Urban Development (HUD) in Oklahoma City.

Student's Name \_\_\_\_\_

\_\_\_ No, I am not an employee of the Cherokee Nation or Cherokee Nation entity nor do I have relatives who are employees of the Cherokee Nation or entity of Cherokee Nation or elected officials of the Cherokee Nation.

\_\_\_ Yes, I am employee of the Cherokee Nation or Cherokee Nation entity.

Department / Program: \_\_\_\_\_

\_\_\_ Yes, I have relatives who are employees of Cherokee Nation or a Cherokee Nation entity or Cherokee Nation elected officials.

Name of Relative	Relation to Student	Department/Program
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____