



## Miami Tribe of Oklahoma Social Services & Housing Department

### HOUSING STORM SHELTER PROGRAM

Miami Tribe of Oklahoma Housing Department has a program designed to provide funding to install or repair a storm-shelter at a Native American homeowner's residence. This addition or repair adds to the safety of the homeowner and family.

The Housing Storm Shelter application can and may take up to 30 days for processing. At the end of the processing period, you will be notified by phone or written correspondence of the decision made on the application.

*Please note that any incomplete applications will be returned.  
To receive services, you must qualify by meeting all eligibility requirements and program funding must be available.  
Complete in blue or black ink only.*

The following information is required for **ALL** household members to determine eligibility for assistance:

- Tribal Enrollment Card(s)
- Social Security Card(s)
  - Birth Certificate(s)
- Driver's License(s)
- Income Verification
  - Pay Stub from Employer along with Verification of Income Form
  - Letter from State Employment Office, if unemployed, **or**
  - Letter from Department of Human Resources, **or**
  - Letter from Social Security, VA, SSI, **or**
  - Letter from Child Support Agency, **or**
  - Zero Income Declaration Form, **or**
  - Copy of last year's Income Tax Statement
- Copy of Deed **and** Insurance Verification, **or**
- Rental Agreement
- Completed Application



## Miami Tribe of Oklahoma Social Services & Housing Department

### HOUSING REHABILITATION ASSISTANCE APPLICATION

**Miami Tribe use only:**

Date Rec'd: \_\_\_\_\_ Time Rec'd: \_\_\_\_\_ By: \_\_\_\_\_

Name of Head of Household (Tribal member): \_\_\_\_\_

Name of Adult Co-Head of Household: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current City: \_\_\_\_\_ Current State: \_\_\_\_\_ Current Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## FAMILY INFORMATION

Beginning with the tribal member, **list ALL persons** who will live in the Home. Each box must be completed for each family member.

Name: First, Last	SS#	Date of Birth	Sex	Relation To Head	Disabled Y/N	Tribal Y/N	Child Y/N	Student Y/N
				SELF				



### Family Income Information

Is any adult family member employed? Yes  No  If yes, please fill out the following information:

Name of family member	Employer, address, and phone #

Has any adult family member recently been laid off, terminated, or released from employment? Yes  No   
 If yes, please provide employer name, address, phone # and list the name of the adult family member \_\_\_\_\_

Is any adult family member enrolled in a job training program, including one under a State or Tribal program?  
 Yes  No  If yes, who can verify this? Please give name, address, phone # and list the name of the trainee \_\_\_\_\_

Is any adult family member enrolled in an education program full-time? Yes  No  If yes, who can verify this?  
 Please give name, address, phone # and the name of the student \_\_\_\_\_

Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? Yes   
 No  If yes, please describe the type of asset(s) \_\_\_\_\_

What is the market value of all assets? \_\_\_\_\_

Do you, or any member of the household, receive any Tribal Benefits? Yes  No  If yes, please describe and list the name of the person receiving benefits \_\_\_\_\_

Do you, or any member of the household, own any real estate? Yes  No  If yes, please list the address and who owns the real estate \_\_\_\_\_

Have you, or any member of the household, sold any real estate or asset in the past two years? Yes  No  If yes, what was the address or asset sold and who owned the asset \_\_\_\_\_





**Household Income**  
*For ALL household members*

**Income Guideline**

<b>Family of</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
	\$54,768	\$62,592	\$70,416	\$78,240	\$84,499	\$90,758

Examples of Income are as follows:

Wages/Salaries  
Commissions  
Employment Bonuses  
Sick Leave Pay  
Disability Pay  
Tips

Workman's Comp  
Self-Employment  
Unemployment  
SSI  
TANF  
Child Support

Alimony  
Retirement  
Pension  
Lease/Rental Income  
Inheritance  
Interest/Dividends

Please list the source and amount of ALL income received for each household member, including yourself:

Family Member Name	Income Source	Amount \$	Frequency - Per
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other

<b>Miami Tribe Use Only:</b>	
<b>Total Household Income: \$</b> _____	<b>Total Annual Income: \$</b> _____



### Expense Information

*Please fill out in its entirety - estimate monthly.*

Mortgage/Rent: \$	Home Phone: \$	Car Payment: \$	Child Care: \$
Home Insurance: \$	Cell Phone: \$	Car Payment: \$	Entertainment: \$
Real Estate Taxes: \$	Cable/Dish: \$	Fuel & Oil: \$	Credit Card #1: \$
Gas: \$	Internet: \$	Repairs & Tires: \$	Credit Card #2: \$
Water: \$	Groceries: \$	Auto Insurance: \$	Loan: \$
Electric: \$	Adult Clothing: \$	Life Insurance: \$	Cigarettes/Tobacco: \$
Trash: \$	Children Clothing: \$	Health Insurance: \$	Alcohol: \$
Other: \$	Other: \$	Other: \$	Other: \$

**Miami Tribe Use Only:**

**Total Monthly Expenses: \$** \_\_\_\_\_

### Housing History

The following questions pertain to your housing for **ANY** assistance that you have received from tribal or nontribal programs. Please answer the questions in their entirety and truthfully.

Have you, or any other member of the household, participated in a Rental Assistance program? Yes  No   
 If yes, When \_\_\_\_\_ Where \_\_\_\_\_  
 With Whom: \_\_\_\_\_

Have you, or any member of the household, participated in a Down Payment Assistance program? Yes  No   
 If yes, When \_\_\_\_\_ Where \_\_\_\_\_  
 With Whom: \_\_\_\_\_

Have you, or any member of the household, participated in a Utility Assistance program? Yes  No   
 If yes, When \_\_\_\_\_ Where \_\_\_\_\_  
 With Whom: \_\_\_\_\_

Have you, or any member of the household, participated in a Home Ownership program? Yes  No   
 If yes, When \_\_\_\_\_ Where \_\_\_\_\_  
 With Whom: \_\_\_\_\_

Have you, or any member of the household, participated in a Rehabilitation program? Yes  No   
 If yes, When \_\_\_\_\_ Where \_\_\_\_\_  
 With Whom: \_\_\_\_\_



## Assistance Needed

Is this a mobile home? Yes  No

Number of bedrooms:\_\_\_\_\_ Number of bathrooms:\_\_\_\_\_ Year home was built:\_\_\_\_\_

Do you currently own the residence? Yes  No  If no, do you: Rent\_\_\_\_\_ Lease\_\_\_\_\_ Mtg/Bank Pymnt\_\_\_\_\_

Do you currently own the land the residence sets upon? Yes  No  If no, do you: Rent\_\_\_\_\_ Lease\_\_\_\_\_ Mortgage/Bank Payment\_\_\_\_\_

How long have you lived in this residence? \_\_\_\_\_

What is the status of the land on which the residence is located? Private Property\_\_\_\_ Tribal Trust\_\_\_\_  
In City Limits\_\_\_\_ Individual Trust Land\_\_\_\_ Other:\_\_\_\_\_

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I am seeking repair of an existing storm shelter. \_\_\_\_\_Yes \_\_\_\_\_No  
I am seeking installation of a new storm shelter \_\_\_\_\_Yes \_\_\_\_\_No



## Application Certification

I/We certify that the answers/information given on this application and attachments, if any, are true to the best of my/our knowledge and belief and understand that they will be verified. 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 assistance and any tenancy which I/we might receive. No record will be communicated to anyone or any agency unless request is made in writing either by the applicant, an officer of the Miami Tribe of Oklahoma's Housing Department, Department of Public assistance, the Social Security Administration and/or any other government agencies requiring it is the performance of his/her duties. This application will not be valid unless it is filled out. **INCOMPLETE APPLICATIONS WILL BE MADE INACTIVE.**

*Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date





# Miami Tribe of Oklahoma Social Services & Housing Department

## VERIFICATION OF EMPLOYMENT

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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

Re: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Applicant

The individual named above has obtained or is attempting to obtain housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be or remain eligible, we must verify the family'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 time and would appreciate your prompt response. If you have any questions, please feel free to contact our office at 918-541-1300 Ext 1389.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### TO BE COMPLETED BY EMPLOYER:

Date Employment Began: \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary, Base Pay Rate: \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_ per week \$ \_\_\_\_\_ per month

Average hours worked at Base Pay Rate: \_\_\_\_\_ hrs./week, or \_\_\_\_\_ hrs./month in year.

Is this person likely to receive Overtime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Overtime Pay Rate: \_\_\_\_\_ Hr.

Average number of Overtime hours expected during the next 12 months: \_\_\_\_\_ Hrs./Month

Any other compensation not listed above? Please specify for commission, bonuses, tips, etc.?

For \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Total Base Pay Earnings for the last 12 months: \$ \_\_\_\_\_

Total Overtime Earnings for the last 12 months: \$ \_\_\_\_\_

Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_





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Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_



# Miami Tribe of Oklahoma Social Services & Housing Department

## ZERO INCOME SELF DECLARATION

*Please complete and sign this form if you have claimed zero or no income on the attached application. Failure to complete this form will delay the processing of your application. Blank or writing N/A or dashes (----) is not acceptable. If more than one adult household member claims zero or no income, you will need to provide copies of this form for all qualifying household members.*

Full Name

Address

City

State

Zip

Date of Birth

Social Security #

Phone #

*Please explain reasoning for lack of employment and include how you have paid your monthly bills for at least the past 90 days:*

### Office Use Only

Client Notes:



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Client Notes:





# Miami Tribe of Oklahoma Social Services & Housing Department

## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the Miami Tribe of Oklahoma Social Services & Housing Department to release and receive information to and from the following persons and organizations. I have been informed of the type of information to be released and requested.

- \_\_\_\_\_ Department of Human Services
- \_\_\_\_\_ Court/Criminal/Civil
- \_\_\_\_\_ Lawyers
- \_\_\_\_\_ Referral Source
- \_\_\_\_\_ Medical
- \_\_\_\_\_ Housing
- \_\_\_\_\_ Employer
- \_\_\_\_\_ Other

\_\_\_\_\_ I hereby release the Miami Tribe of Oklahoma and its agents and employees from all liabilities, responsibilities, damages and claims which might result from the release of information authorized above.

\_\_\_\_\_ I hereby waive any therapist-patient privilege with respect to records released to the above named individual or organization.

\_\_\_\_\_ I hereby waive any physician-patient privilege with respect to records released to the above named individual or organization.

\_\_\_\_\_ I understand that the above-named consents are subject to revocation by me at any time, except to the extent that action has been taken in reliance on this consent prior to revocation.

\_\_\_\_\_  
Signature of Person Authorizing Release

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of MTO Representative

\_\_\_\_\_  
Date



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- \_\_\_\_\_ Employer
- \_\_\_\_\_ Other

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of MTO Representative

\_\_\_\_\_  
Date



# Miami Tribe of Oklahoma Social Services & Housing Department

## CONFLICT OF INTEREST DISCLOSURE

The Miami Tribe of Oklahoma Adult Services Program takes seriously any actual or potential conflicts of interest. As we wish to avoid even the applicants to disclose any immediate family members, or significant persons, which could potentially cause a conflict of interest. For this purpose, immediate family members include, but is not limited to, spouse, children, parents and siblings.

Please list any relationships here (please print):

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**Attestation:** The undersigned individual (s) hereby attest he/she is a participant in the Miami Tribe of Oklahoma Adult Services Program and that he/she is independent of and has no conflict of interest with any persons listed above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





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Signature of Applicant

\_\_\_\_\_  
Date