



## HOUSING AUTHORITY

DAMON DUNBAR  
EXECUTIVE DIRECTOR

**Independent Living Center  
700 Golden Eagle Drive  
Clinton, OK 73601**

### **INDEPENDENT LIVING CENTER CHECKLIST**

- \_\_\_ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS TRIBAL ID CARDS.
- \_\_\_ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS SOCIAL SECURITY CARDS.
- \_\_\_ ENCLOSE COPY OF MARRIAGE LICENSE OR DIVORCEE DECREE.
- \_\_\_ ENCLOSE COPIES OF IIM CHECKS FOR LAST TWELVE (12) MONTHS OR A TWELVE (12) MONTH PRINTOUT OF IIM DISBURSMENTS ONLY; IF APPLICABLE.
- \_\_\_ ENCLOSE COPIES OF SOCIAL SECURITY, SSI, OR A VA AWARD LETTER SHOWING AMOUNT RECEIVED EACH MONTH, IF APPLICABLE.
- \_\_\_ ENCLOSE COPIES OF PAYSTUBS IF APPLICABLE.
- \_\_\_ ENCLOSE A STATEMENT FROM YOUR MEDICAL DOCTOR STATING YOU ARE CAPABLE OF LIVING INDEPENDENTLY WITHOUT ANY MAJOR MEDICAL PROBLEMS.
- \_\_\_ BACKGROUND CHECK FORM SIGNED.

APPLICANT NAME: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

# **INDEPENDENT LIVING CENTER HOUSING APPLICATION**

## **APPLICATION PROCESS:**

1. Complete INDEPENDENT LIVING CENTER Application and return to the Housing Authority Office where it will be stamped in with the time and date of receipt.
2. All information will be verified.
3. A Housing Specialist will review your application.
4. You must update your information every year for RECERTIFICATION to remain in the unit.
5. If you move, you must inform the Housing Authority 2-weeks prior to move out date. A move out inspection will be completed for damages that you will be responsible, if applicable.

---

**APPLICATIONS WILL BE PROCESSED FIRST-COME, FIRST-SERVED. WE DO NOT HAVE EMERGENCY HOUSING OR A PRIORITY FOR THE HANDICAPPED OR DISABLED.**

**PRIORITIES ARE:**

- FIRST**- ENROLLED CHEYENNE AND ARAPAHO APPLICANTS  
**SECOND**-ALL OTHER ELIGIBLE TRIBAL APPLICANTS

---

**PROGRAM FEATURES:**

1. Admissions will be regulated by HUD's INCOME GUIDELINES.
2. You must qualify on all admission requirements.
3. Your MONTHLY PAYMENTS will be based on 30% of your TOTAL FAMILY INCOME minus certain DEDUCTIONS.
4. Your payments will be due at the first of each month.
5. You will be on PROBATION for one year after you have received a unit.
6. You are responsible for keeping the unit safe and sanitary at all times.
7. Your FAMILY COMPOSITION AND INCOME must be RE-VERIFIED every year.
8. Units will be inspected every year by the Housing Authority for compliance with your ILC APPLICATION.
9. NO MINORS will be allowed as RESIDENTS. THIS FACILITY IS FOR ELDERLY HOUSING ONLY.

---

I understand all the above features and responsibilities of the Independent Living Center and I am submitting an application.

---

APPLICANT

---

DATE

# INDEPENDENT LIVING CENTER HOUSING APPLICATION

APPLICANT NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

S.S.N.: \_\_\_\_\_ TRIBE: \_\_\_\_\_ ROLL NO.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

\_\_\_\_\_ MESSAGE #: \_\_\_\_\_

PAST LANDLORD'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PAST LANDLORD'S ADDRESS: \_\_\_\_\_  
STREET/PO BOX # CITY STATE ZIP

**FAMILY COMPOSITION - Complete the information below for each member who will be living with you. Please attach a copy of all household members' social security cards, valid CDIB cards, and Tribal Membership cards.**

NAME	RELATION TO APPLICANT	D.O.B.	SOCIAL SECURITY NUMBER	TRIBE	ROLL #

**FAMILY INCOME-PLEASE INCLUDE CHECK STUBS FROM EMPLOYERS, AWARD LETTERS, AND COPIES OF CHECKS FROM GOVERNMENT AGENCIES OR RETIREMENT FUNDS PLUS ANY OTHER VERIFICATION FROM INCOME THAT YOU RECEIVE. BANK STATEMENTS ARE ACCEPTABLE, IF YOUR RECEIVE DIRECT DEPOSIT FUNDS**

PERSON WITH INCOME	TYPE OF INCOME	MONTHLY AMOUNT

Please READ and ANSWER the following questions as best as you can:

1. Have you or any member of your household ever been charged with a crime other than traffic violations?  Yes  No  
If yes, please explain \_\_\_\_\_
2. Are you or anyone in your household an employee of the Cheyenne and Arapaho Tribes?  Yes  No  
If yes which Department are you employed in and list your immediate supervisor: \_\_\_\_\_

**ELDERLY, HANDICAPPED, OR DISABLED FAMILIES ONLY**

1. Do you pay for medical insurance for yourself and/or other members of your household?  Yes  No  
If so, specify the amount of premium per month. \_\_\_\_\_
2. Do you have medical bills outstanding on which you are paying?  Yes  No
3. Do you anticipate any prescription bills in the coming year?  Yes  No

**ADDITIONAL INCOME INFORMATION**

1. Does any member of your household receive educational grants and/or scholarships?  Yes  No  
If yes, specify amount(s). \_\_\_\_\_
2. Does any member of your household receive cash contributions from individuals not living with you?  Yes  No
3. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificate of deposit, stocks or bonds, income from rental property, etc.?  Yes  No
4. Does any member of your household receive child support?  Yes  No If yes, specify amount \_\_\_\_\_.

---

**AGREEMENT: I/We certify that the information provided in this application is true and accurate to the best of my/our knowledge. I/We understand that false information/statements are grounds for termination of occupancy or housing assistance and are punishable under federal law.**

**I/We understand that this is not a contract and does not bind either party.**

**I/We understand that the above information is being collected to determine eligibility for assistance. Information given will be verified and may be released to appropriate federal, state, or local agencies.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE READ AND ANSWER THE FOLLOWING QUESTIONS:**

1. Does anyone outside your household pay any of your bills or give you money? \_\_\_Yes\_\_\_ No  
If yes, please explain\_\_\_\_\_.
2. Have you or any other adult members ever used any name(s) or Social Security Number(s) other than the one you are currently using? \_\_\_Yes\_\_\_ No  
If yes, please explain:\_\_\_\_\_.
3. Have you or any member lived in any assisted housing? \_\_\_Yes\_\_\_ No  
If yes, list where and when\_\_\_\_\_.
4. Have you ever committed any fraud in a Federal Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs?\_\_\_Yes\_\_\_No  
If yes, please explain:\_\_\_\_\_.

---

---

**EMERGENCY CONTACT INFORMATION**

List (2) two Next-of-Kin or Friends:

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

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

Contact No: \_\_\_\_\_

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

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

Contact No: \_\_\_\_\_

---

---

**Please READ the following statements carefully BEFORE SIGNING:**

- **I certify that the information on this application is true and complete to the best of my knowledge.**
- **I also understand that the information provided on this application is used to determine eligibility and does not necessarily qualify me for admission to the program**
- **I further understand that false information may disqualify me.**
- **It is my responsibility to UPDATE annually and I understand that failure to do so may result in my name being removed from the Independent Living Center Waiting List.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_