

# Bah-Kho-Je Housing Authority

## The Iowa Tribe of Oklahoma

Route 1, Box 721, Perkins, OK 74059 // Phone (405) 347-2402 // Fax (405) 347-1032  
"Equal Opportunity Housing Authority"

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### RENTAL APPLICATION CHECK LIST

In order to determine your tentative eligibility, the following items are required:

- Application (completed)
- Degree of Indian Blood - copy of CDIB; copy of BIA enrollment card or copy of tribal enrollment letter
- Verification of ALL anticipated income sources (Employment, Social Security, Public Assistance/Welfare, Land Leases/Oil and Gas Royalties, Retirement/Disability Benefits, Child Support/Alimony, Unemployment Benefits, etc.)
- Copy of Social Security Card(s) for each Family Member
- Forms that need to be signed & filled out: Personal Declaration; Authorization for the Release of Public Information; Federal Privacy Act; Request for Employment Verification
- Rental Reference
- Other: \_\_\_\_\_

Please review this list and make sure that you have provided all requested information for your application to be complete. If this information is not provided, the staff will not be able to determine your tentative eligibility and your application will be considered ineligible.



**CONFLICT OF INTEREST**

In accordance to 24 CFR 1000.30, no persons who participates in the decision-making process or who gains inside information with regards to NAHASDA assisted activities may obtain a personal or financial interest or benefit from such activities. Such persons include anyone with an interest in any contract, subcontract or agreement or proceeds thereunder, either for themselves or others with whom they have business or immediate family ties. Immediate families are determined by the Iowa Tribe of Oklahoma or Bah-Kho-Je Housing Authority in its operating policies.

Are you related to any employee of the Iowa Tribe of Oklahoma? \_\_\_\_\_

If yes, describe the employee(s) position and relationship to you? \_\_\_\_\_

The answers stated above are true to the best of my knowledge; any false information will result in my application being disqualified due to dishonesty.

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

- 
1. Are you now renting?    Yes    No    Monthly House Payments:
  2. Do you have a lease?    Yes    No    Length of Lease:    Annually    Monthly
  3. List the name, address and telephone number of your Landlord/Real Estate Company, etc.  
Landlord's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_
  4. How long have you resided at the present location?
  5. Is your current address, the address you will reside in for the next year?
  6. Are you currently in arrears in your rental payment?    Yes    No

I do hereby CERTIFY that all of the information submitted on this form is true and accurate concerning all members of my household. I also understand that all changes in this information concerning any of the household members must be reported to the Bah-Kho-Je Indian Housing Authority IN WRITING IMMEDIATELY.

Signature \_\_\_\_\_  
Head of Household

Signature \_\_\_\_\_  
Spouse

Date \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Other Adult Member

Signature \_\_\_\_\_  
Other Adult Member

Date \_\_\_\_\_

Date \_\_\_\_\_

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly giving a false or fraudulent statement to any Department or Agencies of the United States.

**REQUEST FOR EMPLOYMENT VERIFICATION**

Instructions: Before forwarding to employer items 1 through 5 should be completed.

The applicant/participant should sign in item 5. The employer should complete Items 8 through 17 and return to the Bah-Kho-Je Housing Authority.

**HOUSING AUTHORITY USE ONLY:**

Original  Recertification  Copy  New Application Reference Number

**PART 1- RELEASE AUTHORIZATION**

1. To: (Name & Address of Employer)		2. Applicant/Participant Name & Address	
3. Social Security Number	4. Applicant/Participant Signature	5. Date of Request	
6 Signature and Title of Housing Official		7 Please Return this form to :	

**PART 2 - EMPLOYER VERIFICATION**

8 Does your company now employ applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	13 Anticipated Gross Earnings: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
9 Length of Employment: Employed from: _____ 19/20 _____ 19/20	Base Wages \$ _____ Per _____ Overtime \$ _____ Per _____
10 Reason for leaving employment _____	Commissions, Tips, Bonuses \$ _____ Per _____ Incentive Pay \$ _____ Per _____
11 Applicant/Participant's present Position:	14 Average Number of Hours worked Per Week.
12 Probability of continued employment	15 Earnings During Last 12 Months
16 Does the Applicant/Participant's Working Hours vary? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant/Participant considered as a seasonal employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17 Anticipated Earnings for the Next twelve (12) Months:	

**I CERTIFY. THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

18 Employer Signature	19 Date
20 Title	21 Telephone Number

**SPECIAL DIRECTIONS TO EMPLOYER:** This form must be returned by nail to the above Address  
EQUAL OPPORTUNITY HOUSING AUTHORITY

**RENTAL REFERENCE**

1. Has the applicant(s) ever been late with a monthly rental payment? \_\_\_\_\_
2. Was the applicant(s) ever served an eviction notice or at any time did you initiate eviction proceedings for non-payment of rent? \_\_\_\_\_
3. In your opinion, did the applicant(s) keep the unit clean? \_\_\_\_\_
4. At any time, current or in the past, has the applicant(s) damaged the unit? \_\_\_\_\_  
If yes, please describe type of damage. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Was the applicant(s) held responsible for payment and repair of the damage? \_\_\_\_\_
6. Did the applicant(s) permit persons other than those listed on the lease to live in the unit? \_\_\_\_\_
7. Do you have any knowledge of the applicant(s) or any number of the applicant(s) family damaging or vandalizing the common areas? \_\_\_\_\_
8. Do you have any knowledge of the applicant(s) creating any physical hazards to the project or residents? \_\_\_\_\_  
If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you have any knowledge of the applicant(s) interfering with the rights or violating the peace and quiet of other tenants? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Has the applicant(s) given you any false information? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_
11. Do you have any knowledge of the applicant(s) being involved in any illegal drug activity or alcohol abuse? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_
12. At any time, did the applicant(s) ever give you reason to summon law enforcement officers to your property, or given you reason to suspect any illegal activity? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_
13. Do you continue to rent or would you enter into another rental agreement with this applicant(s)?  
Please explain why or why not. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Date

**Authorization for the Release of Information**  
**U, S, Department of Housing & Urban Development**  
**Office of Public and Indian Housing**

This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, Request for a Copy of Tax Form

**Sensitive Information:** The consent granted by this form may be used as a basis to collect sensitive information which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD except to appropriate Federal, State, and local agencies, when relevant and civil criminal, or regulatory investigators and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

**Purpose:**

This form enables the U.S. Department of Housing and Urban Development (HUD) and the above named Public Housing Agency or Indian Housing Authority (HA's) to secure your signature and the signature of each member of your household who is 18 years of age or older for the purposes of obtaining employee income information from current and previous employers and wage and claim information from the State Wage Information Collection Agency (SWICA).

**Computer Matching Notice & Consent:**

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

**The governmental agencies include:**

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family,

**Employment Information:**

I also authorize the above named HA and HUD to obtain information about me and my family that is pertinent to employment income information from current and previous employers.

**Conditions:**

I agree that photocopies of this authorization may be used for the purposes stated above.

If I or any adult member of my family fails to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or tenancy, or both.

**State Wage Agencies:**

I authorize only HUD, a Public Housing Agency, or an Indian Housing Authority to obtain information on Wages or unemployment compensation from State Agencies charged with the State unemployment law.

\_\_\_\_\_  
Signature  
Head of Household

\_\_\_\_\_  
Signature  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Other Adult Member

\_\_\_\_\_  
Signature  
Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

TO: Bureau of Indian Affairs

\_\_\_\_New Application  
\_\_\_\_Recertification  
Reference # \_\_\_\_\_

[ ] \_\_\_\_\_ has made application for housing assistance through this agency

[ ] \_\_\_\_\_ is recertifying for continued Occupancy of the lease purchase program through this agency

In accordance with Federal Regulations, we are required to verify\* all household income to establish and calculate payments for continued occupancy in our housing programs.

\_\_\_\_\_  
Signature of Housing Official

\_\_\_\_\_  
Date

INFORMATION RELEASE AUTHORIZATION

I, \_\_\_\_\_, do hereby authorize release of any information to the Bah-Kho-Je Housing Authority regarding monies received by me through the Bureau of Indian Affairs in order that I may receive consideration for initial occupancy or continued occupancy through the Bah-Kho-Je Housing Authority.

IIM# \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RELEASE THE FOLLOWING INFORMATION

\$ \_\_\_\_\_ Land Lease Monies

\$ \_\_\_\_\_ Royalties

\$ \_\_\_\_\_ B.I.A. Subsistence

\$ \_\_\_\_\_ Educational Grants

\$ \_\_\_\_\_ Other (Identify)- \_\_\_\_\_

\_\_\_\_\_  
B.I.A. Official Signature, Title

\_\_\_\_\_  
Date