



CITIZEN POTAWATOMI NATION HOUSING DEPARTMENT

44007 HARDESTY, SHAWNEE, OK 74801
 PHONE 405-273-2833 FAX 405-273-8197

RENTAL APPLICATION

Name _____ Date _____

Address _____ Apt _____

City _____ State _____ Zip _____

Phone _____ Phone _____
 Home Mobile Work Home Mobile Work

Email _____

OFFICE USE ONLY

Received On _____ Tribal Affiliation _____
 ADA Confirmed _____ Reviewer _____

Do any of these apply to the applicant and/or family member?

Handicapped? Yes No
 Disabled? Yes No
 Military Service? Yes No

Rental Location Preference (check one)

Father Murphy Elder Units
 Citizen Place North Family Units
 Nichols Elder Units Rossville, KS Elder Units
 Other Elder Living Units

60-years of age or more?

You Spouse Other Relationship to Applicant _____

The Citizen Potawatomi Nation Housing Department adheres to the guidelines set forth in the Americans With Disabilities Act. All disability applications require a signed Release of Information from the physician/health care provider that directly treats your disability and a completed Disability Determination Form from your physician. These records are required to determine your eligibility for housing assistance, and they must be current. Records older than one (1) year will not be accepted. SSI and SSD award letters, or statements, will not be accepted as sole proof of disability.

HOUSEHOLD COMPOSITION List yourself and each person living in your home

Last Name	First Name	MI	Tribe	Relationship to Applicant	Social Security Number	Birthdate
				Self		

INCOME VERIFICATION

List all income for each person living in your home, including, but not limited to: **Wages, SSD, SSI, VA, Annuity, Pensions, DHS (TANF), Child Support, Self-Employment, Unemployment**

Name	Type of Income	Monthly Amount
Total Household Income Per Month		\$

Answer all questions completely. Incomplete applications will not be processed.
Please update information on an annual basis.

Have you ever filed an application with another housing authority? Yes No

If yes, where? _____ When? _____

What is your present living arrangement? _____

Are you about to be without housing? Yes No

If yes, why? _____ When? _____

Do you currently own a home? Yes No

If yes, how long? _____ Where? _____

Have you or any member of your household been evicted? Yes No

If yes, who? _____ When? _____

Have you or your spouse ever been convicted of a crime? Yes No

If yes, who? _____ Crime _____

Has anyone in your household ever been convicted of a crime? Yes No

If yes, who? _____ Crime _____

Do you own any animals? Yes No If yes, how many? _____

Are you or any member of your home licensed to use medical marijuana? Yes No

If yes, who? _____

LIST ALL LANDLORDS For the past 5 years			
Name	Phone	Address	Dates from/to

LIST 2 CREDIT REFERENCES			
Name	Phone	Address	Dates from/to

LIST 2 NEXT OF KIN			
Name	Phone	Address	Relation

Copies of the following documents must be attached to this application. Do not send originals.

****All applications submitted without supporting documents will be considered incomplete and will not be accepted****

The following documents must be provided for EACH household member:

1. Income Verification - Employment Wages, SSI, SSD, VA, Annuity, Pension, DHS (TANF), Child Support, Letter of Self-Employment or Unemployment
2. Driver's License/State ID/Current Photo ID
3. Social Security Card
4. Tribal Card/CDIB/Tribal Letter
5. Official Birth Certificate
6. Marriage License (if applicable) within the last 10 years
7. Divorce Decree (if applicable) within the last 10 years
8. Property Deed (if applicant and/or family member currently owns a home)
9. Veteran Preference DD-214 (if applicant and/or family member is a Veteran or has served in the Military)
10. Disability Determination Form (if applicant and/or family member is on **Disability**)

Are you related to any CPN housing staff member, board of commissioner, executive committee member or legislature? Yes No

If yes, who? _____ Relationship _____

I authorize investigation of all statements contained in this tenant application. I understand that the misrepresentation or omission of facts called for is cause for denial at any time without any previous notice. I hereby give the Housing Department permission to contact employers, references, and others, and hereby release the Housing Department from any liability as a result of such contract.

I understand that, in connection with the routine processing of this tenant application, the Housing Department may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Housing Department will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

The undersigned hereby recognizes the civil jurisdiction of the Citizen Potawatomi Nation courts for any and all eviction and foreclosure proceedings occurring within Citizen Potawatomi Nation Indian country while residing within a home secured by a Citizen Potawatomi Nation Housing Department grant, during the required program grant time period.

Applicant Signature

Date

Co-applicant Signature

Date