

ELDER HOUSING PROGRAM CHECKLIST
Documentation Required for Application to be Processed

___ 1. Completed application

All questions must be answered or marked with "N/A". All documentation on this checklist must be submitted with application. Do **not** submit original documents. Make copies.

___ 2. Income Verification

Proof of income from all members of the household. This will include statement from employer or letter from the State Employment Office if unemployed. Unearned income such as Social Security, AFDC, retirement, child support, etc. These would require a letter from the Department of Human Services, V.A., Social Security, SSI, etc. stating the amount

___ 3. Social Security Cards, Enrollment Cards and CDIB Cards for all household members

___ 4. Make sure that all adult household members sign the "Authorization to Release Information" form attached to the application.

___ 5. Must be 62 years of age or over. A background check will be completed for each application.

If you have questions or need assistance completing this application, call the Housing Department at 918-542-1430.

Quapaw Tribe of Oklahoma Lease Application - ELDERS

Applicant Information

Name:		Date/Time Application Rec'd:	
Tribal Affiliation:	Roll #:	Received by:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own	Rent	(Please	Monthly payment or rent:
			How long?
Previous address:			
City:	State:	ZIP Code:	
Owned	Rented	(Please	Monthly payment or rent:
			How long?

Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly	Salary	(Please circle)
		Annual income:	

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-Applicant Information

Name:			
Tribal Affiliation:		Roll #:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own	Rent	(Please	Monthly payment or rent:
			How long?
Previous address:			
City:	State:	ZIP Code:	
Owned	Rented	(Please circle)	Monthly payment or rent:
			How long?

Co-Applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly	Salary	(Please circle)
		Annual income:	

References

Name:	Address:	Phone:

General Information

Does anyone in your household, who is a permanent resident listed in this application, have a severe health problem?		
Yes	No	(Circle)
If yes, please provide name and brief explanation:		
Is anyone in your household, who is a permanent resident listed in this application, a licensed caregiver?		
Yes	No	(Circle)
State License:	License #:	

Is anyone in your household, who is a permanent resident listed in this application, a veteran? ___Yes ___ No If yes, please provide the following:

Branch of Service _____ Service Period: From _____ to _____

LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD ON A PERMANENT BASIS WITH YOURSELF

Name	Date of Birth	Relationship	Social Security #

INCOME INFORMATION

1. **EARNED INCOME:** Starting with the applicant, list all permanent household members 18 years old and above, who have earned income. Provide W-2 forms, wage stubs, etc. for income verification.

Name	Annual Income	Source	Comments

TOTAL ANNUAL EARNED INCOME: \$ _____

2. **UNEARNED INCOME:** Starting with the applicant, list all permanent household members 18 years old and above, who have unearned income, such as Social Security, retirement, disability, unemployment benefits, child support, alimony, royalties, per capita payments, interest, or etc. . Provide check stubs, statements, Individual Indian Money (IIM) ledgers, etc.

Name	Annual Income	Source	Comments

TOTAL ANNUAL UNEARNED INCOME: \$ _____

TOTAL COMBINED INCOME: \$ _____

I / (WE) CERTIFY THAT ALL OF THE INFORMATION GIVEN ABOVE IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS GIVEN IN GOOD FAITH. I HAVE RECEIVED A COPY OF THIS APPLICATION.

Applicant's Signature Date

Co-Applicant's Signature Date

Please return completed application to:

**QUAPAW TRIBE OF OKLAHOMA
ATTN: HOUSING DEPARTMENT
P.O. BOX 765
QUAPAW, OKLAHOMA 74363
(918) 542-1430**

QUAPAW TRIBE OF OKLAHOMA HOUSING DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct the Quapaw Tribe of Oklahoma Housing Department to gather any information or materials needed to complete and verify my application for participation in and/or to maintain my continued participation in their housing assistance program(s).

INFORMATION COVERED

I understand that previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Medical or Child Care Allowances
Employment, Income, and Assets	Residences and Rental Activities
Credit and Criminal Activity	

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

Previous Landlords	Courts and Post Offices
Schools and Colleges	Law Enforcement Agencies
Support and Alimony Providers	Past and Present Employers
Welfare Agencies	State Unemployment Agencies
Social Security Administration	Medical and Child Care Providers
Veterans Administration	Retirement System
Utility Companies	Banks, Credit Bureaus, Credit Providers

Authorization includes, but is not limited to the above groups.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Department and will stay in effect for a year and one month from the date signed.

Head of Household Date

Spouse Date

Other Adult Date

Other Adult Date

Date: _____

Received by: _____

VERIFICATION OF EMPLOYMENT

Name/Address of Employer: _____

Applicant/Resident Name

Applicant/Resident Physical Address

Applicant/Resident Mailing Address (if different than Physical Address)

City

State

Zip

The individual named above has obtained or is attempting to obtain housing assistance, which is offered through the Quapaw Tribe of Oklahoma. The Quapaw Tribe Housing Dept. requires that in order for the family, or individual to be or remain eligible, we must verify the family's, or individual's income, expenses, and other information related to eligibility. The individual has authorized below your release of the requested information. We are required to complete the verification process in a short period of time and would appreciate your prompt response. If you have any questions, please feel free to contact Jeannie Gleaves, Housing Assistant, Quapaw Tribe of Oklahoma at 918-542-1430. After completion of the form, please mail to our office at: Quapaw Tribe Housing Department, P.O. Box 765, Quapaw, OK 74363 or you may fax the form at 918-542-5871. Thank you for your cooperation.

I, _____ hereby authorize _____
(employer) to release the information requested below regarding my employment and compensation.

Signature

Date

TO BE COMPLETED BY EMPLOYER:

1. Date employment began _____ Position/Occupation _____
2. Current rate of pay \$ _____ per _____ (hour, week, month, etc.)
3. Current rate of overtime pay \$ _____ per _____.
4. Number of hours per week employee normally works _____
5. Anticipated average amount of overtime per week _____.
6. Gross annual earnings you anticipate for this employee for the next twelve months, including all tips, bonuses, overtime, commissions _____
7. If the employee's work is seasonal or sporadic, indicate lay-off periods _____

I certify the preceding information is true and correct.

Name of Company Official

Signature

Company

Title of Company Official

Address

Date

City, State, Zip

Telephone

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

Quapaw Tribe Housing Department
Confidentiality Policy

1. Any and all documents and information related to the Elder Housing Program provided by any applicant to the Quapaw Tribe Housing Department, whether the Applicant is eligible or not, shall be maintained in strict confidentiality for a period of three fiscal years after such documents and information are submitted to the Quapaw Tribe Housing Department. After three fiscal years, such records will be deemed to be destroyed whether they are in fact destroyed.
2. The Quapaw Tribe Housing Department, and any employees working for or with the Quapaw Tribe Housing Department, shall only use the documents and information submitted to the Quapaw Tribe Housing Department under this program for the purposes of determining eligibility or preference status.
3. Any and all documents and information related to the Elder Housing Program provided by any applicant to the Quapaw Tribe Housing Department shall be maintained by the Director in a locked and secure location. The Director of the Quapaw Tribe Housing Department shall ensure and maintain the confidentiality of all records.
4. Further, the existence of information identifying any Applicant making any application to the Quapaw Tribe Housing Department under the Elder Housing Program shall be maintained confidentially by the Quapaw Tribe Housing Department, and such Applicant's identity shall not be revealed to any person unless necessary to effectuate the purposes of the Quapaw Tribe Elder Housing Program.